

**THE INFLUENCE OF OCCUPATIONAL HEALTH AND SAFETY PRACTICES ON
EMPLOYEE WELLBEING IN UGANDA'S HEALTH FACILITIES: A CASE STUDY
OF ST. MAURITZ HEALTH CENTRE III, OBIYA PALARO, GULU CITY**

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DECLARATION

I, Apire Arthur Ronald, affirm that this dissertation has been prepared and submitted as part of the requirements for the Bachelor of Human Resource Management degree. It represents my original work, and all sources consulted have been duly acknowledged through in-text citations and a comprehensive reference list.


Signed.......... Date.....27/02/2026.....

APPROVAL STATEMENT

The research titled “The Influence of Occupational Health and Safety Practices on Employee Wellbeing in Uganda's Health Facilities: A Case Study of St. Mauritz Health Centre III, Obiya Palaro, Gulu City.” has been reviewed and approved for submission.

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LIST OF ABBREVIATIONS

- **AIDS** Acquired Immune Deficiency Syndrome
- **CBOs** Community-Based Organizations
- **COVID-19** Coronavirus Disease 2019
- **HC III** Health Centre III
- **HRM** Human Resource Management
- **IPC** Infection Prevention and Control
- **JD-R Model** Job Demands–Resources Model
- **KII** Key Informant Interview
- **MOH** Ministry of Health
- **NGOs** Non-Governmental Organizations
- **OHS** Occupational Health and Safety
- **OSHMS** Occupational Safety and Health Management System
- **PPE** Personal Protective Equipment
- **SPSS** Statistical Package for Social Sciences
- **WHO** World Health Organization
- **CME** Continuous Medical Education
- **PEP** Post Exposure Prophylaxis

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ABSTRACT

This study examined the influence of Occupational Health and Safety (OHS) practices on employee wellbeing at St. Mauritz Health Centre III in Gulu District, Uganda. The study focused on health and safety training and the implementation of health and safety policies and their impact on the physical and psychological health of employees. The study followed the Job Demands-Resources Model in explaining the relationship that exists between workplace resources and stress. The study adopted a mixed-methods approach in a cross-sectional study. The study collected quantitative data from health workers through the use of questionnaires. The study also collected qualitative data from health workers. The study analyzed the quantitative data through descriptive statistics. The study also analyzed the qualitative data through thematic analysis.

The study found that health and safety training had a positive impact on physical health. The study found that health and safety training helped to enhance employees' physical health through increased awareness of health and safety hazards and prevention of infections. However, the study also found some gaps that existed in health and safety training. The study found that occupational health and safety policies had a positive impact on employees' psychological health. The study found that effective implementation of occupational health and safety policies helped to enhance employees' psychological health. However, the study also found some gaps that existed in the implementation of occupational health and safety policies.

The study concluded that occupational health and safety practices had a positive impact on employees' physical and psychological health. However, the study also found that occupational health and safety practices are effective when there is a focus on training and on physical and psychosocial health.

CHAPTER ONE INTRODUCTION

Introduction

In a fast changing and fast-paced global workplace, where maintaining competitive advantage is paramount to success, identifying ways of sustaining employee well-being is of increasing importance to a range of stakeholders, both within the context of work and beyond (Kowalski & Loretto, 2017). The issue now lies in the changing nature of work that is associated with the emergence of new types of risk that are imminent to decreasing the well-being of workers relating to psychological and social aspects of the work environment (Jain et al., 2018). Armstrong (2014) explains that high levels of employee well-being are linked to improved productivity, retention, and customer satisfaction, while reducing absenteeism and turnover. And therefore, organizations have a responsibility of providing safe, healthy and supportive workplaces if they desire the benefits of wellbeing of their employees. Occupational health and safety are required of every employer in most countries to manage physical as well as psychological occupational risks (Cox et al., 2000; ILO, n.d.) The purpose of occupational health and safety management (OHSM) is to improve the physical and psychosocial work environment, and thereby increase the work-related health and well-being of (Reese, 2018).

OSH is generally defined 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, taking into account the possible impact on the surrounding communities and the general environment ((Mitchual et al., 2015); (Thirunavukkarasu et al., 2021). In my opinion, the poor OSH practices can greatly lead to low well-being of employees. The state of employee wellbeing at St Mauritz health Centre III is not clearly known and what we know is that the ward has experienced an increase in patient admissions, particularly among children, largely due to the efficiency and timeliness of the services provided, which encourage more mothers to seek care for their children at the facility. Operating on a 24-hour basis with staff available full time, the ward ensures that patients are closely monitored and that their concerns are promptly addressed. With such operation quality, it is certain that the full-time employees experience some sort of disturbance in their well-being due to lack of equipment and therefore the purpose of this study is to gain a comprehension of the influence of occupational health and safety practices on the well-being of employees at St Mauritz Health Centre III.

This chapter introduces the study by presenting its background through the historical, theoretical, and conceptual foundations, as well as the theoretical framework that anchors the research. It outlines the problem statement, which defines the magnitude of the issue under investigation, and states the purpose, objectives, and research questions that guide the study. The chapter further presents the conceptual framework, which illustrates the relationship between the key variables under examination, and provides the operational definitions of terms used in the research. This segment outlines the scope, justification, and importance of the study, thereby providing the foundation for the subsequent chapters.

1.1 Background of the study

Organizational success is often related to the health, safety, and general well-being of its workforce (McNeill, 2023). Not only does a safe and healthy work environment protect workers from injuries and illnesses, but it also boosts productivity and employee retention (Schwatka et al., 2018). This segment covers historical, theoretical, conceptual, and contextual backgrounds.

1.1.1 Historical Background

Employee well-being in the work environment has developed in parallel with changing Labor practices, health awareness, and industrialization. Early definitions, such as Ayurveda in India (circa 3000 BCE), emphasized physical, mental, and spiritual well-being (Lazarević & Lukić-Nikolić, 2021). During the Industrial Revolution, Bernardino Ramazzini's work, *De Morbis Artificum Diatriba* (1713), raised awareness about occupational hazards (Rucker, 2016). After World War II, Halbert Dunn's high-level wellness was applied in executive physical programs. By the 1970s, Maslow's hierarchy of needs and Herzberg's two-factor theory guided corporate wellness programs. Current models, such as Bakker and Demerouti's Job Demands-Resources (JD-R) theory, are designed to promote work engagement and prevent burnout (Danna & Griffin, 1999).

In Uganda, the concept of employee well-being was first introduced during the colonial period (1894-1962), which was based on UK Factory Acts, focusing mainly on occupational health and safety in agricultural and mining sectors (Tilley, 2016). After independence in 1962, national policies such as the Employment Act (2006) and Occupational Safety and Health Act (2006) aimed to align national regulations with ILO conventions. From the 1990s

to 2000s, EAPs were introduced, dealing with stress, HIV/AIDS, and work-life balance, and have adapted to changing economic conditions (Mugizi et al., 2021).

Industrial revolution back in the day changed the way OHS is looked at but also some factors like social and political contributed to the change. In Europe during the industrial age, reforms in laws were made for instance, the health and Moral Apprentices act that came up in 1802 in UK and this was a major change in workplace safety (Goetsch, 2019). In other countries like USA, the industrial revolution caused also a change in law, there was the OSHA formed under the under the 1970 health act that set standards for workplace safety (Zonderman & Aldrich, 1998).

In continents like Africa, the idea of occupational health and safety was introduced by the colonialists with many countries who later got to make health and safety laws for sectors like mining, agriculture and many others (Moyo et al., 2015). In our research context of Uganda, there was what we called the 1964 workmen ordinance that has changed over the years to become the occupational health and safety act of 2006. Even though this act exists, it is normally challenged by lack of resources and lack of awareness to implement (Atusingwize et al., 2018).

In the world we live in today, there has been a worry about the wellbeing of workers and this is mostly in the contexts where the safety systems are poor. (Mathers, 2020) says that the safety of patients and workers go hand in hand. But the problem comes in in the context of poor sub-Saharan countries like in sub-Saharan Africa where there are lack of resources, lack of morale, insufficient training as noted by (Ishola, 2017)

1.1.2 Theoretical background

The theory of Job Demands-Resources (JDR) model by (Demerouti et al., 2001) will guide this study. The theory states that job demands like workloads can lead to fatigue and burnout, while job resources such as safety training and supervisory support can lead to better wellbeing of employees. The model says working conditions are like the job demands and job resources

Job demands are the parts of work that need the effort of the employees and this can result into stress and tiredness. For example, the night shift schedule of medical workers. And Job resources are the things that come with the job to help employees work towards the targeted goals for example, teamwork, supervision, training and the career development (Bakker &

Demerouti, 2007). It was adopted for this study because it directly links workplace conditions, such as OHS practices, to employee wellbeing. The job demands in our study can be the long working hours, fatigue from patient care and the exposure to infections the JDR model therefore says that such demands need to be well balanced with the job resources to achieve high level of employee wellbeing. This model has been used by many scholars to explain the effect of occupational health and safety on the wellbeing of employees. Scholars like (Mudrak et al., 2018) who used the model to examine the effect of Job demands and resources and he found out that supportive supervision supports increased job satisfaction and also realized that high demands of the job increased stress among the employees. (Bakker, 2015) also used the model in a multiple level study and found out that variations in stress and work load by day to day and weekly could be better understood by things like occupational and safety resources that act as shield against the negative effect of the job demands.

1.1.3 Conceptual background

(da Silva & Amaral, 2019) say that OHS takes into account the factors and also the possible conditions that can affect the health and safety of employees or people who come to visit the organization. (Hughes et al., 2009) also said in the same direction that OHS is a broad element that and, in its breakdown, it has safety which is concerned with stopping physical harm or injury to employees from happening, health is all about the wellness of the mind and the body in the work environment and welfare is the state of providing the social amenities at work place such as clean drinking water. In healthcare, OHS practices are critical as employees face hazards such as infections, needle-stick injuries, chemical exposure, and stress, which can endanger their well-being if not properly managed. The definition of Occupational health and Safety adopted in this study is adapted from (Amponsah-Tawiah & Mensah, 2016). Occupational health is a public health discipline focused on preventing work-related illness and injury through hazard control, early disease detection, and interventions that reduce the impact of health problems. In this study, Occupational Health and Safety is characterized by safety training and awareness (hazard identification, risk assessment and safe work practices and procedures) and health and safety policy implementation (leadership commitment /accountability and employee engagement in OSH policy).

On the other hand, (Nielsen et al., 2017) defines the well-being of employees in two distinct perspectives. Well-being is described as happiness according to the hedonic perspective. (Ryan & Deci, 2000). And this perspective emphasizes three components and that is life

satisfaction, the presence of a positive mood and the absence of a negative mood (Diener et al., 1998). The second perspective is eudemonic well-being which is described in terms of self-actualization, proposing that true happiness is found in expressing virtue (Dewe and Cooper, 2013).The eudemonic perspective views engagement in activities which foster human growth, such as autonomy, personal growth, self-acceptance, life purpose, mastery and positive relatedness (Ryff & Keyes, 1995). The definition of employee wellbeing in this study is adapted from (Fisher,2014; Aked et al., 2009). Wellbeing of employees refers to the combination of feeling good (hedonism) and functioning well (eudemonic). Wellbeing at work is a subjective perception of general satisfaction with and positive feelings toward work. It has been suggested that conceptualizations of wellbeing at work (and in general) should include a component of social relationships, as this is a key component of an individual's positive experiences at work (Fisher, 2014) In this study, employee well-being is characterized in two categories and that is physical well-being (physical exercise and use of personal protective equipment) and psychological wellbeing (mental health support/awareness and stress management).

1.1.4 Contextual background

In Uganda, well-being of employees is a big challenge in health facility, especially healthcare. Policies exist, but they are poorly implemented at facilities due to limited resources, low awareness, and weak enforcement (Atusingwize et al., 2019). For instance, in Kampala, about half of healthcare workers face hazards from lacking personal protective equipment, heavy workloads, and job stress (Ndejjo et al., 2015). These issues harm workers' wellbeing, causing stress, fatigue, absenteeism, and low job satisfaction, which reduces the quality of patient care (Zhang et al., 2021).

The health facility we are going to use as our case study is called St. Mauritz Health Centre III. It is located in Gulu City Uganda. This facility is a catholic founded facility that operates on a not-for-profit category. It was established in 2014 and its development is connected with the post conflict of the Lords Resistance Army in Northern Uganda. The health facility was founded to support the needs of a recovering society by providing the people in that area with medical services and health care. The facility serves around 15000 people and such number can cause wellbeing issues because only 26 staff are available to serve such a number. However, like many lower-level health centers, it may face resource constraints, including shortages in staff and safety supplies, which could influence the working conditions of

employees. A study by (Obina et al., 2024) found that only 40.9% of health workers in Gulu District reported a positive perceived work-life balance, highlighting the challenges faced in rural health settings. Despite these realities, there is limited facility-specific research examining how occupational health and safety practices impact the well-being of health workers at this facility. Most existing studies in Uganda focus on larger hospitals or urban areas, leaving a knowledge gap at rural health Centre levels. The well-being initiatives at the health Centre are not known at the moment and that is the intent of this study to examine such initiatives through studying OSH practices.

1.2 Statement of the Problem

Employee well-being in the health sector must evolve to reflect its visionary identity of happiness and a high level of pleasure resulting from the appraisal of one's job (Bakker & Oerlemans, 2012). One notable change in the past decade is the integration of the theme of "working for a healthier tomorrow" into the concerns of worker well-being (Black, 2009). Traditionally, workplace wellbeing interventions have aimed at reducing stress among employees (Hone et al., 2014) Yet, the high burnout levels arising from overtime work have not been addressed in health facilities (Atusingwize et al., 2019). Therefore, health workers are struggling to perform their work effectively because they face a lack of sufficient well-being initiatives at the workplace (Tweheyo et al., 2017). A 2025 newsletter in Uganda indicates that the National Referral Hospital in Uganda operates with 67% staffing and has been forced to take on patients from closed donor-funded clinics due to a funding freeze, which has spiked staff workloads due to staffing pressure. Studies on well-being in Ugandan health facilities have found that sleep quality, supervisory support, and job category stand out as significant factors in shaping the well-being of healthcare workers. Factors that deteriorate well-being include not only the failure to wear all necessary protective equipment but also work-related pressures, and working at multiple facilities should be taken into account ((Ndejjo et al., 2015; Kabunga et al., 2024). Other related studies in hospitality point out the prevalence of issues undermining workers' well-being, such as mental health concerns in the hospitality sector or, more generally, in the service industry, indicating that employee well-being is an under-researched area in the sector (Finsterwalder, 2021; Kotera et al., 2021).

Much of the research into well-being at work is at the individual level and, as such, investigates ways in which individual employees can understand and manage their own well-being better (Kowalski & Loretto, 2017) .While challenges to employee well-being have been

identified for health workers at the individual level, few studies have examined the institutional level, which must ultimately implement well-being initiatives. A catchment area of 15,000 people served by St. Mauritz Health Centre III poses a difficulty to the well-being of the staff at the hospital, who are few in number yet must work tirelessly to serve the large population. The pursuit of this is worthwhile, as it is crucial to look at the broader organizational and contextual issues that influence well-being at work too (Loretto et al., 2005). If not addressed, health workers will continue to struggle with fatigue, burnout, and exhaustion, which will reduce their performance and also affect health facility performance. Therefore, this research intends to address the employee well-being issues by examining the influence of occupational health and safety practices.

1.3 Purpose of the Study

The purpose of the study is to examine the influence of Occupational health and safety on employee well-being in Uganda's health sector with a case study of St. Mauritz Health Centre III in Gulu District.

1.4 Specific Objectives

The specific objectives of this study are;

- i. To examine the influence of health and safety training on physical well-being of employees in Uganda's Health sector at St. Mauritz Health Centre III.
- ii. To examine the influence of Health and safety Policy implementation on psychological well-being of employees in Uganda's Health sector at St. Mauritz Health Centre III

1.5 Research Questions

- i. To what extent does the health and safety training influence physical well-being of employees in Uganda's Health sector at St. Mauritz Health Centre III?
- ii. To what extent does Health and safety Policy implementation influence psychological well-being of employees in Uganda's Health sector at St. Mauritz Health Centre?

1.6 Justification of the study.

The efficiency of the health facilities in Uganda strongly depends on how the wellbeing of their employee are. Unfortunately, the issue of wellbeing of employees is taken lightly by organizations and you find that certain things like stress, workloads that are heavy, the staff shortages and other factors lower the state of wellbeing of the employees. Most of the existing literature looks at individual factors that contribute to the poor wellbeing to design the strategies for better wellbeing. In actual sense, this cannot be enough because there is limited attention that has been given to institutional strategies to promote wellbeing of the workers in these health facilities. In facilities like St. Mauritz, where the staff are few and yet expected to serve a large population, lack of the wellbeing at the institutional level can make this work difficult. It is to this reason why examining the extent to which OHS practices affect employee wellbeing becomes important.

1.7 Conceptual Framework

1.7.7 figure 1

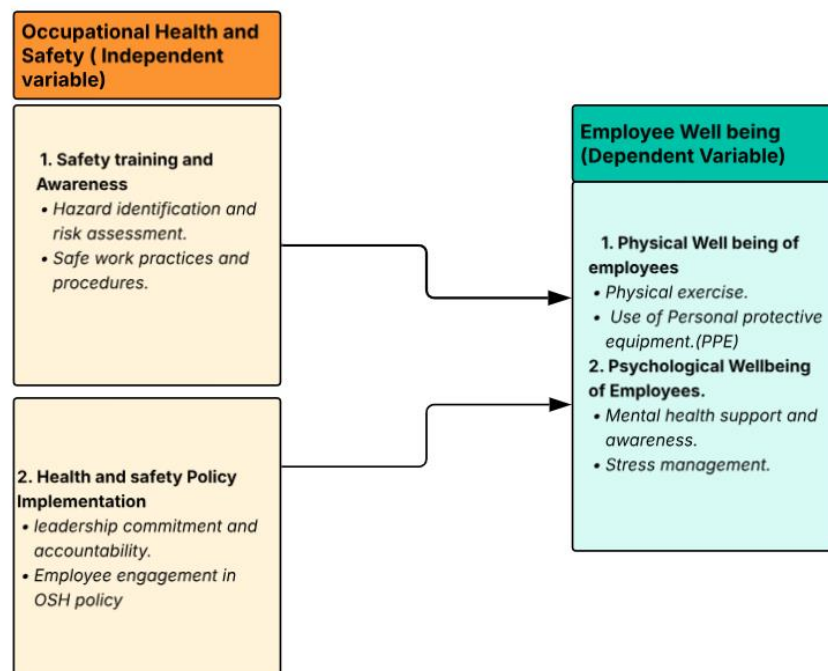


Figure 1: Illustrates the conceptual framework.

The conceptual framework above illustrates how Occupational Safety and Health (OSH), the independent variable, influences employee well-being, the dependent variable. OSH consists of key dimensions such as safety training and awareness, which include hazard identification and risk assessment, safe work practices and procedures, and health and safety policy implementation. Policy implementation is further broken down into leadership commitment and accountability, as well as employee engagement in OSH policies. Employee well-being has two dimensions: physical well-being, which includes physical exercise and the use of personal protective equipment, and psychological well-being, which involves mental health support, awareness, and stress management.

1.8 Significance of the study.

This study will benefit scholars by enhancing their understanding of the link between health, safety, and employee well-being, equipping them to promote safe practices, recognize risks, and lead with concern for both efficiency and worker welfare which will assist in informing future research. For human resource practitioners, integrating safety into organizational plans strengthens well-being, reduces turnover, and fosters trust and engagement through training, stress management, and improved workspaces. Policymakers will also gain evidence to support workplace safety laws that balance organizational goals with worker protection, reduce injuries and healthcare costs, and promote national productivity through healthier, more stable workforces.

1.9 Scope of the study

1.9.1 Content scope

This study focuses on two Occupational Health and Safety (OHS) dimensions: health and safety training, and health and safety policy implementation and how they contribute to employee wellbeing at St Mauritz Health Centre III. Health and safety training is further conceptualized as hazard identification and risk assessment and safe work practices and procedures whereas Health and Safety policy implementation into leadership commitment and accountability and employee engagement in OSH policy.

1.9.2 Geographical scope

The study will take place at St. Mauritz Health Centre III, a private hospital located in Laroo-Pece Division, Gulu City, Northern Uganda. The facility is situated at approximately 2°48'2"

N, 32°18'8" E, about 300 m north of Saint Mauritz Primary School and 340 m north of the Saint Mauritz Nursery School. It lies within a few kilometers of key urban landmarks including Gulu Airport (approx. 3.5 km west) and Gulu Regional Referral Hospital (approx. 2.5 km south).

1.9.3 Time scope

This study will be conducted over a three-month period, from September to November 2025, as it is a cross-sectional study focusing on specific aspects at a single point in time.

1.10 Operational definitions.

Occupational Health and Safety (OSH)

OSH refers to the practices and systems put in place to protect employees' health and safety at the workplace. It is measured through two key dimensions: safety training and awareness (hazard identification, risk assessment, and adherence to safe work practices and procedures) and health and safety policy implementation (leadership commitment and accountability, and employee engagement in OSH policy).

Safety Training and Awareness

Safety training and awareness refers to the activities and knowledge that help employees stay safe at work.

Health and Safety Policy Implementation

Health and safety policy implementation refers to process of putting the health policies into practice at the work place. In this study, it will be looked at through the level of leadership commitment and employee engagement in policy.

Employee Well-being

Employee wellbeing in this study will be meaning the state in which the employees are happy at work and also feel at ease to do their work. In this, we will divide it into two aspects that looks at the physical wellbeing, and also the psychological or mental wellbeing.

CHAPTER TWO LITERATURE REVIEW

2.0 Introduction

In this chapter, we will look at the literature that is related to our topic the influence of OHS practices on employee wellbeing. We will start with the theoretical framework that is guided by the Job Demands-Resources (JDR) model. The literature review will also look at the study objectives and the themes under each from the conceptual framework and finally a summary of the main gaps from the literature.

2.1 Theoretical Review

The Job Demands-Resources model will be used as the theory in this study (Demerouti et al., 2001). This model was introduced at a time when burnout was very common at work. Burnout is like the negative exhaustion or the feeling of tiredness one gets from a job (Schaufeli et al., 1996). Like we discussed in chapter one, Job resources are those things that enable employees to do their work. These are usually the elements of the job itself like a supportive supervisor, career development and support (Bakker & Demerouti, 2007). The model shows us two key processes, one of them is the health impairment process that happens when the job demands over power the job resources which results into burnout and reduced wellbeing. The other process is the motivational process that happens when the job resources promote employee engagement or overall happiness for them to do their work. Other studies in the same area say that when employees that are engaged can create more job resources like giving feedback on a task (Xanthopoulou et al., 2009).

The model was adopted for this study because it shows a clear picture of how the occupational health and safety practices that are the job resources address the needs of the health care workers like the stress, long workhours and others using the resources like health and safety training and health and safety policy implementation. The justification here is that the model has been used by several scholars to study wellbeing. For instance, (Mudrak et al., 2018) carried out a study to examine the influence of job demands and resources. They found out that the things provided for at work in form of supportive management, career development and motivation encourage employee engagement and satisfaction while the job demand could cause stress and reduce employee wellbeing. (Bakker, 2015) also used the model in many levels of studies to differentiate the change in the work loads and tress on a

day to day and a week to week and concluded that OHS acts as a strong factor in reducing the effect of the negative impact of the high job demands like stress.

It is true that the model has a lot of potential but also there are many limitations like for instance, it assumes that health impairment and motivational processes are separate yet studies show a clear connection between these processes (Schaufeli & Bakker, 2004). The model depends on other theories to explain some of its concepts (Schaufeli & Taris, 2014). And the model assumes that all the job demands are negative yet some of these demands are just normal job issues according to (LePine et al., 2005). It is therefore important to understand the limitations of this model and this will help to ensure careful application in understanding how the OHS practices influence employee wellbeing.

2.2 Conceptual Review

2.2.1 The concept of Occupational Health and Safety.

(Amponsah-Tawiah & Mensah, 2016) says OHS is a public health discipline that focuses on preventing the illnesses an employee can get from work by controlling hazards, early disease detections to reduce health issues. According to World Health Organization (2022), OSH is a multidisciplinary activity aimed at protecting and promoting the health of workers by preventing and controlling occupational diseases and accidents and by eliminating occupational factors and conditions hazardous to health and safety at work. These definitions agree that (OSH) is fundamentally concerned with protecting and promoting the health and well-being of individuals in the workplace. However, these definitions largely ignore the role of organizational culture and leadership in determining the effectiveness of OHS interventions, as well as the impact of psychosocial risks, including stress, burnout, and workplace harassment, on employee well-being. (Tappura et al., 2015) says that the main aim of occupational health and safety is to improve the working conditions of workers at companies. Occupational health is a public health discipline aimed at promoting and maintaining the highest degree of physical, mental, and social well-being of workers across all occupations by preventing work-related illnesses and injuries through hazard control, early disease detection, and interventions that minimize the impact of health problems. This definition is considered appropriate because it links occupational health practices directly to the physical, mental, and social well-being of workers. It emphasizes the prevention of work-related illnesses and injuries through hazard control and interventions, aligning closely with the OHS practices whose influence on employee well-being is being examined.

2.2.2 Safety training and awareness

It can even be said that safety is an essential factor for citizens to believe in the health system, in general, and in the National Health System, in particular (Sokol-Hessner et al., 2024). (Heidemann et al., 2021) refer to how important safety is, given the visibility of the problem, for patients and health professionals, and for managers and policy makers, but also society in general, because of the clinical, economic, and social impact, and for the potential gains that can arise from it. Training is a fundamental element in the management of occupational safety and health. It aims to guarantee and enhance understanding of occupational safety and health among workers, managers, and supervisors (Kinyanjui Njogu, 2019). For the purpose of this research, safety training and awareness will focus on hazard identification, risk assessment and safe work practices and procedures.

Hazard identification

It is highlighted in (Gan, 2019) that the identification of hazards is the first step in Risk Management, it implies that hazards which are not identified would not go through the rigor of the Risk Management process, leading to the non-identification of preventive measures for implementation and communication to prevent harm in the workplace. OSHA (Occupational Safety and Health Authority, USA, 2020) therefore considers the non-identification of hazards as one of the “root causes” for workplace injuries, illnesses and incidents and that a proactive, ongoing process to identify and assess such hazard is a critical element of any effective safety and health program. Hazardous elements also include blood borne pathogens (biological), chemicals, drugs, anesthetic gases, laser, workplace violence, those associated with laboratories, radioactive material, X-ray waste, ergonomic, lifting, and repetitive tasks. Some of the potential hazardous chemicals include formaldehyde (used for preservation of tissue, organs) and numerous other chemicals used in laboratories. (World Health Organization Scientific Group., 2022). From these scholars, Hazard identification is the foundation of occupational safety and health, as it enables proactive risk management and the implementation of preventive measures across biological, chemical, ergonomic, radiological, and psychosocial workplace risks.

Risk assessment

Gan further defines Risk Management, in the context of occupational safety and health (OSH), is the process of identifying OSH hazards, determining the risk based on likelihood

and severity of work injuries, ill health and property damage, prioritizing the implementation of preventive measures to mitigate these risks and communicating the risk assessment to workers. (Aven, 2016) explains that risk assessments provide decision support in choosing between alternatives, the acceptance of activities and products, the implementation of risk-reducing measures. Both scholars see risk assessment as a decision-support tool that ensures informed choices are made about workplace safety through identifying, analyzing, and controlling risks.

Safe work practices and procedures

Safe work practices and procedures are established guidelines and methods designed to minimize workplace risks, ensuring a hazard-free environment through integrated approaches that protect and promote employee health, safety, and wellbeing (Sorensen et al., 2018). Sorensen et al., (2018) further says they explain best practices for workplace safety, health, and wellbeing as encompassing six core constructs leadership commitment, participation, policies focused on positive working conditions, comprehensive strategies, adherence to regulations, and data-driven change that collectively create a systemic approach to preventing hazards and fostering employee well-being in occupational settings. (Caponecchia & Wyatt, 2021) elaborate "safe system of work" as an integrated set of activities that design tasks and environments to prevent physical and psychological harm, control risks, minimize injury impacts, and support return to work processes, emphasizing its role as a fundamental employer duty under health and safety regulations. Therefore, Safe work practices and procedures are the steps and rules an organization uses to keep workers safe, prevent accidents, and support their health and well-being.

2.2.3 Health and safety policy implementation

Occupational health and safety legislation are an essential part of the process to manage organizations and companies (Salguero-Caparrós et al., 2020). Furthermore, the correct application of legislation in companies can prevent and control an undesired event, and even diminish its impact. Health and safety policy implementation refer to the systematic process of translating organizational policies, such as those for patient safety, occupational health, infection control, and risk mitigation, into everyday practices within clinical settings like hospitals and clinics (Zhelev et al., 2025). This involves leadership commitment to enforce guidelines, risk identification and management, ongoing monitoring and assurance, and fostering a safety culture through staff training and multidisciplinary collaboration to

minimize errors, injuries, and adverse events for patients, healthcare workers, and visitors (Mistri et al., 2023). For the purpose of this research, the health and safety policy implementation will focus on leadership commitment and accountability and employee engagement in OSH policy.

Leadership commitment and accountability

Measuring the right people or parts of the organization on the right things, and holding them accountable especially through positive reinforcement provides motivation for OSH conformance and continual improvement (Gilmor, 1994). (International Organization for Standardization, 2018) states that the success of the OH&S management system depends on leadership, commitment, and participation from all levels and functions of the organization. Its effectiveness is dependent on top management and accountability. According to (Manuele, 2017), Leadership commitment refers to management's active role in providing motivation, resources, and organizational control to ensure safety and health. It involves treating worker safety and health as a core organizational value, giving it equal importance as other business goals, and demonstrating this commitment through consistent actions, policies, and support for employees' wellbeing. Thus, leadership commitment serves as the foundation for fostering a culture of safety and ensuring the effective implementation of occupational health and safety practices.

Employee Engagement in OSH policy

Employee engagement, defined as the level of commitment and involvement employees exhibit towards their organization (Gyensare et al., 2019), is reflected in their positive attitude toward assigned tasks, which fosters an emotional connection with the organization and drives them to go beyond the call of duty to perform excellently. (Kahn, 1990) defined engagement as "the harnessing of organization members' selves to their work roles; in engagement, people employ and express themselves physically, cognitively, and emotionally during role performances. According to (Anitha, 2014), employee engagement occurs naturally when leaders are inspiring. This suggests that owners/managers of SMEs who ensure safety compliance and participation are more likely to have their workers conform to safety policies and procedures at the workplace especially when workers perceive that the actions of their superiors are fair and congruent with organizational policy on safety. Thus, fostering employee engagement is essential for SMEs, as it enhances workers' commitment

and adherence to occupational health and safety policies, ultimately promoting a safer and more productive workplace.

2.2.4 Employee Wellbeing

(Nielsen et al., 2017) defines the well-being of employees in two distinct perspectives. Well-being is described as happiness according to the hedonic perspective. (Ryan & Deci, 2000). And this perspective emphasizes three components and that is life satisfaction, the presence of a positive mood and the absence of a negative mood (Diener et al., 1999). The second perspective is eudemonic well-being which is described in terms of self-actualization, proposing that true happiness is found in expressing virtue (“Well-Being and Work: Towards a Balanced Agenda,” 2013). Therefore, employee well-being functionally is the extent to which employees experience positive emotions and satisfaction at work (hedonic well-being) while also achieving personal growth, purpose, and fulfillment through their roles (eudemonic well-being).

2.3 Review according to Objectives

2.3.1 Health and Safety training and physical well-being of employees.

Empirical evidence shows mixed results on the direct impact of safety training on employees’ physical health. (Ishola, 2017) emphasizes that training must be continuous, internalized, and practiced, but its effects are often clearer on psychological well-being through stress reduction than on unpredictable injury rates. In high-income settings, studies highlight the benefits of digital and web-based training in reducing issues like back pain, stress, and eyestrain (Tchir & Szafron, 2020), while (Anger et al., 2024) note that most interventions remain individual-focused, neglecting organizational-level hazards. In African countries, the lack of training and knowledge reduce how workers follow the safety procedures (Izudi et al., 2017), challenges were also reported in Kenya and Nigeria concerning the health sector and it was found out that structured programs equip the employees with ways of managing wellbeing but the issue was that the long-term lasting of these trainings were not seen (Williams et al., 2018). Evidence from Uganda highlights the need for targeted and integrated interventions, as training alone is insufficient to ensure physical well-being, especially in resource-limited settings.

Hazard Identification and risk assessment on Physical wellbeing

The recent literature emphasizes hazard identification and risk assessment are not just as a regulatory checkbox but as a predictive, preventive and decision-support activity that directly influences workers' physical well-being and multiple reviews conclude that rigorous hazard identification and risk assessment are associated with reductions in workplace physical hazards and injury rates when followed by appropriate controls. (Liu et al., 2023). (Benson et al., 2024) studied process industries and found that safety measures based on hazard identification and risk assessment worked better than unplanned, ad-hoc actions. Companies that used hazard and risk assessment first had fewer accidents, injuries, and exposures. This shows that planned interventions after risk assessment leads to better physical health results for workers than reacting to problems as they happen. The scholars both agree that hazard identification and risk assessment affect the wellbeing of their employees physically but the scholars did not look into things like the implementation gap that continue in the workplace. And also they failed to check how the hazard identification form the staff can be different by age, gender and other demographics. Yet these factors greatly affect workers' vulnerability to physical harm (Howe et al., 2024).

Safe work practices and procedures on physical well being

Safe work practices and procedures, like following safety rules, using protective gear, and training workers, help keep employees physically healthy by reducing accidents and injuries. Studies show that when these practices are well planned, supported by management, and regularly monitored, they lower risks such as musculoskeletal problems and workplace accidents (Sousa et al., 2023; Kugler et al., 2024). However, if training is done only once or rules are not enforced, the benefits are limited (Greggi et al., 2024; Barati Jozan et al., 2023). Overall, strong and consistent safety practices improve workers' physical well-being.

2.3.2 Health and Safety policy Implementation and Psychological Wellbeing of employees.

Recent research shows that the way health and safety policies are put into practice such as strong leadership, consistent enforcement, and worker involvement determines whether they actually improve employee well-being (Sorensen et al., 2018). Policies that exist only on paper or are poorly enforced have little effect and can even reduce trust in management (Leunissen et al., 2018). Approaches that combine different strategies work better than

isolated efforts. For example, the Total Worker Health (TWH) framework shows that linking safety policies with broader health support, such as managing workloads, supervisor support, and access to mental health resources, produces stronger and longer-lasting improvements in psychological well-being. Programs that only focus on teaching workers to cope on their own usually do not work well as spelled out by Anger et al., 2020, the context also matters. Most of the scholars say that the psychological or mental harm can come up when organizations don't respond to hazard and risk management hence many of them call out for strong leadership (Lowe & Korr, 2008). In other developed countries, new wellbeing tools have been deigned. For instance, in the US, NIOSH worker wellbeing questionnaires have eased how the researchers measure the effect of OHS policy implementation on the mental health of employees (Chari et al., 2022). These alone don't represent the issues in undeveloped countries like Uganda.

Leadership commitment and accountability on psychological wellbeing

The commitment of leadership is very important to help the employees of the organization have mental calmness. Therefore, it is important for leaders in the organization to be honest, fair to keep the workers satisfied by work. (Liu et al., 2023; Naong, 2024). Other scholars say that abusive leaders can cause stress and unwellness among the workers.(Muthuswamy & Li, 2023). There is a need for good leaders who set clear expectations and follow on feedback to improve the mental state of the employees.

Employee Engagement in OSH policy on psychological wellbeing

It is true that when employees are engaged, they are most likely to follow the safety rules and actively take part in the employee safety programs and these will promote a development of a strong in-built safety culture (Saraswaty, 2024). And also, when the employees are engaged, they become very vigilant and report unsafe practices (de Lisser et al., 2024). All these studies have shown that the OHS policies are implemented well in an organization have shown better wellbeing among employees.

2.4 Summary of literature

In the summary of all the ideas from our scholars, the good safety management through training, hazard checks, and promotion of the safe work practices encourage the employees stay physically healthy and also mentally clam when they have assurance from good leaders who ensure that their concerns are heard. Some scholars also said that the employee's mental

health has been seen to improve when leaders exercise support to the workers through being involved in creating a safe work place. And these are very important especially for the countries like Uganda that suffer from lack of resources to implement some of the safe work practices.

The literature we looked at firstly showed that many of the studies were focused on the individual level of training, and other strategies for wellbeing but they leave out the broad organization initiatives like culture, and the system policies. Second, there is limited exploration of how psychosocial risks such as stress, burnout, and harassment interact with occupational health and safety practices to influence employee well-being hinted on by Schaufeli & Taris, 2014. Third, although hazard identification and risk assessment have been shown to reduce workplace accidents, few studies address the persistent implementation gap where identified risks are not translated into sustained preventive measures (Hale et al., 2010). Fourth, most evidence comes from high-income contexts with digital tools and structured programs, leaving a scarcity of research in low-resource settings like Uganda where enforcement, supervision, and resources are weak (Kortum et al., 2010). Lastly, studies rarely examine how OHS outcomes vary across different worker groups (for instance, by gender, age, or job security), limiting understanding of vulnerabilities and equity in workplace safety (Shannon et al., 2019). This study will fill the gaps by looking at how health and safety practices affect workers' well-being in a low-resource setting, focusing on St. Mauritz Health Centre III in Gulu District. It will also include both physical and mental health, paying attention to stress, burnout, and other psychosocial risks that are often ignored. In addition, the study will go beyond what is written in policies to see how health and safety measures are actually applied and followed in practice. By collecting views from workers in different departments, the study will also show how safety and well-being may differ across groups of employees, giving a more complete picture of OHS in Uganda.

CHAPTER THREE RESEARCH METHODOLOGY

3.0 Introduction

This Chapter presents the research design, study population, sample size and selection, sampling technique and procedure, data collection methods, data collection instruments, validity and reliability, data sources, data collection procedure, data processing, data analysis, data presentation and ethical consideration.

3.1 Research Design

This study will be conducted through a mixed research design that will employ the use of cross-sectional survey and interviews. The study is concerned with examining the influence of Occupational health and safety on employee well-being in Uganda's health sector with a case study of St. Mauritz Health Centre III in Gulu District. It is specifically intended to investigate the relationship between Health and safety training and awareness and physical wellbeing of employees and Health and safety policy implementation and psychological wellbeing of employees. Such issues are best investigated through a mixed research design with interviews and cross-sectional surveys. The design will enable the researcher to collect data from different respondents aimed at making influences about an entire population at a point in time (Etyang, 2018).

The mixed research design generally entails research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches (For example., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the broad purposes of breadth and depth of understanding and verification (Schoonenboom & Johnson, 2017). Ultimately, mixed methods research is about heightened knowledge and validity. The design as a product should be of sufficient quality to achieve multiple validities legitimation (Johnson & Christensen, 2017; Onwuegbuzie & Johnson, 2006) , which refers to the mixed methods research study meeting the relevant combination or set of quantitative, qualitative, and mixed methods validities in each research study. For the purposes of this study, the mixed methods design helps give a clearer picture of how health and safety practices affect employees' wellbeing by joining numbers with personal experiences. In training, it shows not only the link between awareness and fewer injuries but also explains how support and feedback improve physical health. In policy, it combines surveys and interviews to show how good safety policies reduce stress and improve mental

wellbeing. Recent studies show this approach creates practical, culturally relevant strategies for better workplace health (McKee et al., 2025; Shekhar & Saurombe, 2025). The design may suffer from complexity, which makes integrating qualitative and quantitative data difficult. In multilevel studies, combining data across different levels (for example., organizations and individuals) lacks clear guidance. This can create inconsistencies and reduce coherence in findings (Schoonenboom, 2016). But these are insignificant compared to its contributions to this study.

3.2 Study Population

This study will be conducted at St. Mauritz Health Centre III, which has 27 health workers across different departments: Eye Department (6), General Ward (4), Outpatient Department (10), Transportation (1), and Security (2). The facility was chosen because its workers come from varied departments, providing a balanced view of how Occupational Health and Safety affects employee wellbeing.

3.3 Sample size and selection

The sample will consist of 27 staff members working at St. Mauritz Health Centre III. Given the small size of population, a census approach will be used for the quantitative component of the survey where all 27 staff will be invited to complete the structured questionnaire respectively. A census eliminates sampling error and provides data on all the individuals in the population (Israel, n.d.)The qualitative component will employ a purposive sampling approach where the sample size will be determined using Taro Yamane Formula (Chaokromthong, K., & Sintao, N. 2021).

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

Where n = the sample size.

N = the population size.

e = Margin of error at a reliability level of (95%)

$$n = 25/1+25(0.05)^2$$

$$n = 23.5294117$$

$$n = 24 \text{ respondents}$$

This sampling will be employed to select participants who possess in-depth knowledge and experience of employee well-being issues within the health facility. Approximately 9 to 16 participants will be interviewed in depth, representing different departments and roles, until data concentration is achieved. Previous research indicates that saturation in homogeneous groups typically occurs between 9 and 16 interviews (Guest et al., 2006). Overall, the combination of a quantitative census and a qualitative purposive sample aligns with recommendations for mixed-methods designs, which seek both breadth and depth of understanding (SAGE Handbook of Mixed Methods in Social, n.d.).

3.4 Sampling technique and Procedure

This study will employ a census approach for the quantitative component of the research and a purposive sampling technique for the qualitative component to select a sample. The census approach refers to a technique of determining the sample when all members of the population are used as a sample (Nurjaya, 2021). Purposive sampling is a type of non-probability sampling in which participants are deliberately selected based on specific characteristics of the population and the objectives of the study; it is also known as judgmental, selective, or subjective sampling (Crossman, 2017).

3.5 Data collection methods

The information will be collected using written feedback from open-ended and integrative questions administered through survey questionnaires and interviews, supported by the selected sample size.

3.5.1 Survey Questionnaires

Data will be collected quantitatively through survey questionnaires administered in a census approach, where all 27 participants will receive a questionnaire to complete over a minimum period of one week. The completed forms will be retrieved one week after distribution to allow sufficient time for responses. Questionnaires are defined as any text-based instrument that give survey participants a series of questions to answer or statements to respond to either by indicating a response by marking a page, writing a number or checking a box on paper or online, for example (Young, 2016). According to (Kothari, 2004) survey questionnaires are widely used in descriptive and explanatory studies because they enable researchers to collect standardized data efficiently from all members of a target population.

3.5.2 Interviews

Interviews will be administered to key respondents, particularly academic and administrative employees. The researcher will interview health workers accordingly, two (2) Maternity staff, two (2) Eye department staff, two (2) outpatient staff, three (3) general ward Staff and one (1) transportation staff. In-depth interviews will be conducted using an interview guide. It is true that, in every case, the In-depth interviews (IDIs) consist of an interviewer who enters into a one-on-one dialogue with an interviewee in order to discover some aspect of personal information about and from the interviewee (Roller, n.d.). Similarly, (Legard et al., n.d.) agrees that in-depth interview is often described as a form of conversation, specifically a “conversation with a purpose.” Based on the idea of reconstructing social events from the point of view of informants, the influence of the interviewer in narrative should be minimal. In this case, we use the everyday communication of telling and listening to stories (Muylaert et al., 2014). Therefore interviews will enable the researcher to acquire rich information from the respondents due to their experience and knowledge related to the study area. The researcher will use his mobile device to record the interview sessions and also take notes in a note book to capture the additional observations from the interview sessions. For the purposes of confidentiality, the respondents will not be required to disclose their identities and all the information that will be obtained shall be for the purpose of this research reporting.

3.6 Data Collection Instruments

The researcher will make use of interview guide, Survey Questionnaire kit and interview guides as instruments for collecting data during the research study.

3.6.1 Survey Questionnaire Kit

The survey questionnaire will comprise structured and semi-structured questions to collect quantitative data from employees of St. Mauritz Health Centre III. It will include three sections: demographic details (age, gender, department, position, years of service), occupational health and safety practices (training, protective equipment, work environment, management commitment), and employee wellbeing (job satisfaction, stress, physical health, morale). A Likert scale will be used to measure responses, and all questions will be clear, concise, and aligned with the study objectives.

3.6.2 Interview guide

The interview guide will consist of a structured list of questions that the researcher will ask respondents during the interview sessions. The interview guide will contain a code for the name of each employee that will take part in the interview. The interview are going to focus on the objective questions of OHS and their influence on employee wellbeing.

3.7 Validity and Reliability

The only way we will be ensured through making the data collection instruments that will measure the content it intends to measure. The research supervisor will also look into the research instruments to review and help inform the instruments better.

And for reliability, we will maintain the consistency in the responses got from all the interviews. This was achieved through the clear formulation of questions and the use of standardized procedures during data collection, ensuring that similar results would be obtained if the study were replicated under similar conditions.

3.8 Data Sources

The researcher will make the use of primary data only for the purpose of this study.(Saunders, Lewis, & Thornhill, 2019) defines primary data as information collected firsthand by the researcher for the specific purpose of the study, rather than data that already exist.

3.9 Data Collection procedure

The researcher will obtain an introduction letter from Uganda Christian University, Mukono. This letter will be presented to the administration of St. Mauritz Health Centre III, to gain access to the study area. The researcher will make appointments with the respective department heads to plan for the data collection exercise. On the agreed dates, primary data will be collected from twenty-seven (27) health workers, representing the entire study population, between the 3rd and 17th of November 2025. Out of all the respondents 7 health workers will be chosen to take part in one-on-one interviews and the rest shall complete the surveys. The data collection will be carried out by the researcher and after the data will be compiled and ready for analysis.

3.10 Data Processing, Presentation and Analysis

3.10.1 Data Processing

When we are done collecting data from the field, the researcher shall edit the data to ensure that it is accurate, consistent and makes sense. The surveys completed and the interviews will be looked at to ensure that errors are identified. The interview recordings will be transcribed into scripts and the survey questionnaire will be reviewed to ensure that the data is reliable.

3.10.2 Data Analysis

The data analysis that will be used in this study will be the descriptive statistics and the thematic analysis. This is because we used a mixed research method. For the quantitative data, we will use the Effect relationship tests, the Anova tests, the regression analysis and others to examine the relationship between the occupational health and safety practices and employee wellbeing. The Statistical Package for Social Sciences (SPSS) will be used to do the analysis of the quantitative data.

The qualitative data will be analyzed using the thematic analysis. This will involve reading through the transcribed data for themes that will be got from the codes generated from the interview scripts. When we combine the descriptive and the thematic analysis, the study findings will be easier to understand as the quantitative findings will give the measurable outcomes and the qualitative will give us a clear picture of the context (Levitt et al., 2018).

3.10.3 Data Presentation

The data from this study will be presented in a report after the analysis and this will ensure that the interpretations can be made for further research and study areas.

3.11 Ethical Consideration

Informed Consent

The researcher will get approval from the St. Mauritz Health Centre III with the use of an introduction letter got from the Research Ethics Committee of Uganda Christian University. This will give the researcher ground and permission to start his research study.

Confidentiality and Privacy

The data or any information that will be got from the sessions will only be used for study purposes and the information that will be got form the respondents will not be disclosed to any third party during and beyond the research.

Anonymity

The identities of the respondents shall be kept secret and the researcher will issue codes to the participants and not take their names during the surveys.

Voluntariness

No participant will be forced to continue with the study or to participate if they do not wish to, as they have the right to withdraw from the study at any time

CHAPTER FOUR PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULTS.

4.0 Introduction

This study investigated the influence of Occupational Health and Safety practices on employee wellbeing at St. Mauritz Health Centre. This was in light of the inadequate employee wellbeing in Ugandan health facilities, such as St. Mauritz Health Centre III, resulting from high burnout, staffing shortages, overtime, and poor sleep quality, which impair health workers' performance and facility efficiency. The data were analyzed using SPSS for the quantitative data, and thematic analysis was used for the qualitative data collected from the interviews. This chapter presents the results of the analysis, including response rate, background information of the respondents, and research findings.

4.1 Response Rate

(Kviz, 1977) defines the response rate as the proportion of all sample members who are eligible to participate in the survey from whom a complete and usable set of data is collected. A good response rate for surveys is usually around 60%, which is enough to get reliable results. However, it is more important that the respondents represent the whole group being studied, even if the response rate is slightly lower (Fincham, 2008) Table (1) below shows the response rate for this study. A total of 17 questionnaires were distributed and all 17 were returned and found usable, giving a 100% response rate.

Table 1. Response Rate

S/N	Category	Description of sample	Intended sample	Usable sample	Method of data collection	Response rate
1	Maternity	Midwives	2	2	Survey	100%
2	Eye Department	Optician, eye department data clerk	5	4	survey	90%
3	General Ward	Clinical officers, nurses	3	3	Interviews	100%
4	Outpatient Department	Clinical Officers, pharmacists, lab technician, In-charge of facility	10	8	Survey and interviews	80%
5	Support Staff	Drivers, Cleaners, security guards	5	4	Interviews	90%

The table summarizes respondent distribution across five departments at St. Mauritz Health Centre III, showing strong participation with response rates between 80% and 100%. Maternity and the General Ward achieved full participation, while the Eye Department and Support Staff recorded 90%, and the Outpatient Department the largest group returned 80%.

4.2 Background Information on Respondents

This section presents the background information of the respondents based on their respective departments and years of service in St. Mauritz Health Centre III. The use of this background information is based on the notion that the ability of respondents to provide useful and dependable insights depends on their individual characteristics. The background information is then used to compare the different respondent groups in the subsequent chapter. The incorporation of the background information adds to the understanding of the study phenomena by considering different perspectives from various categories of the staff members. The demographic variables that were used in the study included age, years of experience or tenure, gender, level of education attained, position held in the organization, and the department to which they belonged.

Table 2. Age

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	5.9	5.9	5.9
18-35	6	35.3	35.3	41.2
36-59		52.9	52.9	94.1
Above 60	1	5.9	5.9	100.0
Total	17	100.0	100.0	

The majority of the respondents were in the 36-59 years age bracket (52.9%), followed by 18-35 years (35.3%), and then 60 years and above (5.9%). The high number of people in the 36-59 years age bracket indicates that the respondents were mature and had sufficient experience in their respective fields

Table 3. Years of Experience

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	5.9	5.9	5.9
1-3 years	4	23.5	23.5	29.4
4-6 years	6	35.3	35.3	64.7
7 years and above	6	35.3	35.3	100.0
Total	17	100.0	100.0	

The majority of the respondents had more than four years of experience in their respective fields, with 35.3% having 4-6 years of experience and another 35.3% having seven years or more in their respective fields. The high number of people with more than four years of experience indicates that the study was likely to yield reliable and informed findings from the respondents.

All the respondents were audio-recorded with their consent using a mobile device. The transcription of the interview was prepared in Microsoft Word a few days after the interview was conducted. The surveys were carried out within a three-week period. The interview and survey were conducted flexibly to ensure the convenience of both the respondents and the researcher. The study was conducted within a two-month period from October to November 2025.

Figure 2 showing the gender distribution in the survey

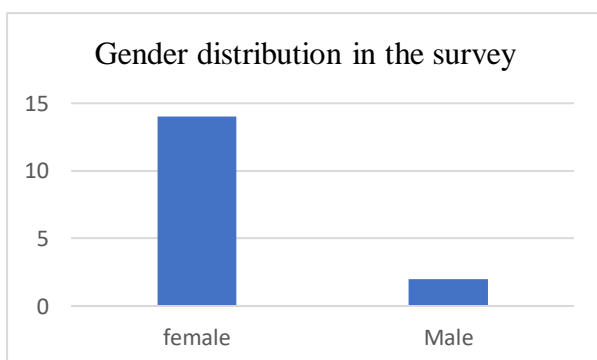


Table 4. Gender distribution

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	5.9	5.9	5.9
female	14	82.4	82.4	88.2
Male	2	11.8	11.8	100.0
Total	17	100.0	100.0	

The sample population was largely composed of females, at 82.4%, while the male population was 11.8%. This reflects the gender distribution commonly found in health facilities, where nursing and midwifery are the major occupations.

Table 5. Education

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	5.9	5.9	5.9
Certificate	8	47.1	47.1	52.9
Diploma	6	35.3	35.3	88.2
Primary	1	5.9	5.9	94.1
University (Bachelors, masters, or higher)	1	5.9	5.9	100.0
Total	17	100.0	100.0	

In terms of educational background, it was found that the population was largely composed of individuals holding certificates, at 47.1%, followed by diplomas, at 35.3%. In addition, a small percentage, 5.9%, of the population was found to have a university background. This indicates the population is largely composed of mid-level trained health care providers.

Table 6. Position held

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	5.9	5.9	5.9
Administrative Staff	2	11.8	11.8	17.6
clinical officer/doctor	3	17.6	17.6	35.3
Lab Technician	1	5.9	5.9	41.2
Midwife	3	17.6	17.6	58.8
Nurse	1	5.9	5.9	64.7
others	3	17.6	17.6	82.4
Support Staff	3	17.6	17.6	100.0
Total	17	100.0	100.0	

In terms of the distribution of the population by role, the following were found: clinical officers, midwives, support staff, and other health staff, all at 17.6%. Administrative staff were found to be 11.8%, while laboratory technicians and nurses were each 5.9%. This distribution of clinical and non-clinical staff provides a comprehensive picture of the Occupational Health and Safety situation at St. Mauritz Health Centre III.

Table 7. Department

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1	5.9	5.9	5.9
Administration	1	5.9	5.9	11.8
general ward	2	11.8	11.8	23.5
Maternity/ward	2	11.8	11.8	35.3
Outpatient Department (OPD)	8	47.1	47.1	82.4
Support Services (cleaning, Security, Transportation and others)	3	17.6	17.6	100.0
Total	17	100.0	100.0	

In relation to the department of origin, it was found that the population was largely composed of individuals from the Outpatient Department, at 47.1%. This indicates the significance of the department and the workload. In addition, the general ward and maternity contributed 11.8%, support services 17.6%, and administration 5.9%.

Research Question

There were two major research questions that guided this study:

- i. To what extent does the health and safety training influence physical well-being of employees in Uganda's Health sector at St. Mauritz Health Centre III?
- ii. To what extent does Health and safety Policy implementation influence psychological well-being of employees in Uganda's Health sector at St. Mauritz Health Centre III?

4.3 Research results

The research themes emerged from the conceptual framework and two major themes were identified:

1. Safety training and awareness which later divided into two sub themes of:
 - Hazard identification and risk assessment.
 - Safe work practices and procedures.
2. Health and safety policy implementation which later divided into two sub themes of:
 - Leadership commitment and accountability.
 - Employee engagement in OHS policy.

The first theme answered the first research question: *To what extent does the health and safety training influence physical well-being of employees in Uganda's Health sector at St. Mauritz Health Centre III?* And the second theme answered the second research question: *To what extent does Health and safety Policy implementation influence psychological well-being of employees in Uganda's Health sector at St. Mauritz Health Centre?*

4.3.1 Safety training and awareness of employees at St. Mauritz Health Centre III

(Bira et al., 2025) defines Employee Awareness (EA) of Occupational Health and Safety Practices (OHSP) as the knowledge, understanding, and attitudes employees possess concerning workplace safety and their individual roles in maintaining a safe work environment. (Momani et al., 2017) explains that raising employee safety awareness, which includes providing adequate education and training programs, is one of the most effective solutions for addressing health and safety issues and improving decisions at the point of care, while also being important for safety performance and the implementation of proactive Occupational Health and Safety.

The employees mentioned they were trained at the start and the type of training included, Infection prevention and Control of diseases (IPC), Continuous Medical Education (CME) , waste management, chemical hazard training, and the use of Personal Protective Equipment (PPE). One of respondents also hinted on what a safe work environment means to them, indicating awareness.

“Health and safety at the workplace mean protecting yourself as a health worker and also protecting the patients you work on. It involves ensuring safety for both the health worker and the patient.” (Respondent 003)

While the quantitative findings showed that some staff had received OHS training, interview observations indicated that many employees were not fully aware of comprehensive occupational health and safety practices. The majority of the staff mainly depended on the Infection Prevention and Control (IPC) and Continuous Medical Education (CME) trainings, which were not effective in addressing other possible hazards such as fire outbreaks that could be a threat to the facility. This also points to the importance of Occupational Health and Safety (OHS) training that covers a wider range of hazards. One interview respondent reflected this limited understanding when asked what a safe and healthy workplace means to them:

"It is an environment where work can be done without cross-transmission of infections, either from patient to health worker or vice versa. That is what I envision when I think of safety at work." (Respondent 005)

RQ1 Health and safety Training on Physical wellbeing of employees.

Health and Safety Training was assessed using eight items (HST1–HST8), while physical wellbeing was assessed with five items (HSTPWB1–HSTPWB5) on the Likert scale in the survey questionnaire. Most respondents gave ratings between 3 and 5, showing moderate to strong agreement that training helped improve workplace safety.

Table 8. Health and safety training distribution from Likert submissions.

	1		2		3		4		5	
	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %	Count	Row N %
HST4	2	13.3%	0	0.0%	7	46.7%	3	20.0%	3	20.0%
HST5	1	6.7%	1	6.7%	2	13.3%	5	33.3%	6	40.0%
HST6	1	6.7%	2	13.3%	2	13.3%	4	26.7%	6	40.0%
HST7	2	13.3%	0	0.0%	2	13.3%	5	33.3%	6	40.0%
HST8	2	13.3%	0	0.0%	2	13.3%	4	26.7%	7	46.7%

The distribution of responses for items HST4 to HST8 shows that employees generally perceived health and safety training at St. Mauritz Health Centre III as beneficial, although some variability was observed across items.

For evaluating whether training enhances the awareness of the workforce about hazards at the workplace, the results for HST4 revealed that only 40.0% agreed or strongly agreed, whereas 46.7% chose the neutral response. Only 13.3% chose the disagreed response. This shows a general trend where the workforce recognizes the importance of training in enhancing their awareness about hazards at the workplace but also shows a significant percentage of the workforce that is still unsure about the training.

To evaluate whether training enhances work behavior at the workplace, the results for HST5 revealed a significant trend where 73.3% agreed or strongly agreed, whereas only 13.4% chose the disagree response.

For evaluating whether training enhances the handling of equipment and materials, the results for HST6 revealed a significant trend where 66.7% agreed, whereas only 20.0% chose the disagree response.

To evaluating the importance of training in preventing injuries such as needle pricks and cuts, the results for HST7 revealed a significant trend where 73.3% agreed or strongly agreed.

For evaluating whether training helps the workforce to adhere to the correct safety procedures, the results for HST8 revealed the highest support for the importance of training in enhancing health and safety at the workplace, where 73.4% agreed or strongly agreed.

Health and Safety training and awareness were also categorized into two sub-themes, which are Hazard Identification and Risk Assessment, and Safe Work Practices and Procedures.

Hazard Identification and Risk Assessment

The findings showed that the occupational Health and Safety training that was carried out at St Mauritz Health Centre III increased staff awareness about workplace hazards. Around 60% and 73% of the participants accepted that the training they received gave them a better understanding of the workplace risks, assisted their improvement in work practices, and reduced the number of work-related injuries.

The interviews showed that the healthcare workers in this facility knew what workplace hazards were. One participant said:

“In my understanding, a safe workplace is one that provides staff and patients protection from getting infected at the facility through providing proper disposal of sharp objects, using

protective gear at work like gloves to maintain health sanitation. She added that it also means a place where, if a staff gets a health issue, they are provided health support immediately.”

Another participant added that “an accidental needle pricks and being exposed to blood during the work sessions can occur abruptly and they need frequent attention. She added that they once had a training on waste separation and they were taught on the types of medical waste and which waste goes to what bin such as disposing off needles that were used in safety boxes to avoid needle pricks.”

The responses indeed show that the workers know what the health hazards were, but their focus was on only the clinical hazards which are relevant in the medical context, but they did not consider other risks from the non-health hazards like fire, explosions, workplace violence, slips, falls, and many others.

And some of the defects in the hazards were noticed by the researcher based on observation. For instance, the incinerator used in medical waste disposal was poorly designed without a lid which could cause harm to the health workers.

Safe Work Practices and Procedures

On the qualitative side, it is noticed that there is also a gap in the access to some of the Personal Protective Equipment for some staff and this was basically noted when one of the respondents hinted that:

“They should ensure constant availability of PPEs, for example; aprons sometimes run out of stock. If PPEs are always provided, we gain more confidence while working.” (Respondent 001)

(Chaka et al., 2022) indicates that most healthcare workers had limited access to essential Personal Protective Equipment (PPE) like the KN95 face mask and facial protective shields, suggesting that good availability practice would include ensuring a high supply of these items. This means good safe work practices and procedures must always provide PPEs to ensure better confidence of staff.

On the qualitative side, observations revealed that laundry from admitted patients such as bedsheets and clothes was being hand-washed. This practice appeared unsafe, as it increases the risk of infection for staff handling contaminated materials. A functional laundry machine is therefore needed at the facility to ensure safer, more hygienic laundry processes and to

protect staff from potential health hazards. And during the interviews, one of the respondents stressed the need for a washing machine at the facility.

In the aspect of training, one of the respondents reflected thus:

“Sometimes we are trained but implementation takes time because some things needed for practice are not available. I would recommend continuous routine training, because if you are trained and you don’t practice regularly, you can easily forget.” (respondent 003)

In good safety practice, the importance of refresher training is therefore stressed, which then helps in ensuring that knowledge transfer flows consistently.

Meanwhile, on the side of safety practices and procedures influence on employee well-being, However, some statements received slightly lower ratings, suggesting that while training improved safety practices, a few employees felt their overall sense of safety could be strengthened through more comprehensive or frequent refresher sessions.

4.3.2 Health and safety policy implementation at St. Mauritz Health Centre III

(Herrera-Sánchez et al., 2017) defines intervention implementation in occupational health and safety settings as the action of transforming and changing working conditions that affect employee health and well-being within a specific organizational context.

In the surveys, the implementation of health and safety policies was assessed through four key statements focusing on Occupational Health and Safety (OHS) practices within the facility. These statements, presented in Figure 5, were designed to evaluate the extent to which OHS policies are effectively applied and enforced at the workplace

The responses presented illustrate the view of how Occupational Health and Safety (OHS) policies are implemented at St. Mauritz Health Centre III. Based on observation of the trend, the findings show a generally positive assessment across the four statements presented in the OHS policy implementation area.

Starting with Statement 4.1 regarding the clarity of OHS policies, most respondents rated this around 4–5. This showed that the policies were clearly communicated by management while some ratings suggested otherwise. Meaning, some staff still face challenges in understanding health and safety policies.

In the same way, on the role of management conducting regular inspections at the health facility, most of the ratings showed that there was high compliance though some workers reported otherwise indicating room for improvement.

Additionally, psychological safety in reporting OHS concerns at the facility received high ratings, and this showed that the workers weren't afraid to bring up any concerns regarding a health and safety issue. However, some staff still showed they were at ease in raising some of these concerns.

One respondent reflected:

“If the health and safety policies are written clearly and discussed for us, and clearly directs us on what to do when faced with work related issues, we will feel safe at the workplace” (Respondent 005)

“If a needle prick occurs, the policy guides immediate steps testing both the patient and the health worker and starting PEP for one month if necessary. This reduces anxiety because you know you are protected and not left in fear of HIV infection.” (Respondent 005)

Another respondent also added on the aspect that,

“If a staff member gets a needle prick or sustains an injury, the facility provides first aid or refers them for further care. For needle pricks, the facility offers screening and PEP where necessary, reducing fear of HIV infection.” (Respondent 004)

This demonstrated that clear OHS policies implemented at the facility establish effective procedures that guide staff in responding appropriately to health hazards and risks, such as the post-exposure management policy for needle-stick injuries. These measures help staff feel more secure and less stressed while working.

Health and safety policy implementation at St Mauritz health Centre was further divided into sub themes of Leadership commitment and accountability and Employee engagement in OHS policy as follows.

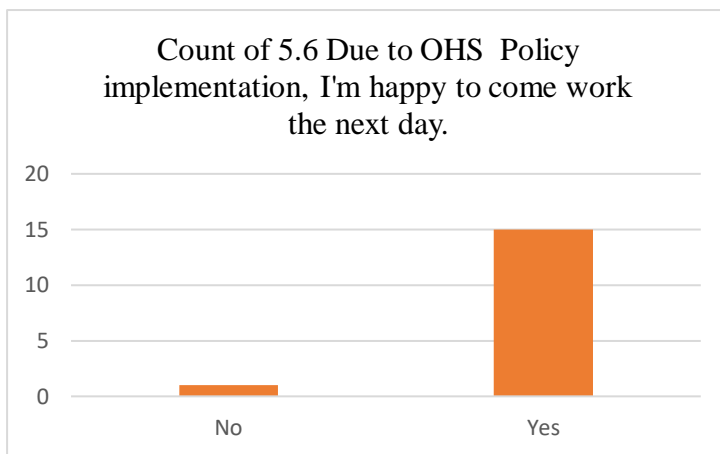
Leadership commitment and accountability to OHS policy

(Bryden, 2002) says accountability for safety and strong leadership are critical elements for achieving breakthrough safety performance, alongside workforce involvement and

management commitment. Transformational leadership is the most effective style for senior managers to credibly demonstrate commitment to safety by motivating and influencing employees. Accountability involves clearly defining safety expectations and linking safety performance to appraisal, rewards, and career progression at all organizational levels.

The distribution of health and safety policy implementation, table 8 shows that leaders at St. Mauritz Health Centre III are committed to workplace safety and take responsibility for it. Most people rated the clarity of OHS policies (Statement 4.1) between 4 and 5, meaning management explains health and safety rules clearly.

Figure 3



Employee Engagement in OHS Policy

Employee engagement was rated positively by the participants as they gave high ratings for psychological safety in reporting concerns, and this meant that the workers felt supported to raise concerns regarding hazards without fear of punishment.

4.4 Relationship between OHS Practices and Employee Wellbeing

Table 9. Correlations

		Employee wellbeing	Health and safety training	HSPOLICY
Employee wellbeing	Pearson Correlation	1	.476	.668**
	Sig. (2-tailed)		.073	.006
	N	15	15	15
Health and safety training	Pearson Correlation	.476	1	.153
	Sig. (2-tailed)	.073		.586
	N	15	15	15
HSPOLICY	Pearson Correlation	.668**	.153	1
	Sig. (2-tailed)	.006	.586	
	N	15	15	15

** . Correlation is significant at the 0.01 level (2-tailed).

Pearson correlation analysis was used to examine the relationship between health and safety training and health and safety policy implementation, and employee wellbeing at St. Mauritz Health Centre III.

The results showed that OHS policy implementation had a strong positive relationship with employee wellbeing ($r = 0.668$, $p = 0.006$). This shows that whenever health and safety policy implementation improves, wellbeing also goes up.

In relation to health and safety training, a moderately positive relationship with employee wellbeing ($r = 0.476$). This means that although training affects the wellbeing of employees, the impact is weaker and becomes even worse when not supported by the strong policy implementation.

Table 10. Model Summary

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.768 ^a	.590	.521	2.99325

a. Predictors: (Constant), HSPOLICY, Health and safety training

4.5 Regression Analysis of OHS Practices and Employee Wellbeing

The results from regression gave us an R value of 0.768, this shows a strong relationship between the independent variables that is health and safety training and health and safety policy implementation and employee wellbeing.

0.590 was the value for the R Square. This meant 59% of the change in employee wellbeing was caused by health and safety training and health and safety policy implementation.

This shows that occupational health and safety practices play an important role in the wellbeing of employees.

Table 11. ANOVA^a

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	154.485	2	77.243	8.621	.005 ^b
	Residual	107.515	12	8.960		
	Total	262.000	14			

a. Dependent Variable: Employee wellbeing

b. Predictors: (Constant), HSPOLICY, Health and safety training

The results from the Anova shows a relationship that is very statistically significant. (F=8.621, p=0.005). there is an interpretation that the mix of OHS training and OHS policy implementation clearly predicts wellbeing of employees because the P value is less than 0.05

Table 12. Coefficients

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	12.743	5.238		2.433	.032
	Health and safety training	.354	.173	.383	2.046	.063
	HSPOLICY	1.046	.321	.610	3.258	.007

a. Dependent Variable: Employee wellbeing

There was a positive effect on employee wellbeing, noted at (B=0.354), this displayed a meaning that when there is improvement in training, there will eventually be increased wellbeing. The effect was not significant because the p value was (0.0063) and this alone shows that training alone cannot have a long impact on the wellbeing of the employees without the support of other organizational factors.

On the side of Health and safety policy implementation, the effect was very significant (B=1.046, Beta= 0.610, p=0.007). all this meant that if the health facility implements clear health and safety policies, there will be an increase in employee wellbeing. The beta value shows that OHS policy implementation is one of the best variables to predict employee wellbeing among the two independent variables.

In conclusion, the regression analysis proved that OHS policy implementation is the strongest factor at ensuring wellbeing at St. Mauritz health Centre III. This means that OHS training alone cannot guarantee employee wellbeing.

CHAPTER 5 SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This chapter explains the summary of the major findings, the conclusions, and the major recommendations plus the limitations to the study of the influence of OHS on employee wellbeing at St. Mauritz health Centre III.

5.1 Summary of major findings

This study examined the extent to which occupational health and safety practices influences employee wellbeing at St. Mauritz Health Centre III. The study had two research objectives that were respectively: To examine the influence of OHS training on employee wellbeing and to examine the influence of OHS policy implementation on employee wellbeing at St Mauritz Health Centre III.

The findings showed that both the independent variables contributed to employee wellbeing. But the statistics indicated that OHS policy implementation had a stronger relationship with employee wellbeing compared to OHS training.

5.1. Health and safety training on the physical wellbeing of employees

SPSS correlation and regression analysis showed that health and safety training had only a moderate and statistically insignificant relationship with employee wellbeing ($r = 0.476$, $p = 0.073$; $\beta = 0.383$). the interpretation here was that, even though training improves awareness and safety of the employees, its isn't enough on its own unless it's supported by strong OHS policy implementation.

The findings on health and safety training showed that trainings helped the health workers to guard against risks harming their physical health but some of the staff missed the trainings and they were focused on handling clinical hazards. The scope of the trainings neglected the non-clinical hazards like fire and stress. The interviews directly showed weak fire safety, lack of laundry machines and this pointed to better recommendations.

Furthermore, on the safe work practices and procedures, based on observations and interview sources, there were issues like the shortages of PPEs like aprons, unsafe practices like washing the laundry of the patients by hand. There was also an issue of negligence and poor

attitudes of some staff as reported by the participants. These were the risks that needed immediate intervention.

5.1.2 Health and safety policy implementation on the psychological wellbeing of employees

The statistics showed that OHS policy implementation was the strongest variable in the relationship with employee wellbeing ($r=0.668$, $p=0.006$) furthermore, the regression results interpreted that OHS policy implementation was the strongest predictor of wellbeing with the beta value at 0.610 and P value at 0.007 showing the greater influence of policy implementation on employee wellbeing.

On this variable's effect, the study mainly found out that it had a strong and positive influence on the wellbeing of the employees. The survey results showed high scores on the clarity of the OHS policies and regular inspections from the management of the health facility and on the aspect of employee engagement, most of the health workers reported that they had convenience in reporting hazards to management without the fear of losing their jobs, and this showed staff engagement in the aspect of OHS policy.

5.2 Discussion of results

The discussions of the results here show the findings and tries to share some themes into what was found using the literature from chapter two. The regression analysis, gave us a 59% in the variation of employee wellbeing. And this was a very strong result in the effect of the independent variables on wellbeing.

5.2.1 Health and safety training and awareness on the physical wellbeing of employees

Under this first objective, the key result showed that health and safety training encouraged the staff to be more vigilant about the dangers at the workplace and this in return reduced the work place injuries that came through needle pricks and blood exposure. The staff felt confident in the interviews describing their knowledge of handling the clinical related hazards and they said that the trainings on non-clinical hazards such as fire were never conducted. Just in relation to the literature, scholars like Gan said that the first step in promoting OHS is that the staff should be able to identify the possible risks and Hazards.

On the areas of the safe work practices, we see that the health workers practiced the best practices concerning the health hazards but the problem came in the areas of waste

management from the broken incinerator, washing the bedsheets and patients' garments using the hands which increased the risks.

When we refer to the literature review, some scholars like Sorensen who shared their perspective about what a safe work place was. The idea was that a safe work place was one that had positive follow of the OHS policies for improved wellbeing. This is seen here through the management of St. Mauritz engaging their employees by encouraging feedback. Though some gaps were highlighted in things like the frequency of the refresher trainings and shortage of PPEs, this is also linked to scholars like caponnechia and Wyatt who described a safe place of work as one that is free from harm and this indicates that the such a place was not present in the ideal of the facility. This study discussions showed us that safe work places can actually protect workers from harm but without the refresher trainings and the proper equipment for hazard mitigation, the workers remain at risk.

5.2.2 Health and safety policy implementation on the psychological wellbeing of employees

The second objective was to examine the influence of health and safety policy implementation on psychological wellbeing of employees at St. Mauritz Health Centre. Data analysis and interpretation of responses from the respondents at the health facility revealed the following major findings under this objective.

On the aspects of OHS policy implementation, there was leadership commitment that was noted through the clear communication and the regular inspections that created a good work environment. There were some gaps that were identified during the interviews that showed some confusion between the health and safety policies and patient care procedures that needed more training for clarity.

On the part of involvement of the employees, the workers showed trust in management to listen to their concerns without punishments and many participants said safety policies reduced stress and this aligns with one of our scholars in the literature review.

De Lisser et al. (2024) stated that high engagement leads to reporting issues, suggesting improvements, and working together, which the study also found as staff trusted management and felt supported. hence, the evidence shows that when OSH policies are applied with active employee involvement, they not only prevent hazards but also improve mental wellbeing by creating a supportive and safe workplace culture, just as the researchers described.

5.3 Conclusions

This sub-section provides the conclusion drawn from the discussion in the previous part.

5.3.1 The influence of health and safety training and awareness on the physical wellbeing of employees

The study concludes that health and safety training improves hazard awareness, infection control, and safe work practices, which helps reduce injuries and improve physical wellbeing. However, because training had a statistically insignificant effect on wellbeing, it cannot on its own guarantee staff safety. Without strong policy enforcement, adequate equipment, and proper infrastructure, the benefits of training are limited.

5.3.2 The influence of health and safety policy implementation on the psychological wellbeing of employees

The findings in this part concluded that OHS policy implementation is one of the strongest and most significant variables which greatly influenced employee wellbeing at St Mauritz Health Centre III. This is because the employees felt that the clear safety policies, leadership accountability, regular inspections and also the ease of workers to bring up the health hazard issues to management reflected an increase in job security and safe work environment which improved employee wellbeing highly. This generally shows that the facility is doing well in many areas but it still needs better hazard coverage, stronger enforcement and improved safety facilities to fully protect the staff wellbeing.

5.4 Recommendations

This sub-section offers suggestions for preventing future violations of Occupational Health and safety practices with the aim of improving employee wellbeing at St. Mauritz Health Centre III. These measures should be integrated with sound human resource management practices to achieve and sustain high levels of employee wellbeing at the health facility.

5.4.1 The influence of health and safety training and awareness on the physical wellbeing of employees

Although health and safety training improves awareness and safe practices, it was not statistically sufficient on its own to significantly improve employee wellbeing. Therefore, training should be strengthened and better supported by organizational systems. Basing on

the generalizations of the findings of this study, the researcher recommends the following to the management of St. Mauritz Health Centre;

Management should expand training beyond infection prevention and control to include fire safety, radiation risks, psychosocial hazards, slips and falls, and emergency response. This will ensure that both clinical and non-clinical risks are adequately addressed.

Management of the Facility needs to carry out regular refresher trainings on the health associated topic and also this will help to prevent the skill depreciation and ensure safe work practices at the facility as a culture.

There should be sufficient availability of the personal protective equipment such as gloves, aprons and masks so that the staff can always protect themselves from the health hazards.

The management of the facility should lobby for funding to acquire some safety infrastructure like a standard incinerator and a washing machine plus fire extinguishers to help fight the risk of harm to the workers at the facility.

The health facility management should put in place a health and safety committee which would consist of employees and management to devise strategies on how to mitigate hazards and improve the staff wellness.

5.4.2 The influence of health and safety policy implementation on the psychological wellbeing of employees

Management of St. Mauritz Health Centre should continue to enforce clear policies, and carry out the regular inspections to identify the possible hazards.

Sessions should be held to educate the employees on the distinction of the OHS policies and patient care policies so that the workers can get to know what policies apply to them in case of mixing up policies.

Mental health support shouldn't be taken lightly by management. They need to revise the institutions policies to cater for stress management training, counselling services to address anxieties workers may face when they encounter hazards like the needle prick.

All the facility employees should participate in the development, review and the enforcement of the safety policies.

The facility administration should establish clear reporting channels so that the staff who fear can feel convenient in bringing up concerns about the health Hazards.

Management should design meetings to give regular feedbacks so that the employees can raise the health hazards and wellbeing issues during the meetings for actions to be taken.

5.5. Limitations of the study

This study was limited in certain aspects. The study only took in account one health facility which is St. Mauritz Health Centre III. We cannot rely entirely on the findings from one health facility, yet there are many facilities and hospitals in Uganda that have different level of resources and infrastructure.

The study was a cross-sectional study. And this means that data was conducted at a particular point of time. Maybe a longitudinal study could have been better in testing the effect of the relationship between the variables.

The facility had a few people and this made the sample size small with around 23 actual respondents and this could have limited the ability of the statistical analysis. Perhaps a health facility with more workers could have shown different results.

5.6 Areas for further studies

For future research in this field of OHS, larger samples should be taken into account. Perhaps the study needs to future more than one health facility.

The coming studies should also look at the effect of Non-Clinical Hazards including fire risks, and many others and how they can influence wellbeing of the employees.

Since this study discovered that OHS policy implementation is a very strong predictor of employee wellbeing, the future studies should look out for policy components like leadership roles, mental health policies and examine their impact of the wellbeing of employees.

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Appendices

Appendix I Interview Guide: Influence of Occupational Health and Safety Practices on Employee Well-Being at St. Mauritz Health Centre III

Consent form

I am conducting a study on “Influence of Occupational Health and Safety Practices on Employee Well-Being at St. Mauritz Health Centre III” for my Bachelor of Human Resource Management at Uganda Christian University. The study explores how health and safety practices affect employees’ physical and psychological well-being. You are invited to a 15–25-minute interview to share your experiences and views. Participation is voluntary, you may skip questions or withdraw at any time, and all information will be kept confidential and used only for academic purposes. By signing below, you agree to participate voluntarily.

Interviewer Script (Introduction – 2 minutes)

Thank you for agreeing to participate. As explained in the consent form, this interview is voluntary, confidential, and will take 15-25 minutes. We'll discuss your experiences with workplace safety. You can skip questions or stop anytime. Do you have any questions before we start? [Obtain verbal reaffirmation of consent if needed.]

Purpose of Interview

To explore employees' experiences, perceptions, and suggestions regarding occupational health and safety (OHS) practices, and how this influence physical health (e.g., injury prevention), psychological well-being (e.g., stress levels), and overall job satisfaction.

Section 1: Demographics and Background (3-5 minutes)

1.1) What is your role at St. Mauritz Health Centre III, and how long have you worked here?

1.2) Can you please tell me your age group (for example, 20–30) and your gender?

1.3) In your own words, what does a safe and healthy workplace mean to you?

Section 2: OHS Practices and Physical Well-Being (RQ1 Expanded – 7-10 minutes)

2.1) To what extent do health and safety training programs at the Centre influence your physical well-being (For instance, reducing risks of injury or illness)?

a) Can you describe a specific example where training did—or did not—help you avoid a physical hazard?

b) How well does the training address the daily risks in your role (e.g., handling equipment, patient lifting)?

c) What improvements to training could better protect physical health?

d) How confident are you in applying training knowledge, and what affects that confidence?

2.2) How do other OHS practices, such as hazard identification, risk assessments, or PPE provision, affect your physical safety? (Probe: Example of a hazard addressed or overlooked?)

Section 3: OHS Practices and Psychological Well-Being (RQ2 Expanded – 7-10 minutes)

3.1) To what extent does the implementation of health and safety policies influence your mental and emotional well-being (For instance, stress, anxiety about risks)?

a) Can you give an example of how a policy reduced—or failed to reduce—work-related stress?

b) When raising safety concerns, how responsive is management, and how does this affect your sense of security?

c) Overall, how do OHS policies impact your job satisfaction, morale, and motivation?

3.2) How do emergency procedures or incident reporting practices contribute to your psychological well-being? (Probe: Feeling prepared for crises?)

Section 4: Overall Influence and Suggestions (3 minutes)

4) Thinking broadly, how do OHS practices collectively influence your overall well-being and willingness to stay at the Centre?

- a) What one change to OHS practices would most improve employee well-being?
- b) Is there anything else you'd like to share about safety at work?

Closing Script (1 minute)

Thank you for your time and insights. Your responses will help improve workplace safety. If you have concerns post-interview, contact [arthurronald89@gmail.com]. Responses are anonymous.

Appendix II: Survey Questionnaire: Influence of Occupational Health and Safety on Employee Well-Being

Consent form

Dear Participant, thank you for taking the time to be part of this study, which seeks to understand how Occupational Health and Safety (OHS) practices influence employee well-being within Uganda's health sector, focusing on St. Mauritz Health Centre III in Gulu city. Your participation is voluntary, and all responses will be kept strictly confidential and used only for academic purposes, with no personal identification required. The questionnaire should take approximately 10–15 minutes to complete. Your honest responses and experiences are highly valued and will greatly contribute to improving workplace health and safety practices. Thank you once again for your time and cooperation. Warm regards, Arthur Apire Bachelor of Human Resource Management Uganda Christian University

Section 1.0: Demographic Information

Please provide the following demographic information by selecting the option that best represents you in each category. The information collected will be used solely for academic purposes and will be treated with strict confidentiality.

- 1.1) Which of the following best describes your gender?** Male
female

1.2) Which of the following age groups do you belong to?

- 18-35
 36-59
 Above 60

1.3) What is your highest level of education attained?

- Primary
 Certificate
 Diploma
 University (Bachelors, masters, or higher)

No education

1.4) What is your current job position at St. Mauritz Health Centre III?

- clinical officer/doctor
 Nurse
 Midwife
 Lab Technician
 Administrative staff

Support staff

others

1.5) Which department do you work in at St. Mauritz Health Centre III?

- Outpa
- tient
- Departm
- ent
- (OPD)

Administration

Support services (cleaning, security, transportation and others)

1.6) How long have you worked at St. Mauritz Health Centre III?

- Less than 1 year
- 1-3 years
- 4-6 years

7 years and above

Section 2.0: Health and Safety Training

For the following statements about health and safety training, please indicate how much you agree or disagree using the scale provided: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree. Choose the number that best reflects your experience or opinion.

2.1 When you began working at St. Mauritz Health Centre III, did you undergo any orientation or training related to health and safety practices?

If no do not answer the subsequent questions.

- Yes
- No

2.2 Please specify the type of Occupational Health and Safety (OHS) training you received upon joining St. Mauritz Health Centre III.

2.3 I received refresher training on Occupational Health and Safety (OHS) topics, such as hazards and infection control at least 6months or 1year ago?

————— ————— ————— —————

1 2 3 4 5

2.4 The OHS training I receive is relevant to my role and the risks I face at work.

————— ————— ————— —————

1 2 3 4 5

2.5 I have received adequate training on the proper use of personal protective equipment (PPE)

————— ————— ————— —————

1 2 3 4 5

2.6 I have received training on handling and disposing of hospital waste as per the required guideline.

————— ————— ————— —————

1 2 3 4 5

2.7 OHS training helps me better understand and be aware of workplace risks.

————— ————— ————— —————

1 2 3 4 5

Section 3: Influence of OHS training on Physical Well-Being

The following statements ask about how Occupational Health and Safety (OHS) training affects your physical well-being at work. Please indicate your level of agreement using the scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree. Answer honestly based on your experiences.

3.0 OHS training reduces my risk of physical injuries, such as needle pricks or cuts.

1 2 3 4 5

3.1 OHS training encourages safe use of equipment, helping to protect my physical health.

1 2 3 4 5

3.2 I feel physically safer at work as a result of OHS training.

1 2 3 4 5

3.3 Overall, OHS training has a positive impact on my physical well-being.

1 2 3 4 5

Section 4.0: Health and Safety Policy Implementation

The following statements ask about the implementation of health and safety policies at your workplace. Please indicate your level of agreement using the scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree. Answer based on your experiences and observations at St. Mauritz Health Centre III.

4.1 Health and safety policies are communicated clearly and enforced effectively at my workplace.

————— ————— ————— —————

1 2 3 4 5

4.2 Management regularly conducts inspections and ensures compliance with health and safety policies.

————— ————— ————— —————

1 2 3 4 5

4.3 Health and safety policies adequately address key workplace risks and hazards

————— ————— ————— —————

1 2 3 4 5

4.4 Employees can safely report health and safety concerns without fear of negative consequences.

————— ————— ————— —————

1 2 3 4 5

Section 5.0 : Influence of OHS policy implementation on Psychological Well-Being of workers.

The statements below ask how OHS policies affect your mental and emotional well-being at work. Please choose a number from 1 (Strongly Disagree) to 5 (Strongly Agree) that best reflects your experience.

5.1 Health and safety policies reduce stress related to workplace hazards.

————— ————— ————— —————

1 2 3 4 5

5.2 Enforcement of OHS policies provides a sense of job security

————— ————— ————— —————

1 2 3 4 5

5.3 OHS policies help prevent by ensuring safe working conditions.

————— ————— ————— —————

1 2 3 4 5

5.4 OHS policy implementation foster a positive environment for mental health.

————— ————— ————— —————

1 2 3 4 5

5.6 Due to OHS training and Policy, I'm happy to come work the next day.

- Yes
- No

Any additional comments (optional)

Thank your time and input!!