EFFECTS OF OCCUPATIONAL HEALTH AND SAFETY ON EMPLOYEE'S WELL BEING IN PUBLIC HOSPITALS: A CASE STUDY OF GULU REFERRAL HOSPITAL

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S21B42/083

A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF A DEGREE OF BACHELOR OF HUMAN RESOURCE MANAGEMENT OF UGANDA CHRISTIAN UNIVERSITY

September, 2024

UGANDA CHRISTIAN UNIVERSITY
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DECLARATION

I Apiyo Scovia declare that the work contained in this report is original and out of my own effort and has never been submitted for any award to any institution of higher learning known to me. Where the work of other researchers has been referred to due acknowledgement has been made.

Sign..

Date....13th SEPTEMBER 2024

APPROVAL

This research dissertation has been submitted with my approval as academic supervisor

NAME OF SUPERVISOR: MRS. ENID NAMAYANJA DDAMULIRA

SIGNATURE: _____

DATE: 12/09/2024

DEDICATION

I dedicate this research dissertation to my family, Mrs. Akidi Jenifer and MR. Okello George and my lecturers at the University for All their Efforts and advise that they gave me in order to complete this research propose

ACKNOWLEDGEMENT

First and far most I would like to thank the almighty God for having enabled me to complete this research dissertation. I wish to acknowledge the corporation of the following participants who contributed a lot towards this research study to the writing and production of this work Mrs. Enid Namayanja, I cannot forget to express my fellow colleagues at Uganda Christian University, my brother and Sister for their support towards the success of the research

TABLE OF CONTENT

LIST OF TABLES

LIST OF ABBREVIATION

OSH   -   Occupation Safety and Health.

PPE   -   Personal Protective Equipment.

EAP   -   Employee Assistance Program.

HSC   -   Health and Safety Committee.

WHO   -   World Health Organization.

ILO   -   International Labour Organization.

HASA W A   -   Health and Safety at Work Act.

AIDS   -   Acquired Immune Deficiency Syndrome.

HIV   -   Human Immune Virus.

ABSTRACT

This research examined the impact of occupational health and safety on the well-being of health workers at Gulu Regional Referral Hospital in Uganda. The study aimed to explore the effects of occupational health and safety on employee well-being, determine the influence of safety measures on the wellbeing of health workers, and evaluate the impact of personal protective equipment (PPE) on their welfare. A cross-sectional research design was utilized, involving a sample of 54 participants through self-administered questionnaires and interview guides. Both quantitative and qualitative methods were employed for data analysis. Quantitative analysis included descriptive statistics such as frequencies, percentages, and means, alongside inferential analyses which comprised correlation and regression analyses. The descriptive findings indicated that while the well-being of health workers, psychological safety, and safety measures were rated positively, the availability of personal protective equipment was deemed moderate. Furthermore, inferential results showed that psychological safety and safety measures positively and significantly influenced the well-being of health workers, whereas personal protective equipment had a negative and insignificant impact on their well-being. Consequently, the study concluded that psychological safety is a critical aspect of occupational safety essential for the welfare of health workers, and that safety precautions are vital prerequisites for their well-being; however, inadequate personal protective equipment negatively affects their performance. It is therefore recommended that health institution management foster psychological safety for health workers, establish clear safety protocols, and ensure the provision of adequate personal protective equipment.

CHAPTER ONE

1.1 Introduction

This study investigates the impact of occupational health and safety on the well-being of healthcare professionals in public hospitals in Uganda, focusing specifically on the inadequate occupational health and safety measures at Gulu Regional Referral Hospital. This chapter outlines the background, problem statement, objectives of the research, research questions, conceptual framework, significance, rationale, and scope of the study. The objectives guiding this research include examining the effects of occupational health and safety on the well-being of employees at Gulu Regional Referral Hospital, exploring the impact of safety precautions on the welfare of healthcare workers at the same institution, and assessing how personal protective equipment influences the well-being of health professionals at Gulu Regional Referral Hospital.

1.2 Background to the Study

1.3 Well-being

According to the Oxford English Dictionary, the term "well-being" has evolved, and it is likely that the single-word format will become increasingly prevalent. The OED (2nd edition, revised 2005) defines well-being as "the state of being comfortable, healthy, or happy." Over time, this definition is expected to be refined to better reflect the context of work and employment. The term has historical roots, first recorded in 1613, indicating that it is not a recent creation or merely a product of the politically correct movement. The concept of well-being has existed for over three centuries, with the 1922 OED definition significantly highlighting prosperity as well as health: "Well-being - the state of being or doing well in life, happy, healthy, or prosperous condition, welfare." The term is believed to have entered English from its French equivalent, which was influenced by the modern Latin expression, "beneesse" (Sain Young, Workplace Well-being, Business Balls, 2019).

In today's workplace, staff well-being is an increasingly important factor. At its core, well-being is fundamentally about personal happiness—feeling good and living in a safe and healthy manner. This entails ensuring that work does not undermine our basic purposes and life needs, including those related to our careers. While many aspects of work may not impact our primary life requirements directly, the importance of well-being and stress is profound, affecting the mind, body, and soul (Sain Young, Workplace Well-being, Business Balls, 2019).

1.4 Occupational Health and Safety

Occupational Health and Safety (OHS) is the specialized discipline aimed at safeguarding the health, safety, and welfare of individuals engaged in work. The primary objective of OHS is to create a safe and healthy working environment. This domain encompasses various practices, policies, and procedures designed to minimize risks associated with workplace hazards, thereby enhancing employee well-being and productivity (Alli, 2008).

OHS involves identifying and mitigating physical, chemical, biological, and psychosocial hazards within the workplace. Physical hazards include issues related to machinery, noise, and ergonomics, while chemical hazards involve exposure to harmful substances. Biological hazards pertain to infectious agents, and psychosocial hazards encompass stress, workload, and workplace violence (WHO, 2010).

The International Labor Organization (ILO) defines OHS as "the science of the anticipation, recognition, evaluation, and control of hazards arising in or from the workplace that could impair the health and well-being of workers, considering the potential impact on surrounding communities and the general environment" (ILO, 2001). This definition emphasizes the comprehensive nature of OHS, which extends beyond mere compliance with safety regulations, actively promoting the health and welfare of workers.

Occupational Health and Safety is a crucial global issue affecting millions of workers across diverse industries. The ILO estimates that work-related accidents and diseases

result in approximately 2.3 million deaths worldwide each year. Moreover, there are over 300 million non-fatal occupational accidents occurring annually, highlighting the significant impact of workplace safety on the health and well-being of employees (ILO, 2019).

In the healthcare sector, risks are particularly heightened. Healthcare professionals regularly face various hazards, including exposure to infectious diseases, chemical agents, physical strain, and psychological stress. The World Health Organization (WHO) underscores the need to protect healthcare workers, asserting that their well-being is essential for ensuring quality patient care (WHO, 2020). There is a strong global push for the implementation of comprehensive OHS policies aimed at addressing these risks and ensuring a safe working environment for healthcare practitioners.

In Africa, occupational health and safety (OHS) conditions differ greatly from one nation to another, often mirroring broader socio-economic realities. Numerous African nations struggle to enforce effective OHS standards due to a lack of resources, inadequate infrastructure, and a deficiency of trained personnel (African Union, 2015). The African Union has acknowledged the critical nature of OHS and urged member states to enhance their OHS frameworks to safeguard workers across various industries, particularly in healthcare.

The healthcare industry in Africa is especially at risk, facing difficulties such as a high prevalence of infectious diseases, reliance on outdated equipment, and a shortage of healthcare professionals. This situation is exacerbated by inadequate training in OHS protocols and limited access to personal protective equipment (PPE). Nevertheless, initiatives have been undertaken to enhance OHS within the healthcare sector, with some nations making notable advancements in policy formulation and execution (WHO Africa, 2018).

In East Africa, nations like Kenya, Tanzania, Rwanda, and Uganda have been striving to refine their OHS frameworks. The East African Community (EAC) has played a vital role in fostering regional collaboration and standardizing OHS practices (EAC, 2017).

However, the region continues to encounter obstacles such as restricted funding, insufficient infrastructure, and a lack of trained OHS specialists.

These challenges are particularly pronounced in the healthcare field. Healthcare workers in East Africa frequently operate under difficult circumstances, facing high patient numbers, inadequate facilities, and insufficient PPE supplies. The COVID-19 pandemic has further exposed vulnerabilities within the healthcare system, highlighting the urgent need for comprehensive OHS policies to protect healthcare professionals (UNDP, 2020).

In Uganda, the Ministry of Gender, Labor, and Social Development oversees OHS initiatives. The country has made considerable legislative progress to enhance OHS standards, including the Occupational Safety and Health Act of 2006, which establishes a thorough framework for OHS in Uganda (Uganda Ministry of Gender, Labor, and Social Development, 2006). Nonetheless, practical enforcement of these standards remains challenging, particularly in the healthcare sector.

Gulu Regional Referral Hospital in Northern Uganda serves a broad and diverse community. The hospital encounters specific challenges due to its geographical location and the socio-economic conditions of the area. Healthcare workers at Gulu Hospital face significant risks, including exposure to infectious diseases and physical hazards. While the hospital has made strides in addressing these issues through training and the provision of PPE, resource constraints continue to pose a major challenge (Gulu Hospital Report, 2021).

Globally, concerns regarding the quality of health service delivery due to the inefficacy of health workers have been longstanding. Poor well-being among healthcare providers often leads to inaccessibility and substandard care, resulting in poorer health outcomes, as individuals may avoid services due to negative experiences (Dieleman & Harnmeijer, 2006). Consequently, various stakeholders, including researchers, policymakers, and implementers, have focused on factors influencing the well-being of healthcare workers. Factors of interest include occupational safety (Yusuf, Eliyana & Sari, 2012), work expectations, available

resources, equipment, motivation, and workplace safety (Dieleman & Harnmeijer, 2006). According to Ahmad, Sattar, and Nawaz (2016), there is a noticeable research gap concerning occupational health and safety for health workers in developing nations, which this study aims to address. Concerns about occupational health and safety have been present since structured work environments began. For instance, Hippocrates (460-377 BC) wrote about the detrimental effects of unhealthy workplaces on slaves, while Caesar (100-40 BC) appointed an officer to oversee the safety of his legions (Namara, Mbera & Mbabazi, 2016).

The development of Occupational Health and Safety (OHS) frameworks gained momentum in the 1990s, leading to the creation of an assessment tool at the University of Michigan designed to evaluate various OHS aspects. This tool is known as the Universal Assessment Instrument (UAI) due to its capacity to assess diverse systems (Redinger, Levine, Blotzer, & Majewski, 2002). Redinger et al. (2002) state that the UAI was developed to assist OHS professionals and their organizations in evaluating OHS effectiveness, measuring OHS management systems (OHSMS) effectiveness, and identifying unique OHS-related variables and metrics specific to organizations. Key elements in OHS highlighted by the instruments include management commitment and resources, regulatory compliance and adherence, accountability, authority, and employee engagement. The International Labour Organization (ILO), which advocates for workers' rights, emphasizes the importance of considering workers' viewpoints and placing them on equal footing with other stakeholders in workplace development (Namara et al., 2016). The ILO recommends that workers' perspectives be integral to the creation and implementation of workplace health and safety measures (Bennet, 2002). Namara et al. (2016) note that the issue of health and safety encompasses a wide array of matters, including psychological safety like stress, fears, attitudes, as well as concerns regarding workplace harassment, hazardous materials, and safety protocols. This study focuses specifically on psychological safety, safety practices, and access to personal protective equipment, as these issues are particularly significant within hospital settings.

Occupational safety encompasses a series of strategies, actions, and protocols that assist organizations in systematically addressing the health and safety risks linked with their operations (Dieleman & Harnmeijer, 2006). In a study conducted by Namara et al. (2016), occupational safety was identified as comprising psychological safety, safety measures, and personal protective equipment.

Psychological safety can be understood as a psychological environment that reflects individuals' perceptions of how the work setting affects their mental wellbeing (Schepers, de Jong, Wetzel & de Ruyter, 2008). In this research, psychological safety was operationally defined according to the framework proposed by Schepers et al. (2008), which includes employee participation, positive relationships among staff, and support from management. Safety measures involve communication about risks, supplemented by symbols indicating the seriousness of safety situations (Hughes & Ferrett, 2015). This study defined safety measures based on Khatib et al. (2015) as involving immediate disinfection following an incident and thorough accident reporting. Personal protective equipment (PPE) refers to both garments and tools designed to protect individuals from chemical, physical, and biological hazards encountered during hazardous material incidents (Yeung, Chan, Lee & Chan, 2002). The study defined PPE as provided by Hersi et al. (2015), which includes access to gloves, skin protection, impermeable gowns, particulate respirators, sturdy footwear, and headgear.

In terms of wellbeing, it is defined as the successful completion of assigned tasks by individuals, evaluated by a supervisor or organization against established standards, utilizing available physical and human resources in a dynamic environment (Tinofirei, 2011). In this research, the performance of health workers was defined according to Dubois, D'Amour, Pomey, Girard, and Brault (2013) as involving the acquisition, deployment, and maintenance of healthcare resources, provision of healthcare services, and effecting changes in patient conditions.

1.5 Statement of the Problem

The wellbeing of health workers is critical for effective health service delivery. They address the healthcare needs and expectations of the population, not only through direct care provision but also by raising awareness of unrecognized health concerns. Health workers are pivotal in administering a majority of medical care and medications (Anand & Bärnighausen, 2012). They play a key role in acquiring, deploying, and maintaining healthcare resources, delivering services, and facilitating improvements in patient conditions (Dubois et al., 2013). Recognizing the significance of occupational health and safety for healthcare professionals, the Ugandan government has taken steps to enhance health safety. For example, it mandates that hospitals minimize occupational accidents, diseases, and injuries among their employees, promote their health, ensure favourable work conditions, and foster awareness of occupational safety (Mugisa, 2012).

Regarding wellbeing, health workers are expected to adopt the 5S methodology, which is a fundamental systematic approach aimed at enhancing productivity, quality, and safety within organizations. The 5S principles include Sort (removal/organization), Set (orderliness), Shine (cleanliness), Standardize, and Sustain (discipline). The 5S methods aim for zero downtime, improved product/service diversification, higher quality, reduced costs, timely delivery, enhanced safety, better maintenance, improved customer satisfaction, and a more favourable organizational image (Ministry of Health, 2013). Despite these initiatives, the wellbeing and safety of health workers remain inadequate. High levels of absenteeism have been reported, reaching up to 50% daily (Auditor General, 2015). Concerns also exist regarding the improper disposal of expired medications (Auditor General, 2016), as well as instances of verbal abuse towards patients, rudeness, neglect, physical abuse, corruption, privacy violations, poor communication, resistance to accommodating traditional practices, and authoritarian attitudes (Mannava et al., 2015).

In terms of occupational safety, health workers face numerous risks, including exposure to health hazards due to a lack of proper personal protective equipment,

long hours, job-related stress, and working across multiple facilities (Ndejjo et al., 2015). Workers contend with the risks of disease transmission in unclean environments, particularly from unsanitary restrooms, coupled with overwhelming patient volumes leading to physical exhaustion (Okello & Aluma, 2013). If left unaddressed, these conditions put the lives of health workers at risk, hence threatening their overall wellbeing. To address these challenges, this study aimed to explore the relationship between occupational safety for health workers in Uganda and its impact on their wellbeing.

1.6 Study purpose

This research aimed to explore the impact of occupational health and safety on the wellbeing of health workers at Gulu Regional Referral Hospital in Uganda.

1.7 Study Objectives

i. To examine the effects of occupational health and safety on employee wellbeing at Gulu Regional Referral Hospital in Uganda.
ii. To evaluate the impact of safety measures on the wellbeing of health workers at Gulu Regional Referral Hospital.
iii. To analyze the effect of personal protective equipment on the wellbeing of health workers at Gulu Regional Referral Hospital.

1.8 Research Questions

i. What are the effects of occupational health and safety on the wellbeing of employees at Gulu Regional Referral Hospital in Uganda?
ii. How do safety precautions influence the wellbeing of health workers at Gulu Regional Referral Hospital?
iii. What is the impact of personal protective equipment on the wellbeing of health workers at Gulu Regional Referral Hospital?

1.9 Study Scope

The scope of the study was defined by three dimensions: geographical, temporal, and content aspects.

1.9.1 Geographical Scope

The research was conducted at Gulu Regional Referral Hospital in Northern Uganda. This facility serves as the sole regional referral hospital in the Acholi sub-region, which encompasses the districts of Gulu, Amuru, Pader, Omoro, Agago, Kitgum, Lamwo, and Nwoya, and also receives patient referrals from adjacent areas in South Sudan. The selection of this hospital was motivated by the significant challenges it faces regarding occupational safety, which impact employee wellbeing in various ways.

1.9.2 Time Scope

The temporal scope of the study spanned from March to September 2024. This period was chosen due to ongoing restructuring efforts concerning the occupational health and safety of health workers, as indicated by the Ministry of Health (MoH, 2015). This timeframe allowed the researchers to assess how these restructuring initiatives affect the wellbeing of health workers.

1.9.3 Content Scope

The content focus of the study revolved around occupational safety (independent variable) and the wellbeing of health workers (dependent variable). Occupational safety was analysed through aspects such as psychological safety, safety measures, and personal protective equipment. Psychological safety was evaluated according to worker participation, positive employee relations, and management support. Safety measures were scrutinized in terms of immediate disinfection and accident reporting. Access to personal protective equipment included evaluation of availability of gloves, impermeable gowns, particulate respirators, closed shoes, and headgear. The wellbeing of health workers (dependent variable) was assessed through criteria including effective and timely healthcare delivery, accessibility to services, and responsiveness of care.

1.10 Conceptual Framework

Independent Variables   **Dependent variables**

Occupational Safety	Wellbeing of Health Workers
Psychological safety	- Physical health
- Worker participation	- Mental health
- Positive employee relations	- Life satisfaction
- Management support	- Social support
- Safety precautions	
-Personal protective equipment	
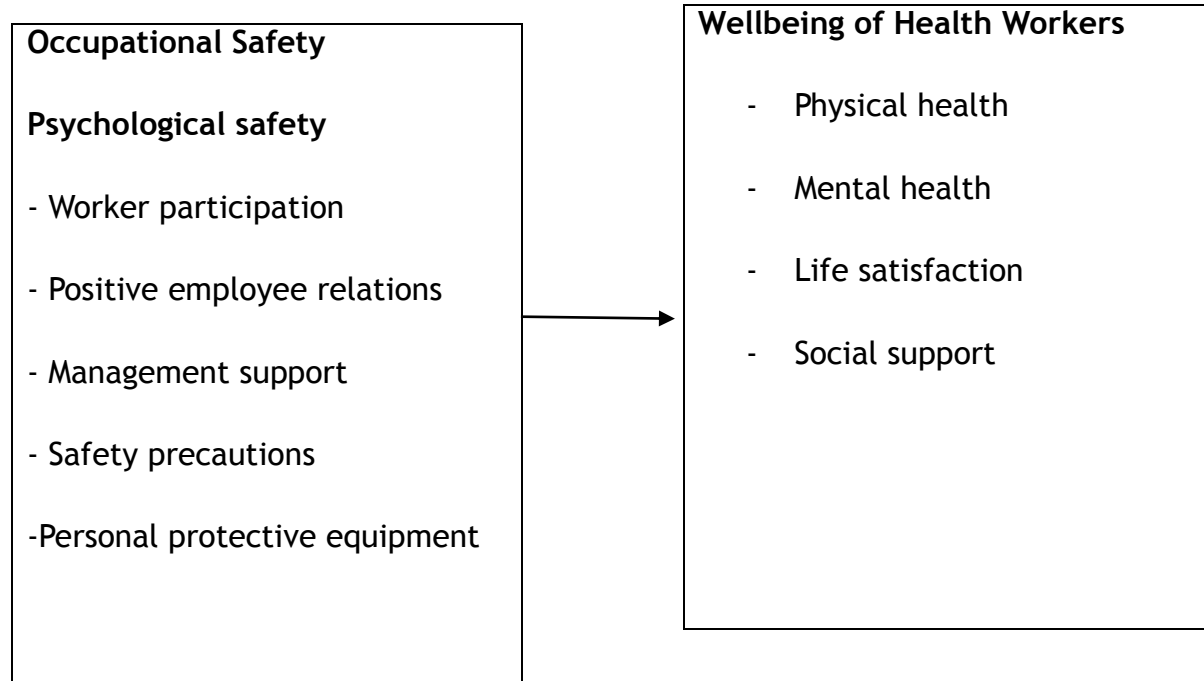
Source: Developed from the ideas adopted from Dieleman and Harnmeijer (2006); Dubois et al. (2013); Hersi et al. (2015); Hughes and Ferrett (2015); Khatib et al. (2015); Namara et al. (2016); Scheperset al. (2008); Tinofirei (2011) and Yeung et al. (2002).

1.11 Significance of the Study

The proposed study is expected to have notable significance in several ways:

The findings from this research may serve as valuable insights for top management in evaluating their current safety policies, procedures, and practices by revealing how occupational health and safety impact employee well-being.

Additionally, the results could assist policymakers in crafting policies aimed at enhancing patient care and satisfaction by clarifying the link between occupational health and safety, health programs, and overall well-being.

For policymakers, the study's recommendations will be crucial for informed decision-making and implementation. Furthermore, this study may lay the groundwork for future research by providing a better understanding of how occupational health and safety and health programs affect the well-being of healthcare workers in Uganda.

1.12 Justification of the Study

Access to healthcare is a basic human right. However, the effective well-being of healthcare workers is essential; without it, patients' rights to health may be compromised due to reduced access to healthcare services (Azétsop & Ochieng, 2015).

Healthcare workers fulfil the medical needs and expectations of the population through service delivery and by raising awareness of unexpressed health conditions and risks.

They are responsible for the majority of medical care and the distribution of medications (Anand & Bärnighausen, 2012). Nonetheless, various factors affect the well-being of healthcare workers, including occupational health and safety (Yusuf et al., 2012), as well as work expectations, skills, available resources, motivation, and safety in the workplace (Dieleman & Harnmeijer, 2006).

In developing countries, there remains a research gap concerning the occupational health and safety of healthcare workers (Ahmad et al., 2016). Furthermore,

significant issues persist regarding the well-being of healthcare workers, evidenced by high absenteeism rates (Auditor General, 2015), improper disposal of expired medications (Auditor General, 2016), and instances of verbal abuse and rudeness towards patients, including neglect and ridicule.

Moreover, there are occurrences of physical abuse directed at women, corruption, disregard for patient privacy, poor communication, an unwillingness to respect traditional practices, and authoritarian or intimidating behaviour (Mannava et al., 2015). Consequently, it is vital for this research to explore how challenges in occupational health and safety may influence the well-being of healthcare workers.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter presents a comprehensive literature review concerning the study variables. It examines relevant literature related to occupational safety and the well-being of healthcare workers, addressing key concepts, empirical studies, and the theoretical foundations pertinent to the research. The focus is on previous studies that elucidate the relationship between these topics and the current investigation, alongside a review of literature surrounding the relevant variables. These variables encompass psychological safety, safety measures, and personal protective equipment. The chapter also identifies research gaps and offers a conceptual review to illustrate the relationships among the study variables.

2.2 Key Concepts

2.2.1 Employee Well-being

Employee well-being is a complex concept that extends beyond merely avoiding illness or injury. It requires fostering a work environment that caters to the physical, psychological, and emotional needs of employees. Organizations that make employee well-being a priority typically experience higher rates of employee engagement, lower absenteeism, and decreased turnover rates. In healthcare environments such as Gulu Referral Hospital, promoting physical well-being may include ensuring that staff have access to personal protective equipment (PPE), thereby minimizing the risk of infection or injury. Maintaining a safe and hygienic environment helps limit the spread of diseases, while appropriate staff rotations can alleviate physical fatigue, especially in high-pressure settings like emergency departments.

The holistic nature of employee well-being indicates that its various components—physical, mental, emotional, and social—are interconnected and must be addressed collectively to cultivate a supportive workplace. In public hospitals, where healthcare

professionals face significant demands, ensuring a comprehensive approach to employee well-being is not merely about shielding staff from harm; rather, it is about establishing conditions where they can flourish. This has direct consequences for the quality of care provided, as employee well-being significantly impacts motivation, energy levels, and job performance. As a result, employee well-being is vital for organizational success, affecting essential outcomes such as employee retention, performance, and ultimately, patient care (Danna & Griffin, 1999). By prioritizing employee well-being, hospitals can create a more motivated, engaged, and resilient workforce, which in turn enhances patient care and overall hospital performance.

Research conducted in a public hospital in Nigeria demonstrated that the implementation of stringent safety protocols and regular health assessments significantly decreased the incidence of workplace injuries and illnesses among healthcare staff. Consequently, there was a noticeable improvement in staff productivity and a reduction in absenteeism due to health-related concerns (Akinwale & George, 2020).

2.2.2 Measures of Employee Well-being Physical Well-being: This aspect includes physical health, energy levels, and the capacity to perform daily tasks. It is measurable through self-reported assessments of physical health, records of sick leave, and biometric indicators (e.g., blood pressure, heart rate).

For instance, hospitals that offer ergonomic workstations, access to exercise facilities, and regular health evaluations contribute to the physical well-being of healthcare workers. In turn, this can lower the risk of work-related injuries and illnesses, resulting in enhanced job performance and reduced healthcare costs (Cooper & Quick, 2017).

In public hospitals, especially in resource-constrained environments like Uganda, physical health may be jeopardized by several factors. Healthcare workers are often exposed to infectious diseases such as tuberculosis (TB), HIV/AIDS, and more recently, COVID-19, which pose serious health risks. Moreover, the physical requirements of

their roles, such as lifting heavy equipment or patients, can lead to musculoskeletal issues, which are prevalent in nursing and caregiving professions (Clarke, 2020).

For example, nurses in emergency departments or intensive care units (ICUs) frequently need to move or reposition patients, often without the assistance of mechanical lifting devices. This situation can result in injuries such as back strains or herniated discs, which are common among healthcare professionals (Hignett et al., 2016). Additionally, the long hours and irregular shifts typical in healthcare can lead to chronic fatigue, sleep disturbances, and other health problems that adversely affect the physical well-being of health workers (Josten et al., 2003).

Another critical issue is the exposure to hazardous materials. Healthcare workers, particularly in laboratories, operating rooms, or those handling chemotherapy drugs, face risks from chemicals and radiation. Prolonged or improper exposure can cause both acute and chronic health issues, including respiratory illnesses, skin conditions, and in severe cases, cancer (Levin et al., 2016).

To address these hazards, hospitals must establish comprehensive occupational health programs that include routine health screenings, vaccination initiatives, ergonomic training, and access to protective equipment. For example, employing height-adjustable beds and mechanical lifts can greatly decrease the risk of musculoskeletal injuries among nurses. Similarly, implementing strict protocols for the handling of hazardous substances and ensuring the availability of protective gear can reduce the likelihood of chemical exposure (Clarke, 2020).

Examples and Case Studies: In Uganda, public hospitals such as Mulago and Mengo encounter challenges related to their workers' physical health due to limited resources. A study conducted at Mulago Hospital revealed a high prevalence of musculoskeletal disorders among nurses, with over 60% reporting back pain attributed to manual lifting of patients and heavy workloads (Katende et al., 2017). The study highlighted the necessity for improved ergonomic practices and the provision of lifting aids to alleviate the physical stress on healthcare workers.

Similarly, during the Ebola outbreak in West Africa, healthcare workers' physical health was severely impacted by insufficient protective equipment and a high risk of infection. Many contracted the virus due to inadequate training on the use of personal protective equipment (PPE) and a lack of proper safety procedures. This situation underscores the critical need for providing adequate resources and training to safeguard healthcare workers' physical health, particularly in low-resource environments (WHO, 2016).

Mental Well-being: This concept encompasses emotional, psychological, and social health. Tools such as the General Health Questionnaire (GHQ-12) (Goldberg & Williams, 1978) and the Depression, Anxiety, and Stress Scale (DASS-21) (Lovibond & Lovibond, 1995) can be utilized for assessment.

Healthcare professionals frequently face high-pressure situations, including the management of critically ill patients, making life-altering decisions, and coping with the emotional burden of witnessing patient suffering and mortality. Over time, these stressors can culminate in burnout, which is characterized by emotional fatigue, depersonalization, and a diminished sense of personal achievement. Burnout significantly impacts the mental well-being of healthcare professionals and compromises their ability to deliver quality care, potentially resulting in increased medical errors, decreased patient satisfaction, and higher turnover rates (Maslach & Leiter, 2016).

In Uganda's public hospitals, for example, workers' mental health is often undermined by extreme patient-to-staff ratios, insufficient resources, and a lack of support systems. At Mulago Hospital, healthcare workers endure considerable stress due to overcrowding, high patient volumes, and recurrent exposure to traumatic situations. Research conducted at this facility indicated that many employees exhibited burnout symptoms, such as chronic exhaustion, irritability, and feelings of hopelessness, which negatively impacted their job performance and overall health (Ahimbisibwe et al., 2018).

In addition to experiencing burnout, healthcare workers are also vulnerable to anxiety and depression due to ongoing exposure to stressful conditions. The relentless demand to perform, combined with the anxiety of making mistakes, can result in chronic stress, a significant precursor to anxiety disorders. Furthermore, the stigma surrounding mental health issues often hinders healthcare workers from seeking assistance, intensifying the situation (Shanafelt et al., 2019).

Tackling mental health challenges among healthcare professionals necessitates a holistic strategy that includes routine mental health evaluations, accessible counselling and support services, and the fostering of a positive workplace culture. For instance, establishing employee assistance programs (EAPs) that provide confidential counselling can offer essential support for individuals grappling with stress or mental health issues. Creating an environment that promotes open dialogue and diminishes the stigma associated with mental health can also help cultivate a more supportive and resilient workforce (Saksvik et al., 2017).

Examples and Case Studies: A study at Mengo Hospital showed that healthcare workers who had access to mental health support services reported lower stress and burnout levels compared to those without such access. The hospital introduced a peer support initiative, allowing workers to share experiences and offer mutual encouragement, significantly enhancing their mental well-being (Namata et al., 2019).

During the COVID-19 pandemic, healthcare professionals around the globe faced extraordinary levels of stress and anxiety. Hospitals that offered psychological support, including counselling services and stress management training, observed improved mental health outcomes for their staff. For instance, facilities in Italy and Spain, which were heavily impacted by the pandemic, implemented mental health initiatives that featured regular check-ins, relaxation exercises, and peer support, effectively alleviating the mental health challenges posed by the crisis (Rajkumar, 2020).

Job Satisfaction: This term denotes employees' feelings of fulfilment regarding their work. Various tools, such as the Job Satisfaction Survey (JSS) (Spector, 1985) and the Minnesota Satisfaction Questionnaire (MSQ) (Weiss, Dawis, England, Lofquist, & Heneman, 1967), may be employed for measurement.

Job satisfaction is a complex and multi-dimensional idea that reflects how well an employee's job meets their expectations and needs. It includes both intrinsic motivators, such as the fulfilment and achievement derived from the work itself, and extrinsic factors, like salary, benefits, and working conditions.

For healthcare workers, job satisfaction is particularly vital owing to the challenging and often high-pressure nature of their roles. Elements that contribute to job satisfaction in healthcare settings include a supportive environment, opportunities for career advancement, acknowledgment of good performance, and manageable workloads. For instance, a nurse who feels valued by their employer, receives continual training, and maintains a healthy work-life balance is likely to experience greater job satisfaction (Herzberg, 1968).

On the other hand, factors that can lead to job dissatisfaction encompass insufficient compensation, lack of recognition, poor work conditions, and limited career advancement opportunities. In public hospitals, where resources are often scarce and workloads extensive, these elements can contribute to decreased job satisfaction, higher turnover rates, and increased burnout among healthcare workers (Maslach & Leiter, 1997).

Research at Mengo Hospital in Uganda revealed that healthcare workers who expressed high job satisfaction attributed this to supportive management, opportunities for professional growth, and a positive workplace atmosphere. In contrast, those indicating low job satisfaction cited poor pay, heavy workloads, and insufficient recognition as significant contributors (Namata et al., 2019).

In a similar context in the United States, a hospital that launched a recognition program for outstanding employees witnessed a notable rise in staff job satisfaction.

This initiative included regular awards, public acknowledgment, and financial bonuses for exceptional work, leading to enhanced employee morale and lower attrition rates (Hammer et al., 2016).

Health is a comprehensive concept that includes physical, mental, and social well-being, rather than simply the absence of illness or disability. The World Health Organization (WHO) defines health as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO, 1946). This definition emphasizes the holistic aspect of health, acknowledging that authentic health encompasses not only the lack of physical health issues but also mental wellness and social cohesion.

In relation to occupational health and safety (OHS), the notion of health is vital, as the work environment greatly affects the overall well-being of employees. The circumstances in which people work—such as the physical setting, organizational culture, and psychosocial elements—are crucial in shaping their health outcomes. It is essential to maintain a safe and healthy workplace, not only to prevent work-related injuries and illnesses but also to enhance the broader well-being of employees.

Occupational safety encompasses a series of plans, actions, and protocols that guide organizations in systematically managing health and safety risks related to their operations (Dieleman & Harnmeijer, 2006). In this context, occupational safety includes elements such as psychological safety, safety measures, and personal protective equipment.

OHS in the healthcare sector involves various activities, including risk assessments, safety training, adherence to safety protocols, and ongoing monitoring of workplace conditions. These efforts aim to identify and reduce risks, ensure compliance with safety regulations, and foster a safety-oriented culture within the organization. For instance, hospitals may perform routine safety audits to detect potential hazards, such as improper handling of dangerous materials or incorrect use of medical devices, and implement corrective measures (Reese, 2015).

Moreover, OHS is dedicated to enhancing the overall well-being of healthcare professionals by addressing issues like work-life balance, mental health, and ergonomics. Providing access to mental health resources and stress management programs can assist healthcare workers in managing the demands of their roles, which can reduce burnout and enhance job satisfaction. Additionally, ergonomic improvements such as adjustable workstations and proper lifting techniques can help prevent musculoskeletal injuries among healthcare staff (WHO, 2021).

For example, a case study from Mengo Hospital in Uganda demonstrates that the rollout of an OHS program resulted in marked improvements in workplace safety and employee health. This program included consistent safety training, the formation of safety committees, and the enforcement of strict infection control measures. Consequently, the hospital saw a decrease in workplace accidents and injuries.

Personal protective equipment (PPE) refers to clothing and gear designed to protect individuals from chemical, physical, and biological hazards encountered during hazardous materials incidents (Yeung et al., 2002). In this research, PPE included access to gloves, skin protection, impermeable gowns, particulate respirators, closed shoes, and headgear.

In healthcare environments, PPE comprises items such as gloves, masks, gowns, face shields, and respirators. Each type of PPE is intended for a specific purpose and is chosen based on the nature of the hazard. For instance, gloves and gowns offer protection against infectious materials, while masks and respirators shelter against airborne pathogens. During exposure to highly contagious or hazardous pathogens, such as in the event of an infectious disease outbreak, the use of PPE is essential to prevent transmission and safeguard healthcare personnel (Gillen et al., 2002).

The efficiency of PPE hinges on the correct selection, fit, and application. Healthcare professionals must receive training on the proper ways to put on, take off, and dispose of PPE to reduce the risk of contamination. For example, during the COVID-19 pandemic, healthcare workers globally were mandated to wear N95 respirators and full-body gowns when caring for patients infected with the virus. Training on the

appropriate use of this equipment was crucial to preventing virus transmission within healthcare facilities (CDC, 2020).

A case study from Mulago Hospital in Uganda underscores the significance of PPE in shielding healthcare professionals from infectious diseases. During the Ebola outbreak, the hospital enforced strict PPE protocols that required full-body gowns, gloves, masks, and face shields for all personnel involved in caring for Ebola patients. These strategies successfully curtailed the virus's spread among healthcare workers, highlighting PPE's vital role in ensuring occupational safety (Namata et al., 2019).

Additionally, during the COVID-19 pandemic, hospitals worldwide encountered difficulties in obtaining sufficient PPE supplies for their staffs. In the U.S., a hospital in New York instituted stringent PPE protocols, including the use of N95 respirators, face shields, and isolation gowns for personnel treating COVID-19 patients. Despite the challenges faced, these measures effectively protected healthcare workers from infection, emphasizing PPE's importance in managing infectious disease outbreaks (CDC, 2020).

Psychological Safety: Psychological safety can be understood as a psychological environment that reflects individuals' perceptions of the impact their work setting has on their personal well-being (Schepers et al., 2008). This study emphasizes the importance of worker engagement, positive relationships among employees, and support from management.

In healthcare settings, fostering psychological safety is vital for enabling healthcare professionals to voice concerns about safety risks, seek assistance when necessary, and propose enhancements to work processes. When employees feel psychologically secure, they are more inclined to take proactive actions that enhance patient safety, such as double-checking medications, reporting near misses, and collaborating with colleagues on best practices.

In an environment that prioritizes psychological safety, a nurse may feel empowered to challenge a doctor's prescription if there are concerns regarding patient welfare.

Such open communication can help prevent mistakes and enhance the overall quality of patient care. Conversely, in institutions where psychological safety is insufficient, healthcare professionals may hesitate to speak out due to fears of retaliation, fostering a culture of silence that leads to unreported errors and missed opportunities for learning (Nembhard & Edmondson, 2006).

To cultivate a psychologically safe workspace, strong leadership is essential. Managers and supervisors should actively promote open dialogue, demonstrate respectful interactions, and respond constructively to feedback. Additionally, implementing clear policies that safeguard those who speak out, and ensuring every team member feels valued and respected, regardless of their position, is crucial. For instance, adopting a "just culture" approach in hospitals, which emphasizes learning from mistakes rather than assigning blame, can greatly enhance psychological safety and the overall safety culture (Dekker, 2012).

Research conducted in the United States indicates that hospitals that adopted methods to boost psychological safety, including leadership development and team-building initiatives, experienced notable improvements in patient safety metrics. One hospital, for example, established regular safety briefings where staff could freely discuss safety concerns and share enhancement ideas, resulting in reduced medication errors and increased reporting of near misses (Edmondson, 1999).

Similar efforts have been observed in public hospitals in Uganda, where measures to enhance psychological safety have included the establishment of anonymous reporting systems that allow healthcare workers to report errors or safety issues without fear of reprisal. These initiatives have facilitated increased reporting of safety concerns and fostered a more open and transparent safety culture (Ahimbisibwe et al., 2018).

Safety Precautions: Safety precautions involve utilizing symbols in safety communications to indicate the severity of safety conditions (Hughes & Ferrett, 2015). In the context of this study, safety precautions refer to the immediate disinfection following an incident and the proper reporting of accidents.

In healthcare, safety precautions encompass various practices, including the appropriate management of hazardous materials, adherence to infection control guidelines, utilization of personal protective equipment (PPE), and implementation of safe patient handling protocols. For instance, to mitigate the risk of needlestick injuries, healthcare personnel receive training to handle needles and sharp instruments with care, employing safety-engineered devices and promptly disposing of them in designated sharps containers post-use.

One key safety measure is the enforcement of infection control protocols, which include hand hygiene, sterilization of medical tools, and the use of PPE such as gloves and masks. These practices are vital for preventing the transmission of infections among healthcare staff and patients. In high-risk areas like operating rooms or isolation units, more rigorous precautions may be necessary, including specialized PPE like N95 respirators or full-body gowns, to guard against airborne or highly contagious pathogens (Gillen et al., 2002).

A notable case study from Mulago Hospital in Uganda underscores the significance of safety precautions in safeguarding healthcare workers. The hospital executed a comprehensive infection control initiative that featured regular training on hand hygiene, PPE use, and safe management of infectious waste. Consequently, the incidence of healthcare-associated infections (HAIs) among staff significantly diminished, highlighting the effectiveness of such safety measures in mitigating occupational exposure risks (Namata et al., 2019).

In another instance, a hospital in the United States established a safe patient handling program aimed at preventing musculoskeletal injuries among nurses. This initiative incorporated mechanical lifts and transfer devices, alongside training on suitable body mechanics. As a result, the hospital noted a decrease in work-related injuries, reinforcing the critical role of safety precautions in preserving the health and well-being of healthcare workers (Gillen et al., 2002).

2.3 Theoretical Foundation

This study was guided by the Epidemiology of Accidents Theory.

2.3.1 Epidemiology of Accidents Theory

The Epidemiology of Accidents Theory was introduced by Gordon in 1949. He posited that injuries arise from specific epidemiological episodes, including seasonal variations, demographic factors, and an individual's vulnerability (Hulme & Finch, 2015). The theory asserts that two key elements, namely predisposition characteristics and situational characteristics, significantly influence both the conditions under which accidents occur and the resulting effects of those accidents. The effects of accidents refer to the injuries and damages sustained by individuals, which serve as measurable indicators of the incident.

Accidents occur under conditions that are unexpected, unavoidable, and unintentional, stemming from both predispositional and situational characteristics. Predispositional characteristics encompass factors such as individuals' susceptibility (hosts), hazardous environments, and agents that cause injuries, among others (Bonilla-Escobar & Gutiérrez, 2014).

According to the theory, each individual possesses a distinct predisposition to injury, influenced by their unique combination of intrinsic risk factors and additional external risk factors that increase their susceptibility. Situational characteristics involve the individual's risk assessments, the priorities set by supervisors, and prevailing attitudes (Hulme & Finch, 2015). The theory implies that predisposition and situational characteristics contribute to the occurrence of accidents. Consequently, certain individuals may be more vulnerable to specific injuries while performing their duties, highlighting the necessity for occupational health and safety measures. This theory provides a foundational understanding of the relationship between occupational safety and the well-being of health workers.

2.4 Empirical Literature

2.4.1 Relationship between Psychological Safety and Well-Being of Health Workers

Psychological safety refers to the feeling of confidence, security, and freedom from fear and anxiety, particularly regarding the ability to meet current and future needs. It also encompasses an environment where employees perceive that their well-being is supported. In such environments, employees do not feel pressured about their self-image, job position, or the adverse effects of work, allowing them to express themselves genuinely and engage with different facets of their identity. When employees partake in risky behaviors as a team, the execution of those actions is perceived as safe and acceptable among their colleagues (Chen, Gao, Zheng & Ran, 2015).

Psychological safety can be classified into self-psychological safety (an individual's perception of their own safety) and others' psychological safety (the perception of safety in communication with others) (Tynan, 2005). In an environment characterized by psychological safety, members of an organization feel free to voice their opinions; they are encouraged to take risks and foster mutual trust and respect, aligned in their beliefs and values (Chen et al., 2015).

Therefore, organizational psychological safety is the perception developed by employees regarding the characteristics of their work environment, including management support, clarity in job roles, and the allowance for self-expression (Edmondson, Kramer & Cook, 2004). Numerous scholars (e.g., Alizadeh & Cheraghalizadeh, 2015; Dar, Akmal, Naseem & din Khan, 2011; Chen et al., 2015; Judeh, 2011; Min & Yong, 2014; Ning & Jin, 2009) have linked psychological safety to employee well-being.

For example, Alizadeh and Cheraghalizadeh (2015) explored the influence of organizational support on employee well-being with full-time employees engaged in construction projects in Iran. Their findings revealed that organizational support had a significantly positive effect on employee well-being. Similarly, Dar et al. (2011) investigated the negative impact of stress stemming from low psychological safety on

employee well-being in Pakistan's business sector. They found that issues like feeling undervalued, workplace victimization/bullying, ambiguous roles, fear of job loss, exposure to traumatic incidents, and economic instability led to decreased concentration, mental blockages, and impaired decision-making skills, ultimately adversely affecting employee well-being.

In another study, Chen et al. (2015) reviewed the concepts, measures, antecedents, and consequences associated with psychological safety, concluding that it serves as an intermediary factor influencing organization-related outcomes, including employee well-being. Judeh (2011) researched employee participation in enhancing teamwork effectiveness within the Jordanian glass and ceramic industries and concluded that such participation positively affected teamwork. Min and Yong (2014) examined workplace relationships in China, finding a significant positive impact on employee well-being stemming from strong relationships among colleagues.

Moreover, Ning and Jin (2009) investigated how a climate of trust affects individual well-being among employees and their supervisors in a Chinese organization. Their findings indicated that psychological safety enhances individuals' focus and improves overall well-being.

The literature indicates that scholars have attempted to establish connections between psychological safety and employee well-being. However, several contextual gaps remain. Notably, none of the studies were conducted in Uganda, all having taken place within Asian settings. Additionally, no research has focused on hospital settings; instead, studies have primarily been centred on construction and industrial sectors. These gaps underscore the importance of conducting this study within the specified context.

2.4.3 Link between Personal Protective Equipment and Health Workers' Well-being

Personal Protective Equipment (PPE), also referred to as Personal Protective Devices (PPDs), is specifically designed to safeguard workers from injuries or illnesses resulting from exposure to hazardous substances that may cause infection. Examples

of such protective gear include face shields, helmets, safety glasses or goggles, ear protection (ear plugs or muffs), safety footwear, coveralls, gloves, vests, and respirators (Aguwa, 2013). It is common for workers to don multiple types of PPE simultaneously, depending on their anticipated exposure during specific tasks. For instance, a health worker may require gloves, a facemask, and an apron concurrently based on the activities being performed (Aguwa, Arinze-Onyia, & Ndu, 2016). In the context of infectious diseases, health care workers (HCWs) typically implement standard precautions along with transmission-based precautions, utilizing PPE to guard against droplet, contact, or airborne transmission.

The appropriate and consistent utilization of PPE is crucial in mitigating nosocomial transmission, thereby ensuring the safety of both patients and HCWs (Zellmer, Van Hoof & Safdar, 2015). Therefore, the importance of using suitable and high-quality personal protective equipment in the workplace cannot be overstated. Healthcare-associated infections (HAIs) are among the most prevalent adverse events in healthcare delivery systems, impacting millions annually and leading to significant morbidity and mortality. A substantial number of healthcare providers and patients contract infections within healthcare settings (Haile, Engeda & Abdo, 2017).

Abad, Lafuente, and Vilajosana (2013) evaluated the OHSAS 18001 certification process to identify its primary drivers and impacts on safety, well-being, and labour productivity among employees in Spanish firms. Their findings demonstrated that equipping workers assigned to high-risk tasks with safety gear such as safety glasses, helmets, boots, gloves, masks, jumpsuits, and shoes resulted in marked improvements in safety, well-being, and productivity. In a similar vein, Agbola (2012) investigated how health and safety management affected worker safety at the Ghana Ports and Harbours Authority, assessing the effectiveness of these measures in decreasing accidents and fatalities and examining the impact of work-related illnesses. The study concluded that a lack of essential safety equipment negatively influenced employee well-being. Dumondor (2017) explored the influence of safety, health, and office facilities on employee well-being at PT Meares Soputan Mining in Indonesia, discovering that safety and health provisions positively impacted worker well-being.

Pourmoghani (2004) researched how gloves and visual acuity affected health workers' well-being, testing four types of gloves and five levels of visual acuity (using masked goggles) while performing tasks on the Purdue Pegboard, the grooved pegboard, and the placing task in the Minnesota Dexterity Test. The study found significant effects of gloves and goggles across all test scenarios. Simon (2010) evaluated the impact of Level A suits on fine and gross motor skills among seven members of the National Guard's Civil Support Team (CST) in the United States, considering measures of well-being like task completion time and accuracy. The results indicated that wearing the suit had a significant detrimental effect on both well-being metrics.

2.4.4 Connection between Worker Participation and Well-being of Health Workers

Employee involvement in decision-making is linked to enhanced job satisfaction, lower stress levels, and improved overall well-being (Leipart, 1988; Wagner, 1986). Engaging workers in this way can also foster increased organizational commitment, better job performance, and greater innovation (Cotton, Vollrath, Froese, & Lengnick-Hall, 1988).

In the healthcare sector, engaging health workers in safety-related decision-making can take various forms, including participation in safety committees, contributing to the creation of safety protocols, and actively participating in ongoing safety training and drills. When workers are allowed input on safety issues, their insights into practical challenges and potential solutions, more applicable to the real-world hospital setting, can be invaluable.

In hospitals that promote worker participation, frontline staff such as nurses may be actively involved in developing infection control measures. Their contributions can enhance the feasibility and realism of the protocols, given the constraints of their daily responsibilities. Moreover, this involvement helps cultivate a sense of ownership regarding safety decisions, which can lead to stronger adherence to protocols (Gillen et al., 2002).

Conversely, in hospitals where employees are excluded from safety-related decision-making, a disconnect may emerge between established safety protocols and the realities of daily tasks. This disjunction can result in a lack of compliance with safety measures, a higher likelihood of accidents, and a detrimental safety culture. For instance, if a hospital adopts a novel procedure for handling hazardous materials without consulting the affected workers, it may face unforeseen difficulties in implementation, which could result in non-compliance and heightened safety risks (Clarke, 2020).

To effectively cultivate worker participation, hospital leadership must commit to incorporating employees at all levels into safety-related decision-making processes. This can be facilitated by creating safety committees comprising representatives from various departments, hosting regular safety meetings where workers can express concerns and suggestions, and ensuring ongoing training in safety protocols.

2.4.5 The Link between Positive Employee Relations and the Well-being of Health Workers

Fostering strong employee relations leads to a supportive work atmosphere, higher job satisfaction, and enhanced organizational performance (Cropanzano, Rupp, & Byrne, 2003). Supportive interactions with colleagues and supervisors cultivate a sense of belonging, provide social support, and enhance job security, all of which are vital for employee well-being (Einarsen, Hoel, & Notelaers, 2007).

Positive employee relations are established through effective communication, trust, and mutual respect between staff and management. In the context of a hospital, this means healthcare professionals should feel at ease when voicing concerns, giving feedback, and collaborating with their peers and supervisors. When relationships in the workplace are healthy, employees are more inclined to feel satisfied with their jobs, engaged in their roles, and connected to their workplace, which positively affects their overall well-being.

In hospitals that emphasize positive employee relations, healthcare workers often have regular opportunities to meet with their supervisors to discuss their work progress, share ideas, and voice any concerns. These meetings foster transparency and trust, which can alleviate stress and enhance job satisfaction. Moreover, healthy relationships with fellow employees can promote teamwork and collaboration, contributing to a more harmonious and supportive work atmosphere (Gittell, 2003).

On the other hand, negative employee relations, marked by poor communication, distrust, and conflict, can create a dysfunctional working environment. In such situations, healthcare workers may feel alienated, undervalued, and stressed, adversely affecting their well-being and job performance. For instance, a nurse who lacks support from their supervisor may face heightened stress and burnout, which can lead to diminished job satisfaction and an increased inclination to leave the organization (Maslach & Leiter, 1997).

A study conducted in Uganda's public hospitals revealed that healthcare workers who reported positive relationships with their supervisors and peers also experienced greater job satisfaction and overall well-being. These professionals identified open lines of communication, mutual respect, and collaboration as crucial elements influencing their positive work experience. In contrast, those who reported negative employee relations faced heightened stress and burnout, resulting in lower job satisfaction and well-being (Namata et al., 2019).

Similarly, a case study from the United States showed that a hospital which implemented strategies to enhance employee relations witnessed significant improvements in job satisfaction and well-being among its workforce. This initiative included team-building activities, communication workshops, and avenues for employees to give feedback to management. Consequently, the hospital experienced reduced turnover rates and heightened employee engagement (Gittell, 2003).

2.4.6 The Connection between Management Support and the Well-being of Health Workers

Robust management support is essential for advancing employee well-being. Research has indicated that leaders demonstrating authentic concern for their employees, offering necessary resources, and fostering a supportive organizational culture can significantly elevate employee satisfaction, engagement, and overall health (Rafferty & Griffin, 2006).

In a hospital environment, effective management support means equipping healthcare workers with the resources, training, and guidance they need to perform their tasks safely and competently. This support manifests in various forms, such as providing access to continuing education, offering flexible work schedules, recognizing and rewarding accomplishments, and cultivating a positive work environment.

A hospital that regularly encourages staff training exhibits its dedication to employee development and well-being. Such support not only bolsters healthcare workers' skills and knowledge but also enhances their job satisfaction and sense of belonging within the organization (Kanter, 1977).

Management support also entails responsiveness to healthcare workers' needs and concerns. For instance, if a nurse raises issues about the adequacy of personal protective equipment (PPE), a supportive management team should promptly address the matter, ensuring the nurse feels valued and secure. This responsiveness is particularly critical in high-stakes environments like hospitals, where worker well-being is closely tied to the availability of necessary resources and support (Eisenberger et al., 1986).

At Mulago Hospital, healthcare professionals who experienced strong management support reported higher levels of job satisfaction and well-being. These workers highlighted access to professional development opportunities, proactive leadership, and a supportive work environment as significant factors contributing to their positive experiences. Conversely, those who perceived a lack of management support faced

increased stress and burnout, leading to diminished job satisfaction and overall well-being (Namata et al., 2019).

Likewise, in developed nations, hospitals prioritizing management support have reported improved safety outcomes and enhanced employee well-being. For example, a hospital in the United Kingdom initiated a leadership development program aimed at boosting management support for healthcare workers. This program included training managers on how to provide constructive feedback, acknowledge employee achievements, and address employee concerns. Consequently, the hospital experienced heightened job satisfaction and lower turnover rates among its staff (Kanter, 1977).

2.4.7 Connection between Work-Life Balance and the Well-Being of Healthcare Workers

Establishing a balance between professional responsibilities and personal life is vital for the overall well-being of employees (Greenhaus & Beutell, 1985). Work-life conflict arises when work and personal life demands compete with one another, often resulting in heightened levels of stress, burnout, and reduced job satisfaction (Demerouti, Bakker, Nachreiner, & Schaufeli, 2001).

In the healthcare field, achieving work-life balance can be particularly difficult due to extended shifts, heavy patient loads, and the emotional strain of managing life-and-death scenarios. Nevertheless, such balance is essential for the well-being of healthcare professionals, enabling them to rejuvenate, sustain their mental and physical health, and meet personal and familial obligations. A healthy work-life balance is linked to increased job satisfaction, enhanced mental health, and reduced levels of burnout and turnover (Frone, 2003).

For instance, hospitals that provide flexible scheduling, paid leave, and childcare support can significantly assist healthcare workers in better managing their professional and personal responsibilities. These initiatives not only bolster employee well-being but also improve job performance and lower absenteeism rates. On the

contrary, insufficient work-life balance can result in chronic stress, fatigue, and burnout, adversely affecting both the individual and the organization (Maslach & Leiter, 1997).

A study at Mengo Hospital in Uganda found that healthcare workers who enjoyed a favourable work-life balance also reported higher well-being and job satisfaction. Participants emphasized the value of flexible scheduling and access to mental health resources, which helped them balance job demands with their personal lives (Namata et al., 2019).

In a Swedish case study, a hospital introduced a work-life balance program that included reduced hours for parents of young children, options for part-time work, and on-site childcare services. As a result, the hospital experienced reduced absenteeism and burnout rates, alongside increased job satisfaction among its staff, highlighting the favourable effects of work-life balance on employee well-being (Frone, 2003).

The aforementioned literature indicates that researchers have made considerable efforts to explore the impact of safety measures on the well-being of healthcare workers. However, notable gaps exist at both contextual and empirical levels. Contextually, none of the studies were conducted in Ugandan hospitals. Empirically, some research presented conflicting findings; while most studies affirmed the positive impact of personal protective equipment (PPE) on worker well-being, Simon (2010) reported significant negative effects. These contextual and empirical inconsistencies underscore the need for this study to examine the effects of PPE on the well-being of healthcare workers within a public referral hospital in Uganda.

2.5 Summary of Literature Review

The literature review indicates that occupational safety is connected to the well-being of workers. However, significant gaps at both contextual and empirical levels warrant further investigation. For example, no studies have been performed within the Ugandan context, and many existing studies are based outside the healthcare sector. Additionally, certain studies yielded contradictory results concerning the

proposed research questions, suggesting that some occupational safety elements, like personal protective equipment, may have adverse effects on well-being. These gaps emphasize the necessity for this research to assess whether occupational safety influences the well-being of healthcare workers in Uganda's healthcare system.

CHAPTER THREE

STUDY METHODOLOGY

3.1 Introduction

This chapter outlines the methodology utilized in this study. It encompasses the research design, study area, sampling techniques, sample size and selection methods, data collection techniques, data collection instruments, data analysis procedures, and anticipated limitations.

3.2 Research Design and Approach

This study will implement a cross-sectional research design, which involves examining either the entire population or a subset by gathering information about a specific issue at a single point in time (Olsen & Marie, 2004). The cross-sectional approach will be employed due to its speed, ease, and cost-effectiveness, given that minimal time is spent in the field. Utilizing this design, the researcher can gather relevant data efficiently (Gravlee, Kennedy, Godoy & Leonard, 2009). Both quantitative and qualitative methods will be employed; the quantitative method will assist in testing hypotheses or research questions to derive statistical inferences, while the qualitative method will enrich the quantitative findings by providing detailed insights (Guetterman, Fetters & Creswell, 2015). Thus, the researcher will be positioned to draw statistical conclusions and conduct comprehensive analyses. This methodological process will include four primary activities: documentary analysis, field studies, data collection, data analysis, and report writing along with dissemination.

3.3 Area of Study

The focus of this study is the impact of occupational health and safety on employee well-being in public hospitals, specifically using Gulu Referral Hospital as a case study.

3.4 Study Population

A total of 54 employees from various departments participated in the study, including laboratory technicians, clinical officers, medical assistants, midwives, gynaecologists, and medical doctors.

3.5 Sample Size and Selection

The expected sample size was set at 60 respondents for both the questionnaire survey and the interviews. The sample size was determined using the Yamane (1967) formula: $n=N/(1+N(e)^2)$, where n represents the sample size, N is the study population, 1 is a constant, and e is the confidence interval (0.05).

The calculations are as follows:

$n = N / (1 + N(e)^2)$

Where:

N = 70 (target population)

e = 0.05

$n = 70 / (1 + 70 \times (0.05)^2)$

$n = 70 / (1 + 70 \times 0.0025)$

n = 70 / 1.175

n = 59.57

Thus, the sample size is rounded to 60.

Table 1: Distribution of Study Population and Sample

Category	Population	Sample	Sampling Techniques
Administration	4	4	Purposive sampling
Doctors (Specialists)	6	6	Purposive sampling
Medical Officers	10	8	Simple random sampling
Nurses	30	26	Simple random sampling
Allied Health Professionals	20	16	Simple random sampling
Total	**70**	**60**	**Simple random sampling**

3.6 Sampling Techniques

This study will employ two sampling techniques: simple random sampling and purposive sampling. Simple random sampling involves randomly selecting individuals from the population, thereby giving each individual an equal opportunity to be included in the sample (Clark & Creswell, 2008). Respondents will be selected by drawing numbers assigned to them, ensuring a representative sample for generalizing the findings. Conversely, purposive sampling will be utilized to select specific individuals to gather in-depth perspectives, as the study incorporates both quantitative and qualitative elements. The purposive sampling method applied will be intensity purposive sampling, which focuses on selecting a limited number of key respondents who can provide detailed information and insights about the phenomenon of interest (Palinkas et al., 2015). The respondents targeted through purposive sampling will include administrative staff and specialists in the hospital.

3.7 Data Type and Source

This study will gather both quantitative and qualitative data. Quantitative data will include employee well-being and occupational health and safety scores sourced from structured questionnaires, while qualitative data will be derived from interviews with employees regarding their work experiences.

3.8 Data Collection Methods

Data collection for this study will involve two methods: a questionnaire survey and interviews. A questionnaire survey is a method that directly questions participants about their perceptions of the study issue (Zohrabi, 2013). This method is advantageous for its efficiency in data collection. Interviewing, as a qualitative data collection method, allows the researcher to obtain detailed responses from participants regarding the study variables, leading to a deeper exploration of their viewpoints (Sutton & Austin, 2015). The interviews will be conducted with administrative staff and doctors (specialists).

3.9 Data Collection Instruments

The study will employ two instruments for data collection: a self-administered questionnaire and an interview guide. A self-administered questionnaire is a quantitative data collection tool (Siniscalco & Auriat, 2005). It will comprise two sections—Section A focusing on background characteristics, and Section B addressing the main variables. The questionnaire will consist of close-ended questions, chosen for their simplicity in administration, ease of coding and analysis, potential for comparisons and quantification, and likelihood of yielding complete responses while minimizing irrelevant data (Artino Jr, La Rochelle, Dezee & Gehlbach, 2014).

CHAPTER FOUR

DATA ANALYSIS, RESULTS AND DISCUSSION

4.0 Introduction

This chapter presents the study findings on effects of occupational health and safety on employee's wellbeing in Gulu referral hospital. The study was guided by three specific objectives which was to investigate the effects of occupational health and safety on employee wellbeing, ascertain the influence of safety precautions on wellbeing of health workers and assess the influence of personal protective equipment on wellbeing of health workers at Gulu regional referral hospital.

4.1 Response Rate

The sample frame of the study comprised of 60 healthcare workers at Gulu regional referral hospital, after administering the questionnaire, 54 of the respondents correctly filled in the questionnaire thus ensuring a response rate of 90%. The above response rate falls above the minimum recommended sample rate by scholars (Holtom et al., 2022). It is therefore safe to generalize the study findings to Gulu regional referral hospital only.

4.2 Findings on Demographic Characteristic of the respondents

The study collected a number of demographic characteristics of the study respondents including gender, age, marital status, level of education, work experience and employment specification (job title). Below is a descriptive finding of the demographic characteristics.

4.2.1 Gender of the Study Respondents

The table below presents a descriptive statistic about the variable gender of all the respondents who participated in the study.

Table 2: Description of Gender of the Study Respondents

Gender		Frequency	Percent (%)	Cumulative Percent
	Male	21	38.9	38.9
	Female	33	61.1	100.0
	Total	54	100.0	

Source: Field data, 2024

The findings in Table 1 above, revealed that 33 respondents which translate to 61.1% of the total study population were female, and 21 respondents which translate to 38.9% of the total study population were male. Overall, this implies that there were more female medical workers who participated in the study compared to their male counterparts. In some studies, the variable gender was found to have an influence on the study findings majorly due to stereotypes and biases in opinions and views (Zhang et al., 2021), the nature of this study that aimed at establishing the effects of occupational health and safety on hospital employee's wellbeing in public hospitals cannot be significantly influenced by gender differences since it deals with practical and experiential circumstances. The fact that a considerate proportion of the male health employees also participated in the study played a key role to neutralize the various kind of biases that may have accrued due to gender factor (Donkoh & Mensah, 2023)

4.2.2 Age of the Study Respondents

The table below presents a descriptive statistic about the variable age of all the respondents who participated in the study.

Table 3: Description of Age of the Study Respondents

Age in Years		Frequency	Percentage	Cumulative Percentage
	18 – 30	13	24.1	24.1
	31 – 41	26	48.1	72.2
	41 – 50	9	16.7	88.9
	51 – 60	6	11.1	100.0
	Total	54	100.0	

Source: Primary data: 2024

The findings in Table 2 above revealed that 26 respondents which translate to 48.1% of the total study population were aged between 31 – 41 years old. Additionally, 13 of the respondents which translate to 24.1% of the total study population were aged between 18 – 30 years old, 9 of the respondents which translate to 16.7% of the total study population were aged between 41 – 50 years old and 6 of the respondents which translate to 11.1% of the study population were aged between 51 – 60 years old. Overall, the above findings suggest that majority of the study population constituted of health workers who are fairly young and energetic.

There is no doubt that online surveys have several advantages, however Ward & Meade (2023) observed that they particularly prone to careless answering, which occurs when respondents do not pay enough attention to the content of the questions resulting in data that may not accurately reflect respondents' actual levels of the constructs being measured. Davis et al., (2021) observed that youthful population in a study provide a much more accurate study population to give a well-informed response. As such the involvement of mostly youthful hospital workers in the study helped to enhanced the quality of data collected.

4.2.3 Marital status

The table below presents a descriptive statistic about the variable marital status of all the respondents who participated in the study.

Table 4: Description of Marital Status of Respondents

Marital status		Frequency	Percentage	Cumulative Percentage
	Married	23	42.6	42.6
	Not Married	31	57.4	100.0
	Total	54	100.0	

Source: Primary data: 2024

The findings in Table 3 above revealed that 31 respondents which translate to 57.41% of the total study population were not married. And a total of 23 respondents which translate to 42.61% of the total study population were married. Overall, the above

findings infer that majority of the health workers who participated in the study were not married.

Whereas several studies have suggested that marital status of the respondents may have some implications on their opinions and perceptions concerning overall job satisfaction and safety especially psychologically (Shan et al., 2022), the influence of marital status may not have any significant influence on the respondent's view points on this study since the study mainly deals with health care safety issues at work place. However, the proportionate views of the married and not married respondents in this study were commensurately matched up.

4.2.4 Educational Level of Respondent

The table below presents a descriptive statistic about the variable marital status of all the respondents who participated in the study.

Table 5: Description of Educational level of Respondent

Educational level		Frequency	Percentage	Cumulative Percentage
	Certificate/ Diploma	39	72.2	72.2
	Bachelor's degree	15	27.8	100.0
	Total	54	100.0	

Source: Primary data: 2024

The findings in Table 4 above revealed that a total of 39 respondents which translate into 72.1% of the total study population had certificate or diploma as their highest level of academic qualifications. And a total of 15 respondents which translate into 27.8% of the total study population had bachelor's degree as their highest level of academic qualifications. The above finding indicates that majority of the respondents had a low level of academic qualification.

According to Stantcheva (2023), individuals with lower levels of education may struggle to comprehend basic survey terms, potentially affecting their participation in surveys. Conversely, Smith et al., (2021) contended that individuals with higher levels

of education tends to comprehend basic survey terms easily thereby providing accurate responses. Despite of the fact that most of the study participants disclosed a low level of education, this may not be considered a significant factor to biased their response outcome since the nature of the study focused on their lived experiences at work places.

4.2.5 Work Experience of Respondent of Respondent

The table below presents a descriptive statistic about the variable work experience of all the respondents who participated in the study.

Table 6: Description of Work Experience of Respondent

Duration in Years		Frequency	Percentage	Cumulative Percentage
	0 – 5	23	42.6	42.6
	6 – 10	17	31.5	74.1
	11 – 15	4	7.4	81.5
	16+	10	18.5	100.0
	Total	54	100.0	

Source: Primary data: 2024

The findings in Table 5 above revealed that a total of 23 respondents which translate into 42.6% of the total study population had a work experience spanning over a period between 0 - 5 years, 17 of the respondents which translate into 31.5% of the total study population had a work experience spanning over a period between 6 -10 years. Furthermore, a total of 10 respondents which translate into 18.5% had a work experience spanning over 16 years, and a total of 4 respondents which translate into 7.4% of the total study population had a work experience spanning over a period between 11 - 15 years.

The above revelation suggests that most of the study respondents had a basic and fairly reasonable amount of work experience post their academic qualification. This also implies that the respondents had sufficient knowledge about health and safety issues related to their work which subsequently qualifies them to provide an

43

informative response based on knowledge and experience thereby it ensured the study to get the best quality data.

4.2.6 Job title of Respondent of Respondent of Respondent

The table below presents a descriptive statistic about the variable job title of respondent of all the respondents who participated in the study.

Table 7: Description of Job title of Respondent

Job title of Respondent		Frequency	Percentage	Cumulative Percentage
	Medical Doctor	4	7.4	7.4
	Enrolled Nurse	20	37.0	44.4
	Midwife	14	25.9	70.4
	Laboratory technician	6	11.1	81.5
	Clinical Officer	4	7.4	88.9
	Medical assistant	3	5.6	94.4
	Gynaecologist	3	5.6	100.0
	Total	54	100.0	

Source: Primary data: 2024

The findings in Table 6 above revealed that 20 respondents which translate into 37% of the total study population were enrolled nurse, 14 of the respondents which translate into 25.9% of the total study population were midwifes, 6 of the respondents which translate into 11.1% of the total study population were laboratory technician, 4 of the respondents which translate into 7.4% of the total study population were medical doctors and clinical officers each respectively, and 3 of the respondents which translate into 5.6 of the total study population were gynaecologist and medical assistant each respectively.

The above finding indicates that the sample was relatively distributed among different categories of health workers in Gulu Regional Referral hospital. The relative distribution is important because to minimizes influence of biased that could have

come from a single group, but more importantly it ensured that the aspect of triangulation was achieved (Natow, 2020)

4.3 Effects of Occupational Health and Safety on Employee Wellbeing

This section presents and discusses the finding under the first specific objective which was to investigate the effects of occupational health and safety on employee wellbeing at Gulu regional referral hospital in Uganda. The statements inscribed in the table below aimed at establishing the elements of occupational health of employee wellbeing at Gulu regional referral hospital.

Table 8: Occupational Health for Hospital Employee

Descriptive Statistics							
	Percentage (%)						
Statement	SA	A	NS	DA	SD	Mean	St.d
Hospital administration provides personal protective work equipment to all workers regularly	68.5	27.8	3.7	0	0	1.35	0.555
Health workers use their personal protective equipment all the time when they are at work	18.5	59.3	7.4	14.8	0	2.19	0.913
Hospital employees are very knowledgeable about the occupational health issues pertaining to their jobs	11.1	72.2	3.7	13	0	2.19	0.803
Hospital administration organizes periodic trainings and awareness programs for all employees on matters of occupational health	3.7	33.3	53.7	9.3	0	3365	0.805
Employees are always prioritized in case health risks outbreaks like receiving vaccinations	53.7	46.3	0	0	0	1.46	5.03

Source: field data, 2024

According to findings in the table above, majority of the respondents strongly agreed (68.5%) and agreed (27.8%) to the fact that the hospital administration regularly provides personal protective work equipment to all workers. The mean score of 1.25 and standard deviation of 0.555 further strengthened this positive trend. However, a

small proportion of respondents expressed a neutral (3.7%) view point, with non-dissenting opinions reported. Generally, the findings suggest that the hospital administration undertook to perform its obligation a role that can significantly contribute to effective occupational health and safety management of employees. In the long run such action points can inversely impact on employee safety.

Furthermore, majority of the respondents agreed (59.35%) and strongly agreed (18.5%) to the fact that health workers use their personal protective equipment all the time when they are at work. The mean score of 2.19 and standard deviation of 0.913 further strengthened this positive trend. Out rightly, the findings suggest that the hospital employees are keen about their health safety while on duty, such an act commensurately contributes to ensure effective occupational health and safety management by the hospital administration. However, a noticeable proportion of the respondents disagreed (14.8%) and were not sure (7.4%) about the facts presented above. This revelation may imply that the practice of using protective gears by health workers is not a practice that is uniform among all the employees. Such kind of practice compromises the health and safety of employees at place of work since it exposes them to many risks.

The study revealed a strong consensus among the majority of the respondents who agreed (72.2%) and strongly agreed (11.1%) to the fact that the hospital employees are very knowledgeable about the occupational health issues pertaining to their jobs. The mean score of 2.19 and standard deviation of 0.803 further strengthened this positive inclination. The above finding is consistent with Che et al., (2020) who stated that knowledge about occupational health is key in minimizing risk outbreak, in general, the study finding highlighted the importance of strong knowledge in promoting employee health and safety. Note however, a reasonable proportion of the study respondents disagreed (13%) and expressed a neutral (3.7%) position about the facts indicated above. This finding is consistent to Alhalal (2020) in which some nurses were found not to be knowledgeable about occupational health and safety issues. The lack of knowledge as expressed above frustrates the efforts of the hospital

administration in ensuring that its employees are safeguarded from possible work-related risks outbreaks.

The study revealed that the majority of the respondents were unsure (53.7%) and strongly agreed (33.3) to the fact that the hospital administration organizes periodic trainings and awareness programs for all employees on matters of occupational health. Such a proportionate mixed response suggests that the hospital doesn't organize such periodic engagements. The above finding is consistent to Ravaghi et al., (2021) in which some hospitals were found not to be organizing periodic trainings and awareness programs for all employees on matters of occupational health. Note however, a reasonable proportion of the study respondents strongly agreed (3.7%) and disagreed about the facts indicated above. The above mixed response further strengthens the earlier finding position. Furthermore, majority of the study respondents strongly agreed (53.7%) and agreed (46.3%) to the fact that employees are always prioritized in case health risks outbreaks like receiving vaccinations. This implies that the hospital administration cares about the wellness of its employees, in turn, this may strengthen loyalty and job satisfaction among the employees which is also a factor for good performance.

Table 9: Psychological Safety of Health Workers

Descriptive Statistics							
	Percentage (%)						
Statement	SA	A	NS	DA	SD	Mean	St.d
Hospital administration provides a very comfortable and conducive working environment for all employees	13	70.4	13	3.7	0	2.94	0.834
Hospital administration periodically undertakes health and risks assessment exercises among all its employees	3.7	25.9	42.6	27.8	0	2.61	0.811
There are strong positive employee relations with management	7.4	37	42.6	13	0	2.15	0.856
Many health workers complain working under strenuous situations like work overload	14.8	66.7	11.1	3.7	3.7	1.58	0.848

Source: Field data, 2024

The table above revealed that most of the respondents agreed (70.4%) and strongly agreed (13%) to the fact that the hospital administration provides a very comfortable and conducive working environment for all employees. In reference to health and safety, this may suggest that the employees feel satisfied with the health and safety environment under which they operate. Despite of these positive findings, some employees weren't certain (13%) whether their working environment was the best and additional 3.7% disagreed with the fact that the hospital provides good working environment. The variation in responses may have been influenced by factors like the department of the respondents and their individual expectations. Unfavourable working conditions among health workers is associated with high rate of attrition (Mekonnen et al., 2022)

The study revealed that most of the respondents were not sure (42.6%), disagreed (27.8%) and agreed (25.9%) to the fact that the hospital administration periodically undertakes health and risks assessment exercises among all its employees. The mixed revelations above can be interpreted to mean that the hospital doesn't regularly organize those events otherwise its workers would express fairly uniform position in their responses. According to Skryabina et al (2020), it was indicated that failure to undertake health and risks assessment exercises among all hospital employees can be disastrous. Furthermore, most of the respondents were not sure (42.6%) and agreed (37%) to the fact that the there is strong positive employee relations with management. Osunsan (2020) intimated that a strong positive employee relation with management improves performance output.

The study further disclosed that the majority of the respondents agreed (66.7%) and strongly agreed (14.8%) to the fact that many of the health workers complains working under strenuous situations like work overload. The above revelation suggests a possibility of undesirable mental and psychological effects on the workers a situation that subjects them to occupational safety issues. However, the above finding is consistent to Muriithi & Kariuki (2020) where it was disclosed that many health workers complain working under strenuous situations including work overload. The

evidence of Silva & Marcolan (2020) indicated that work overload significantly affects health workers job performances.

4.4 Influence of safety precautions on wellbeing of health workers.

This section presents and discusses the finding under the second specific objective which was to ascertain the influence of safety precautions on wellbeing of health workers at Gulu regional referral hospital. The statements inscribed in the table below aimed at establishing the elements of occupational safety of hospital employees at Gulu regional referral hospital.

Table 10: Occupational Safety for Hospital Employee

Descriptive Statistics							
	Percentage (%)						
Statement	SA	A	NS	DA	SD	Mean	St.d
Health workers always take a lot of care when handling patients or engaging in hazardous activities	55.6	33.3	7.4	0	0	1.58	0.848
Health workers always report to hospital administration whenever there is an hazardous incidents	3.7	11.1	50	27.8	7.4	3.24	0.889
Hospital administration have all the basic occupational safety measures in place (policy and regulations)	53.7	18.5	18.5	9.3	0	1.83	1.042
Hospital administration are very keen in implementing occupational safety measures	16.7	75.9	3.7	3.7	0	1.94	0.596
Employees are very careful in observing occupational safety measures put in place by hospital administration	16.7	79.6	3.7	0	0	1.87	0.436

Most first aid materials in case of risk occurrences are provided by the hospital administration	66.7	25.9	7.4	0	0	1.41	0.630
Workers are very knowledgeable about emergency procedures in case they are exposed to risks	13	61.1	20.4	5.6	0	2.19	0.729
There is a specific office setup in regard to dealing with health and safety of employees.	3.7	33.3	29.6	33.3	0	3.89	1.003
Existing standard operating procedures when using chemicals and hazardous substances	13	61.1	22.2	3.7	0	2.17	0.694

Source: Field data, 2024.

The study findings in the table above revealed that most of the respondents strongly agreed (55.6%) and agreed (33.3%) to the fact that health workers always take a lot of care when handling patients or engaging in hazardous activities. This finding suggest that health workers take personal responsibilities to guarantee their safety at place of work, the finding is similar to Tamene et al., (2022) in which healthcare workers took up the responsivity of alerting their colleagues about health risks during medical operations. The finding further revealed that most of the respondents were not sure (50%), agreed (11.1%) and strongly agreed (3.7%) to the fact that health workers always report to hospital administration whenever there is a hazardous incident. The above finding suggests that most risks outcome are not always reported to the hospital administration a fact which is consistent to Amalberti & Vincent (2020) were it was indicated that minor incidences of risks occurrences were silently managed among patients and healthcare workers alike.

The findings disclosed most of the respondents strongly agreed (53.7%) and agreed (18.5%) to the fact that the hospital administration have all the basic occupational safety measures in place, and in addition, the study findings disclosed most of the respondents strongly agreed (66.7%) and agreed (25.9%) to the fact that most first aid

materials in case of risk occurrences are provided by the hospital administration. Other than the physical measures, legal, policy and regulations were also in place. This finding is not surprising as a hospital of a regional referral status is expected to have even complex occupational safety measures. The above revelation is consistent with Opollo et al., (2021) in which it was indicated that most hospitals have all the basic occupational safety measures in place. The study results disclosed that most of the respondents agreed (75.9%) and strongly agreed (16.7%) to the fact that hospital administration is very keen in implementing occupational safety measures. This implies that the health and safety of the employees are guaranteed, and in turn it contributes to better job performance of the hospital employees.

The result disclosed most of the respondents agreed (79.6%) and strongly agreed (16.7%) to the fact that employees are very careful in observing occupational safety measures put in place by hospital administration. This implies that there is an enhanced position in ensuring health and safety of the health workers are strengthened. Furthermore, the study finding disclosed that most of the respondents agreed (61.1%) and strongly agreed (13%) to the fact that workers are very knowledgeable about emergency procedures in case they are exposed to risks. The above revelation is consistent with the evidence of Zhang et al., (2020) who stressed that knowledge about occupational health hazards in hospitals is the pinnacle of guaranteeing occupational health and safety of hospital employees.

Furthermore, the study disclosed that a proportionate number of the respondents disagreed (33.3%) and agreed (33.3%) to the fact that there is a specific office setup in regard to dealing with health and safety of employees and a considerate (29.6%) proportion were unsure about the above stated fact. The above finding is suggestive of the fact that there is no specifically designated office established to deal with the affairs of risk management. This a has a strong bearing on the effective management of occupational health and risks outcome within the hospital premises.

4.5 Influence of Personal Protective Equipment on Wellbeing of Health Workers

This section presents and discusses the finding under the third specific objective which was to assess the influence of personal protective equipment on wellbeing of health workers at Gulu regional referral hospital. The details of the findings are presented below;

Table 11: Descriptive Statistics on Hospital Employee's Wellbeing

Descriptive Statistics							
	Percentage (%)						
Statement	SA	A	NS	DA	SD	Mean	St.d
Many employees have experienced work-related injuries or illnesses in the past one year	7.4	11.1	74.1	3.7	3.7	2.85	0.763
Health workers have ever got work-related injuries or illnesses in the past one year	46.3	42.6	7.4	0	3.7	1.72	0.899
Most time you see health workers exhibiting symptoms of stress, anxiety, or depression related to their job	5.6	74.1	13	3.7	3.7	2.26	0.782
Hospital administration periodically subjects health workers to mandatory health status check ups	3.7	16.7	33.3	38.9	7.4	3.30	0.964
Hospital does excellent job in keeping employees informed about issues of health risks and wellbeing	16.7	59.3	16.7	7.4	0	2.15	0.787
Employees don't all the time abide by occupational and health precautions in the course of their work	35.2	59.1	3.7	9.3	0	1.87	0.870
Employees are involved in decisions that concerns their occupational health and safety	3.7	0	7.4	66.7	22.2	4.04	0.800
Employees usually receive free treatment when they are exposed occupational hazards	53.7	46.3	0	0	0	1.46	0.503

Source: Field data, 2024.

The revelation in the table above indicates that majority of the study respondents were not sure (74.1%) and a considerate proportion (11.1%) strongly agreed to the fact

that many employees have experienced work-related injuries or illnesses in the past one year. The mean score of 2.85 and standard deviation of 0.763 further strengthened this positive inclination. The expression of uncertainty of the facts stated above by the employees can be attributed to the fact that an employee may not be aware about such incidences since they are private and not publicized even when reported. However, major cases which is public knowledge may explain the few responses to the strongly agreed notion above. Whereas, healthcare employs may not be familiar with the magnitude of risks outburst, the finding also disclosed that majority of the respondents strongly agreed (46.3%) and agreed (42.6%) to the fact that health workers have ever got work-related injuries or illnesses in the past one year. This finding suggests that health workers are regularly exposed to and experience injuries in their course of work even though the frequency and magnitude isn't well understood.

The finding furthermore disclosed that majority of the respondents agreed (74.1%) and strongly agreed (5.6%) to the fact that most time they see health workers exhibiting symptoms of stress, anxiety, or depression related to their job. The mean score of 2.26 and standard deviation of 0.782 further strengthened the above inclination. The above outcome is largely caused by work overloads in which health workers do not have enough rests, this is evidenced by Obina et al., (2024) who intimated that work overload among health workers was among the key factors associated with stress among health workers in Gulu District, Northern Uganda. In addition to the above, the study revealed that majority of the respondents disagreed (38.9%) and a considerate proportion were not sure (33.3%) as to whether the hospital administration periodically put every health worker to mandatory health status checkups. This finding suggests that there are no or very rear situations in which health workers are subjected to such mandatory checkups, and though it may be for good reasons if not done well the exercise may violate employees' rights. This finding is consistent with the evidence of Barugahare et al., (2020) who disclosed that mandatory checkups for health workers usually happens when there is an outbreak of infectious diseases.

The study finding disclosed that majority of the respondents agreed (59.3%) and strongly agreed (16.7%) to the fact that hospital does excellent job in keeping employees informed about issues of health risks and wellbeing. As noted earlier, information and knowledge are very key in successful implementation of any policy directives. Despite of the efforts of the hospital administration above, further evidence from the study indicated that majority of the respondents agreed (59.1%) and strongly agreed (35.2%) to the fact that employees don't all the time abide by occupational and health precautions in the course of their work. The reluctance in observing occupational and health precautions is related with exposure to risks outcome (Kirima, 2022). Additionally, the reluctance to follow guidance could be borne in the finding that disclosed that majority of the respondents disagreed (66.7%) and strongly disagreed (22.2%) to the fact that employees are involved in decisions that concerns their occupational health and safety. Since the employees are not involved in making decision that affects them, they may feel relax to follow the guidelines made without their consents and knowledge.

4.6 Summary of Analysis

The study findings disclosed that the hospital administration regularly provides personal protective work equipment to all workers, has all the basic occupational safety measures in place, and does excellent job in keeping employees informed about issues of health risks and wellbeing. Despite of the fact that the hospital administration doesn't organize periodic trainings and awareness programs, the finding revealed that the hospital employees are very knowledgeable about the occupational health issues pertaining to their jobs, importantly health workers use their personal protective equipment all the time especially when they are at work, health workers always take a lot of care when handling patients or engaging in hazardous activities. Despite of the above, the finding indicate that many employees have experienced work-related injuries or illnesses in the past one year and health workers complain working under strenuous situations like work overload.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONLCUSION AND RECOMMENTION

5.0 Introduction

This chapter presents the summary of the findings, conclusion and recommendations, limitations of the study and further suggested research areas.

5.1. Summary of the Findings

The presentation of summary of findings is guided by the specific objectives in this study

5.1.1 Effects of occupational health and safety on employee wellbeing

In regards to the first specific objective which was to examine the effects of occupational health and safety on employee wellbeing at Gulu regional referral hospital in Uganda, the study findings revealed as follows;

The majority of the respondents strongly agreed to the fact that the hospital administration regularly provides personal protective work equipment to all workers and provides a very comfortable and conducive working environment for all employees.

The majority of the respondents agreed to the fact that health workers use their personal protective equipment all the time when they are at work.

The majority of the respondents agreed to the fact that the hospital employees are very knowledgeable about the occupational health issues pertaining to their jobs.

The majority of the respondents were unsure whether the hospital administration organizes periodic trainings, awareness, undertakes health and risks assessment exercises among all its employees and many of the health workers complains working under strenuous situations like work overload.

The majority of the study respondents strongly agreed to the fact that employees are always prioritized in case health risks outbreaks

In essence, the above findings suggest that the hospital administration is mindful about issues pertaining to occupational health and safety of its employees despite the shot falls revealed.

5.1.2 The Influence of Safety Precautions on Wellbeing of Health Workers

In regards to the second objective which was to ascertain the influence of safety precautions on wellbeing of health workers at Gulu regional referral hospital, the study summary is as below;

Most of the respondents strongly agreed to the fact that health workers always take a lot of care when handling patients or engaging in hazardous activities.

Most of the respondents were not sure as to whether health workers always report to hospital administration whenever there is a hazardous incident.

Most of the respondents strongly agreed to the fact that the hospital administration have all the basic occupational safety measures in place,

Most of the respondents agreed to the fact that hospital administration is very keen in implementing occupational safety measures.

Most of the respondents agreed to the fact that employees are very careful in observing occupational safety measures put in place by hospital administration.

Most respondents disagreed to the fact that there is a specific office setup in regard to dealing with health and safety of employees

5.1.3 The influence of personal protective equipment on wellbeing of health workers

In regards to the third specific objective of this study which was to assess the influence of personal protective equipment on wellbeing of health workers at Gulu regional referral hospital, the summary of the study is presented below;

The majority of the respondents were not sure as to how many employees have experienced work-related injuries or illnesses in the past one year.

The majority of the respondents strongly agreed to the fact that health workers have ever got work-related injuries or illnesses in the past one year.

The majority of the respondents agreed to the fact that most time they see health workers exhibiting symptoms of stress, anxiety, or depression related to their job.

The majority of the respondents disagreed as to whether the hospital administration periodically put every health worker to mandatory health status checkups.

The majority of the respondents agreed to the fact that hospital administration does excellent job in keeping employees informed about issues of health risks and wellbeing.

The majority of the respondents agreed to the fact that employees don't all the time abide by occupational and health precautions in the course of their work.

5.3. Recommendations

The recommendations below are informed by the study findings to the study as outlined above. And the researcher recommends as follows;

The hospital administration should organize periodic trainings and awareness campaigns among its employees to bolster adherence to occupational health and safety practice within the hospital.

The hospital administration should undertake periodic and regular health and risks assessment exercises among all its employees to ensure that the employees well-being isn't compromised.

The hospital administration should employ more medical staffs or commensurately compensate the few for work overload in order to mitigate strenuous work.

The hospital administration should encourage health workers to always report to hospital administration whenever there is a hazardous incident even minor case.

The hospital administration should establish a specific department and a contact office to deal with health and safety of employees

The hospital administration should establish a counselling department, and or encourage employees with stress, anxiety, or depression to seek help always.

The hospital administration should periodically put every health worker to mandatory health status checkups to ensure that they are normal, sound and healthy to work well.

The hospital administration should create penalties for workers who do not abide by occupational and health precautions in the course of their work.

5.4 Limitations of the study

This study had two major limitations as described below;

First and foremost, the study was carried out in one regional referral hospital with a small sample size. This implies that its findings can't be generalized to reflect the experience and aspirations of all hospital employees in Uganda and Gulu District in particular.

Secondly, the study employed a quantitative method and collected quantitative data, the data collection tools didn't give the respondents to express detailed information. This implies that explanatory data was missed out.

5.5 Further area to be studied

The areas of study the research can as well look at include the following;

To explore the knowledge depth of occupational health and safety among health workers

To examine the factors affecting the practice of occupational health and safety among health workers

To analyze the effects of injuries or risks incidents on the general service delivery by health workers

To analyze the attitude towards practicing occupational health and safety among health workers

To examine the administrative capacity in managing occupational health and safety among health workers

REFERENCE

Abad, J., Lafuente, E., & Vilajosana, J. (2013). An assessment of the OHSAS 18001 certification process: Objective drivers and consequences on safety performance and labour productivity. *Safety Science, 60*, 47-56.

Abuga, G. (2014). *Effects of occupational safety and health programs on employee performance (a case of pyrethrum board of Kenya).* Unpublished Masters Dissertation, Kenya University, Nairobi, Kenya.

Agbola, R. M. (2012). Impact of health and safety management on employee safety at the Ghana Ports and Harbour Authority. 2(9),

Aguwa, E. N. (2013) A review of Sir Thomas Legge's aphorisms and workplace personal protective equipments – Is there gap in knowledge, attitude and utilisation? *Occupational Medicine & Health Affairs, 1*(6), 1-6.

Aguwa, E. N., Arinze-Onyia, S. U., & Ndu, A. (2016). Use of personal protective equipment among health workers in a tertiary health institution, South East Nigeria: Pre-Ebola Period. *International Journal of Health Sciences and Research (IJHSR), 6*(8), 12-18

Ahmad, I., Sattar, A., & Nawaz, A. (2016). Occupational health and safety in industries in developing world. *Gomal Journal of Medical Sciences October-December, 14*(4), 223-228. Alizadeh, R. C., & Cheraghalizadeh, R. (2015). The effect of organizational supports on job

Alhalal, E. (2020). Nurses' knowledge, attitudes and preparedness to manage women with intimate partner violence. *International nursing review, 67*(2), 265-274.

Amalberti, R., & Vincent, C. (2020). Managing risk in hazardous conditions: improvisation is not enough. *BMJ quality & safety, 29*(1), 60-63.

Anand, S., & Bärnighausen, T. (2012). Health workers at the core of the health system: framework and research issues. *Health Policy, 105*(2), 185-191.

Artino Jr, A. R., La Rochelle, J. S., Dezee, K. J., & Gehlbach, H. (2014). Developing questionnaires for educational research: AMEE Guide No. 87. *Medical Teacher, 36*(6), 463-474.

Auditor General. (2015). *Report of the Auditor General on efficiency of operations of regional referral hospitals in Uganda*. Kampala, Uganda: Office of the Auditor General.

Auditor General. (2016). *Report of the auditor general on the financial statements of Gulu regional referral hospital for the year ended 30th June, 2016*. Kampala, Uganda: Office of the Auditor General.

Azétsop, J., & Ochieng, M. (2015). The right to health, health systems development and public health policy challenges in Chad. *Philosophy, Ethics, and Humanities in Medicine, 10*(1), 1-14.

Barugahare, J., Nakwagala, F. N., Sabakaki, E. M., Ochieng, J., & K Sewankambo, N. (2020). Ethical and human rights considerations in public health in low and middle-income countries: an assessment using the case of Uganda's responses to COVID-19 pandemic. *BMC Medical Ethics, 21*, 1-12.

behaviour change. *Applied Psychology: Health and Well-Being, 9*(1), 3-35

Bennet, D. (2002). Health and safety management systems: Liability or asset? *Journal of Public Health Policy, 23*(2), 153-171.

Bolarinwa, O. A. (2015). Principles and methods of validity and reliability testing of questionnaires used in social and health science researches. *Nigerian Postgraduate Medical Journal, 22*(4), 195-201

Bonilla-Escobar, F. J., & Gutiérrez, M. I. (2014). Injuries are not accidents: Towards a culture of prevention. *Colombia medica, 45*(3), 132-135.

Borland, R. (2017). CEOS theory: A comprehensive approach to understanding hard to maintain

Che Huei, L., Ya-Wen, L., Chiu Ming, Y., Li Chen, H., Jong Yi, W., & Ming Hung, L. (2020). Occupational health and safety hazards faced by healthcare professionals in Taiwan: A systematic review of risk factors and control strategies. *SAGE Open Medicine, 8*, 2050312120918999.

Davis, E. E., Chemnitz, E., Collins, T. K., Geerligs, L., & Campbell, K. L. (2021). Looking the same, but remembering differently: Preserved eye-movement synchrony with age during movie watching. *Psychology and Aging, 36*(5), 604.

Donkoh, S., & Mensah, J. (2023). Application of triangulation in qualitative research. *Journal of Applied Biotechnology and Bioengineering, 10*(1), 6-9.

Holtom, B., Baruch, Y., Aguinis, H., & A Ballinger, G. (2022). Survey response rates: Trends and a validity assessment framework. *Human relations, 75*(8), 1560-1584.

Kirima, B. (2022). *A Critical Analysis of Uganda's Regulatory Framework on Occupational Safety and Health in The Upstream, Midstream and Downstream of The Oil and Gas Sector* (Doctoral dissertation, Institute of Petroleum Studies-Kampala).

Mekonnen, T., Abera, T., Tilahun, A., Tadese, A., & Yadesa, T. (2022). Self-reported turnover intention and associated factors among health professionals in Kafa Zone, Southwest Ethiopia. *SAGE open medicine, 10*, 20503121221088097.

Muriithi, J. W., & Kariuki, P. W. (2020). Work-related determinants of Nurses' burnout in pumwani maternity hospital, Nairobi city county, Kenya. *Asian Journal of Research in Nursing and Health, 3*(2).

Natow, R. S. (2020). The use of triangulation in qualitative studies employing elite interviews. *Qualitative research, 20*(2), 160-173.

Obina, W. F., Ndibazza, J., Kabanda, R., Musana, J., & Nanyingi, M. (2024). Factors associated with perceived work-life balance among health workers in Gulu District, Northern Uganda: a health facility-based cross-sectional study. *BMC Public Health, 24*(1), 278.

Opollo, M. S., Otim, T. C., Kizito, W., Thekkur, P., Kumar, A. M., Kitutu, F. E., ... & Zolfo, M. (2021). Infection prevention and control at Lira University Hospital, Uganda: more needs to be done. *Tropical medicine and infectious disease*, *6*(2), 69.

Osunsan, O. K. (2020). Workplace Environment and Employee Performance in Fort Portal Referral Hospital, Uganda. *International Research Journal of Multidisciplinary Scope IRJMS*, *1*, 1-8.

performance in construction projects. *Ejovoc (Electronic Journal of Vocational Colleges), 5*(6), 86-91.

Ravaghi, H., Beyranvand, T., Mannion, R., Alijanzadeh, M., Aryankhesal, A., & Belorgeot, V. D. (2021). Effectiveness of training and educational programs for hospital managers: a systematic review. *Health services management research*, *34*(2), 113-126.

Shan, B., Liu, X., Gu, A., & Zhao, R. (2022). The effect of occupational health risk perception on job satisfaction. *International journal of environmental research and public health*, *19*(4), 2111.

Silva, M. R. G., & Marcolan, J. F. (2020). Working conditions and depression in hospital emergency service nurses. *Revista brasileira de enfermagem*, *73*(Suppl 1), e20180952.

Skryabina, E. A., Betts, N., Reedy, G., Riley, P., & Amlôt, R. (2020). The role of emergency preparedness exercises in the response to a mass casualty terrorist incident: a mixed methods study. *International journal of disaster risk reduction*, *46*, 101503.

Smith, R., Snow, P., Serry, T., & Hammond, L. (2021). The role of background knowledge in reading comprehension: A critical review. *Reading Psychology*, *42*(3), 214-240.

Stantcheva, S. (2023). How to run surveys: A guide to creating your own identifying variation and revealing the invisible. *Annual Review of Economics*, *15*(1), 205-234.

Sutton, J., & Austin, Z. (2015). Qualitative research: data collection, analysis, and management.

Tacconelli, E., Cataldo, M. A., Dancer, S. J., Angelis, G., Falcone, M., Frank, U., ... & Singh, N. (2014). ESCMID guidelines for the management of the infection control measures to reduce transmission of multidrug-resistant Gram-negative bacteria in hospitalized patients. *Clinical Microbiology and Infection, 20*(s1), 1-55.

Tamene, A., Habte, A., Endale, F., & Gizachew, A. (2022). A qualitative study of factors influencing unsafe work behaviors among environmental service workers: perspectives of workers, and safety managers: the case of government hospitals in Addis Ababa, Ethiopia. *Environmental Health Insights*, *16*, 11786302221109357.

The Canadian Journal of Hospital Pharmacy, 68(3), 226-231.

Tinofirei, C. (2011). *The unique factors affecting employee performance in non-profit organisations.* Unpublished dissertation for the award of Magister Technologiae in Public Management of the University of South Africa

Tynan, R. (2005). The effects of threat sensitivity and face giving on dyadic psychological safety and upward communication. *Journal of Applied Social Psychology, 35*(2), 223-247.

Ward, M. K., & Meade, A. W. (2023). Dealing with careless responding in survey data: Prevention, identification, and recommended best practices. *Annual Review of Psychology*, *74*(1), 577-596.

Yeung, R. S. D., Chan, J. T. S., Lee, L. L. Y., & Chan, Y. L. (2002). The use of personal protective equipment in Hazmat incidents. *Hong Kong Journal of Emergency Medicine, 9*(3), 172-176.

Yusuf, R. M., Eliyana, A., & Sari, O. N. (2012). The Influence of occupational safety and health on performance with job satisfaction as intervening variables (study on the production employees in PT. Mahakarya Rotanindo, Gresik). *American Journal of Economics,* 136-140.

Zellmer, C., Van Hoof, S., & Safdar, N. (2015). Variation in health care worker removal of personal protective equipment. *American Journal of Infection Control, 43*(7), 750-751.

Zhang, L., Losin, E. A. R., Ashar, Y. K., Koban, L., & Wager, T. D. (2021). Gender biases in estimation of others' pain. *The journal of pain*, 22(9), 1048-1059.

Zhang, Z., Liu, S., Xiang, M., Li, S., Zhao, D., Huang, C., & Chen, S. (2020). Protecting healthcare personnel from 2019-nCoV infection risks: lessons and suggestions. *Frontiers of medicine*, *14*, 229-231.

APPENDICES

APPENDIX 1: QUESTIONNAIRE
HOSPITAL EMPLOYEES

Dear Respondent

My name is **Apiyo Scovia**, a student of Bachelor of Human Resource Management at Uganda Christian University (UCU). I am carrying out a study on the ''*Effect of Occupational Health and Safety on employee wellbeing in Gulu Regional Referral Hospital*''.

Your position as an employee of the hospital makes you able to provide very important information that is necessary to contribute to the success of this study. I therefore, request you to respond to questions as possible. All responses will be treated with utmost confidentiality and kept purely for academic purposes. It is optional to include your name.

SECTION A: Demographics Information

Please answers by ticking the right option

1. **Gender**

   a) Male ☐   b) Female ☐

2. **Age**

   a) 18-30 years ☐   c) 41-50 years ☐

   b) 31-40 years ☐   d) 51-60 years ☐

3. **Marital status:**

   a) Single ☐   b) Married ☐

4. **Education Level**

a) Secondary ☐   c) Bachelor's degree ☐

b) Certificate/Diploma ☐   d) Master's degree ☐

5. **Work Experience at the hospital**

a) 0-5 years ☐   c) 10-15 years ☐

b) 6-10 years ☐   d) above 15 ☐

6. **Please indicate your department** ☐

SECTION B – 1: Effects of Occupational Health and Safety on Hospital Employees

Please answer the questions by ticking and explain where necessary.

Using a scale of 1-5, with 1 = Strongly agree, 2 = Agree, 3 = Neutral, 4 = Disagree and 5 = Strongly disagree. Please tick scale figure that best suits your responses.

	Occupational Health for Hospital Employee	1	2	3	4	5
1	Hospital administration provides personal protective work equipment to all workers regularly					
2	Health workers use their personal protective equipment all the time when they are at work					
3	Hospital employees are very knowledgeable about the occupational health issues pertaining to their jobs					
4	Hospital administration organises periodic trainings and awareness programs for all employees on matters of occupational health					
5	Employees are always prioritised in case health risks outbreaks like receiving vaccinations					
	Psychological safety					
1	Hospital administration provides a very comfortable and conducive working environment for all employees					
2	Hospital administration periodically undertakes health and risks					

		1	2	3	4	5
	assessment exercises among all its employees					
3	There are strong positive employee relations with management					
4	Many health workers complain working under strenuous situations like work overload					

Please provide (if any) additional information about occupational health of hospital employees

………

SECTION B – 2:

	Occupational Safety for Hospital Employee	1	2	3	4	5
1	Health workers always take a lot of care when handing patients or engaging in hazardous activities					
2	Health workers always report to hospital administration whenever there is an hazardous incidents					
3	Hospital administration have all the basic occupational safety measures in place (policy and regulations)					
4	Hospital administration are very keen in implementing occupational safety measures					
5	Employees are very careful in observing occupational safety measures put in place by hospital administration					
6	Most first aid materials in case of risk occurrences are provided by the hospital administration					
7	Workers are very knowledgeable about emergency procedures in case they are exposed to risks					
8	There is a specific office setup in regard to dealing with health and safety of employees.					
9	Existing standard operating procedures when using chemicals and hazardous substances					

Please provide (if any) additional information about occupational safety of hospital employees

....

SECTION C: Occupational Health and Safety on Hospital Employee's Wellbeing

	Employee's Wellbeing	1	2	3	4	5
1	Many employees have experienced work-related injuries or illnesses in the past one year					
2	Health workers have ever got work-related injuries or illnesses in the past one year					
3	Most time you see health workers exhibiting symptoms of stress, anxiety, or depression related to their job					
4	Hospital administration periodically subjects health workers to mandatory health status check ups					
5	Hospital does excellent job in keeping employees informed about issues of health risks and wellbeing					
6	Employees don't all the time abide by occupational and health precautions in the course of their work					
7	Employees are involved in decisions that concerns their occupational health and safety					
8	Employees usually receive free treatment when they are exposed occupational hazards					

Please provide (if any) additional information about hospital employees wellbeing

....

INTERVIEW GUIDE: HOSPITAL ADMINISTRATION

Dear Respondent

My name is **Apiyo Scovia**, a student of Bachelor of Human Resource Management at Uganda Christian University (UCU). I am carrying out a study on the ''*Effect of Occupational Health and Safety on employee wellbeing in Gulu Regional Referral Hospital*''.

Your position as an employee of the hospital makes you able to provide very important information that is necessary to contribute to the success of this study. I therefore, request you to respond to questions as possible. All responses will be treated with utmost confidentiality and kept purely for academic purposes.

Age ………………………

Educational Level ………………….

Years worked at the hospital …………...

Department …………………...

Key Guiding Questions

1. How would you describe the status of occupational health and safety management at Gulu regional referral hospital? Probing.

....

2. Does Gulu referral hospital have health and safety policies? Explain its key content.

....

3. To your knowledge, how would you describe the implementation strength of the health and safety policy? Explain its effectiveness too.

....

3. How does the hospital administration manage the overall wellbeing of employees especially those that attaches to their work environment? Probe.

....

....

4. How does the hospital administration ensure that all safety precautions are well known and adhered to by employees?

....

....

5. Are there additional efforts that the hospital administration undertakes to ensure the employees are protected from work related risks incidents? Explain.

....

....

6. Does the hospital administration provide employees with personal protective equipment protects them from occupational risks?

....

....

7. In your view, do you think providing employees with personal protective equipment protects them from occupational risks?

....

....

Thank You for Your Time and Cooperation

UGANDA CHRISTIAN UNIVERSITY
A Centre of Excellence in the Heart of Africa

SCHOOL OF BUSINESS

19th July, 2024

TO WHOM IT MAY CONCERN

Name: **APIYO SCOVIA**   Reg. No **S21B42/083**

A bachelor's student who is seeking permission from your office to collect data for her dissertation titled

Effects of occupational, health and safety on employee's well-being in public hospitals. A case study of Gulu regional referral hospital

We shall be grateful if you could render assistance to her in collecting the necessary data for her dissertation

The Uganda Christian University School of Business thanks you in advance

....
Mukisa Simon Peter
Research coordinator

A Centre of Excellence in the Heart of Africa

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72

Hospital Director's
Office:256-(0)471-32061

E-mail:
gulurrhospital@gmail.com
elimajames@yahoo.com

In any correspondence on this
subject,

Please quote no: ADM/2017-
18/001

THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

GULU REGIONAL REFERRAL
HOSPITAL

P. O. Box 160,

Gulu, Uganda.

RESEARCH AND ETHIC COMMITTEE

02nd September, 2024

Apiyo Scovia (S21B42/083)

RE: PERMISSION GRANTED FOR YOUR RESERACH

Gulu Regional Referral Hospital Research and Ethics Committee reviewed your research proposal and from the presentation held on 30th August, 2024; the study is accepted following clarification and adjustment made as per recommendations from the committee.

This is to inform you that after considering above recommendation and making necessary adjustment, you can proceed with your study (data collection) for the above. At the end of your study; you will be required to submit a copy of your dissertation to the committee for record purposes and future use.

TOPIC: THE EFFECTS OF OCCUPATIONAL HEALTH AND SAFETY ON EMPLOYEE WELLBEING IN PUBLIC HOSPITALS A CASE STUDY OF GULU REGIONAL REFERRAL HOSPITAL

On behalf of the Gulu Research Committee. I wish you the best of luck your study.

Yours Faithfully,

PP Dr. Apiyo Paska

Physician/Chair Research and ethic Committee - GRRH

For Hospital Director - GRRH