SJ Public Health Africa

Vol. 3 No. 1 (2026): January 2026 Issue

https://doi.org/10.51168/8rz20g46

Original Article

Personal and Socio-economic factors affecting prevention and control of occupational Health hazards by health workers, in Maddu Health Centre IV, in Gomba District. A cross-sectional study.

Margaret Nabukeera*, Jane Namukwaya

Lubaga Hospital Training School

Abstract.

Background.

Worldwide, about 10 million occupational accidents happen every year. Adoption of safer working practices, improvement of safety systems, and changes in behavioral and management practices can reduce occupational health hazards. This study aimed at assessing the Personal and Socio-economic factors affecting the prevention and control of occupational Health hazards by health workers, in Maddu Health Centre IV in Gomba District.

Methodology.

A descriptive, cross-sectional study was adopted, employing a quantitative method of data collection. A sample of 30 respondents was selected using the Convenience sampling technique. Data was collected using semi-structured questionnaires and analyzed using SPSS version 18, and results were presented in the form of frequency tables, graphs, and pie charts.

Results.

Majority 12(40%) of the respondents were aged 20 -25 years, 17(56.7%) of the respondents were female, 15(50%) of the respondents were Nurses / Midwives. 16(53%) of the respondents were trained in preventing and controlling occupational health hazards, 10(62.5%) of the respondents said we use a disinfectant, and we clean the equipment. 16(53.3%) of the respondents said "No" had no precautions in place for handling chemicals in the health facility to prevent burns and scads, 20(67%) of the respondents said there was no money to buy fire extinguishers to put out fires in case of a fire outbreak in the health facility and 25(83.3%) of the respondents said the health facility has no resources allocated for policy implementation on occupational hazards.

Conclusion.

The established personal and socio-economic factors were: Age, carder, gender, level of training on occupational health hazards, and Insufficient funding and resources.

Recommendations.

The Ministry of Health should develop targeted educational programs for health workers to enhance their knowledge about prevention strategies for occupational health hazards.

Keywords: *Occupational health hazards, Health workers, Prevention and control, Personal factors, Socio-economic factors, Maddu Health Centre IV, Gomba District*

Submitted: *November 20, 2025* ***Accepted:*** *December 19, 2025* ***Published:*** *January 26, 2026*

Corresponding Author: *Margaret Nabukeera*

Lubaga Hospital Training School.

Background.

Infections, Injuries, Needle stick injuries, Cuts, unsafe structures in the workplace, and dangerous tools are some of the most prevalent workplace hazards in developed and developing countries. Worldwide, about 10 million occupational accidents happen every year. Adoption of safer working practices, improvement of safety systems, and changes in behavioral and management practices can reduce occupational health hazards, even in high-risk health facilities, by 50% or more within a relatively short time (Pruss *et al,* 2020). Approximately 30% of the health workers in Europe and between 50% and 70% in Asia are exposed to a heavy physical workload or ergonomically poor working conditions, involving lifting patients and moving heavy items, or repetitive manual tasks.

Workers most heavily exposed to heavy physical workloads include health care personnel (Nurses, midwives, Doctors, and other health workers), who are at risk of injuries and musculoskeletal disorders. In Asia and other continents, occupational health hazards are the main cause of both short-term and permanent work disability and lead to economic losses amounting to as much as 5%

of GNP. These occupational health hazards affect the health of health workers too (Diepgen, 2019). The North American occupational health hazards in health facilities such as cross infection, injuries, ionizing and non-ionizing radiation and microclimatic conditions affect health workers, due to failure to put in place prevention and control measures, between 10 and 30% of the workforce in developed countries, and up to 80% of the workforce in hospitals in African countries, are exposed to occupational health hazards (Pruss *et al,* 2021). In some high-risk. Sectors such as infectious institutes, all workers may be affected. Infectious diseases are the most prevalent occupational health effects in most African countries (Pruss *et al,* 2021). Sub-Saharan Africa, like in other places, psychological stress caused by time and work pressures has become more prevalent during the past decade. Monotonous work, work that requires constant concentration, irregular working hours, shift-work, and work carried out at risk of violence (for example, isolated work or excessive security responsibility for human or economic concerns) have adverse psychological effects. Psychological stress and overload have been associated with sleep disturbances, burnout syndromes, and depression among health workers; all these are occupational health hazards (WHO, 2021).

The East African epidemiological evidence exists as an elevated risk of injuries, infections, cardiovascular disorders, particularly coronary heart disease and hypertension, in association with work stress. Severe psychological conditions (Psycho traumas) have been observed among workers involved in serious catastrophes or major accidents during which human lives have been threatened or lost (WHO 2021). Uganda health workers are much exposed to occupational health hazards; many health facilities lack adequate preventive and control measures for injuries, cuts, needle stick injuries, stress, and burnout at work (Kimeze, 2018). This study aimed at assessing the Personal and Socio-economic factors affecting the prevention and control of occupational Health hazards by health workers, in Maddu Health Centre IV in Gomba District.

Methodology.

Study Design and Rationale.

This study was descriptive and cross-sectional in nature, employing a quantitative method of data collection. This method enabled the researcher to get accurate information and to avoid irrelevant information.

Study Setting and Rationale.

The study was conducted in Maddu, located in Gomba District, in Central Uganda, which is a public health facility funded by the Uganda Ministry of Health. Services offered include immunization, general outpatient, antenatal care, labour, postnatal, maternal and child health care, and HIV Clinic. Patients served are from Maddu–Gomba District and other neighbouring places. The researcher preferred to conduct a study in Maddu Health Centre IV to find out the factors affecting the prevention and control of occupational health hazards by health workers in Maddu Health Centre IV in Gomba District.

Study population

The study consisted of health workers working in Maddu Health Centre IV at the time of the study.

Sample size determination.

The sample consisted of 30 respondents who were selected from Maddu Health Centre IV according to the UNMEB guideline 2009.

Sampling procedure.

Convenience sampling was used to select respondents. The researcher involved health workers working in Maddu Health Centre IV. To obtain the required sample of 30 respondents, each eligible participant was requested to participate in the study; 5 participants were selected each day, over six days from Monday to Saturday.

Inclusion Criteria.

Health workers working in Muddu Health Centre IV were considered for the study.

Definition of Variables.

Personal factors: age, carder, working experience, training, and knowledge. Socio-economic factors: resources, funding, training, and allocation of money for infection control.

The dependent variable: prevention and control of occupational health hazards.

Research Instruments

A questionnaire comprising both closed and open-ended questions was used to collect data. Data collection tools were in the English language since it's the official language at work.

Data Collection Procedure.

The questionnaires were designed and pre–tested among a few respondents in Gombe Hospital, to check the flow of questions and minimize ambiguity in the questions. The researcher gave the questionnaire to the respondent to fill out after a thorough explanation of the study.

Data Management.

Data from each questionnaire was checked for completeness and accuracy before being entered into the

computer using Excel 2010 for final analysis.

Data Analysis.

Data was analyzed using SPSS version 18, and results were presented in the form of frequency tables, graphs, and pie charts. Frequency and percentages were used for interpretation and establishing relationships between variables.

Ethical approval.

Following approval by the supervisor, the researcher obtained a research letter from the Lubaga Hospital Training School research committee and took it to Maddu Health Centre IV to get permission from the In-charge to conduct the research. Written informed consent was obtained from all respondents before the questionnaire was administered to them.

Informed consent.

Participants received full disclosure of the nature of the study, the risks, benefits, and alternatives, with an extended opportunity to ask pertinent questions regarding the research. The researcher treated all information provided by participants with maximum confidentiality. This was achieved by assigning respondents codes instead of using the actual names of the respondents, which were known to other people. Honesty was maintained throughout the research process; in reporting data, results, methods, and procedures, in order to avoid fabrication, falsification, or misrepresentation of data.

Results.

Personal factors affecting the prevention and control of occupational health hazards by health workers

Table 1: Social demographic characteristics of respondents, N= 30.

Variable	Frequency	Percentage (%)
Age of the health worker		
20 – 25 years	12	40
26 – 31 years	6	20
32 - 36 years	4	13.3
37 years and above	8	26.6
Sex / Gender of the health worker		
Male	13	43.3
Female	17	56.7
Carder		
Nurse/ Midwife	15	50
Clinician	7	23.3
Laboratory staff	5	16.7
Others (auxiliary staff).	3	10
Total	**30**	**100**

Table 1: shows that majority 12(40%) of the respondents were aged 20 -25 years of age, 8(26.6%) were 37 years and above, 6(20%) were 26 – 31 years of age, 4(13.3%) were 32 – 36 years of age, and minority 4(13.3%) were 32 – 36 years of age. 17(56.7%) of the respondents were female, and 13(43.3%) of the respondents were male. Half 15(50%) of the respondents were Nurses / Midwives, 7 (23.3%) were clinicians, 5(16.7%) were laboratory staff, 3(10%) were others (auxiliary staff).

Vol. 3 No. 1 (2026): January 2026 Issue

https://doi.org/10.51168/8rz20g46

Original Article

Table 2: Marital status N= 30.

Variable	Frequency	Percentage (%)
Marital status		
Single	10	33.3
Married	17	56.7
Cohabiting	3	10
Total	**30**	**100**

Table 2 indicates that 17 (56.7%) of the respondents were married, 10(33.3%) were single, and a small number, 3(10%) of respondents were cohabiting.

Figure 1: Trained in preventing and controlling occupational health hazards N 30

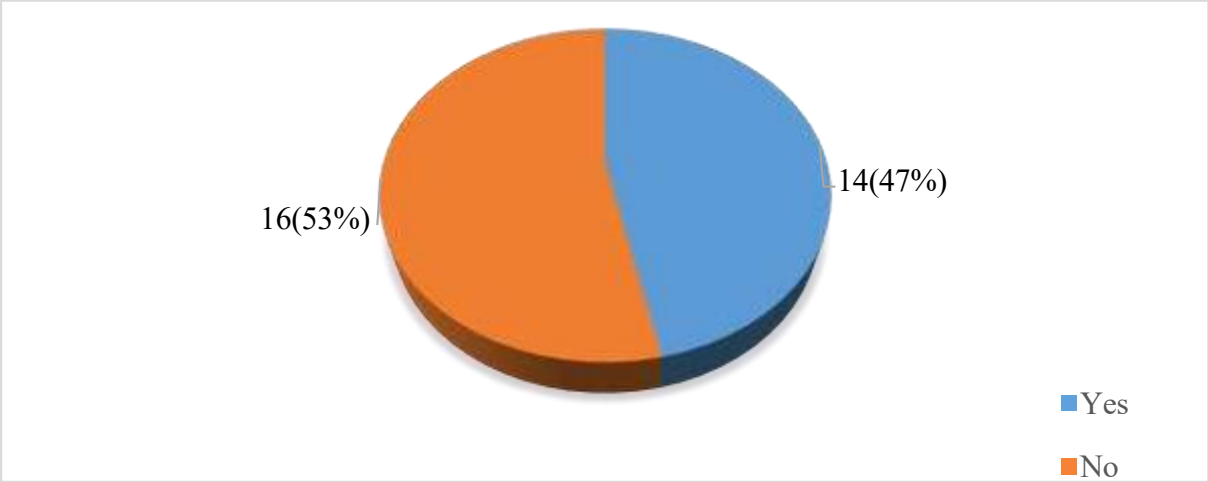

Figure 1 shows that the Majority 16(53%) of the respondents were trained in preventing and controlling occupational health hazards, a minority 14(47%) of the respondents were not trained in preventing and controlling occupational health hazards.

Table 3: If yes, which occupational health hazard do you know? N= 16.

Variable	Frequency	Percentage (%)
If yes, which occupational health hazard do you know?		
Physical Hazards	4	25
Psychosocial Hazards	5	31.3
Electrical Hazards	3	18.7
Radiation Hazards	1	6.3
Occupational Diseases	3	18.7
Total	**16**	**100**

Note: The number of respondents changed from 30 to 16 because some of the respondents didn't have knowledge of occupational health hazards.

Table 3: indicates that Many 5(31.3%) of the respondents mentioned psychosocial hazards, 4(25%) said physical hazards, 3(18.7%) mentioned Electrical Hazards, 3(18.7%) mentioned occupational diseases and a small number 1(6.3%) mentioned radiation hazards.

Vol. 3 No. 1 (2026): January 2026 Issue

https://doi.org/10.51168/8rz20g46

Original Article

Table 4: Respondent is knowledgeable about disinfection, N 30.

Variable	Frequency	Percentage (%)
Respondent is knowledgeable about disinfection to prevent and control the spread of microorganisms, which can cause infections (occupational health hazards)		
Yes	16	53.3
No	14	46.7
Total	**30**	**100**

Table 4: shows that, majority 16(53.3%) of the respondents were knowledgeable about disinfection to prevent and control the spread of micro – organisms which can cause infections (occupational health hazard), minority of 14(46.7%) of the respondents were not knowledgeable about disinfection to prevent and control the spread of micro – organisms which can cause infections (occupational health hazards).

Table 5: How we disinfect items to prevent the spread of infections, N= 30.

Variable	Frequency	Percentage (%)
How do we disinfect items to prevent the spread of infections?		
We use a disinfectant, and we clean the equipment.	10	62.5
Ultraviolet (equipment is subjected to strong rays)	6	37.5
Total	**30**	**100**

Table 5 shows that, majority, 10(62.5%) of the respondents said we use a disinfectant and we clean the equipment, and 6(37.5%) of the respondents said the equipment is subjected to strong rays.

Figure 2: Respondent knew how to use protective equipment adequately, N= 30.

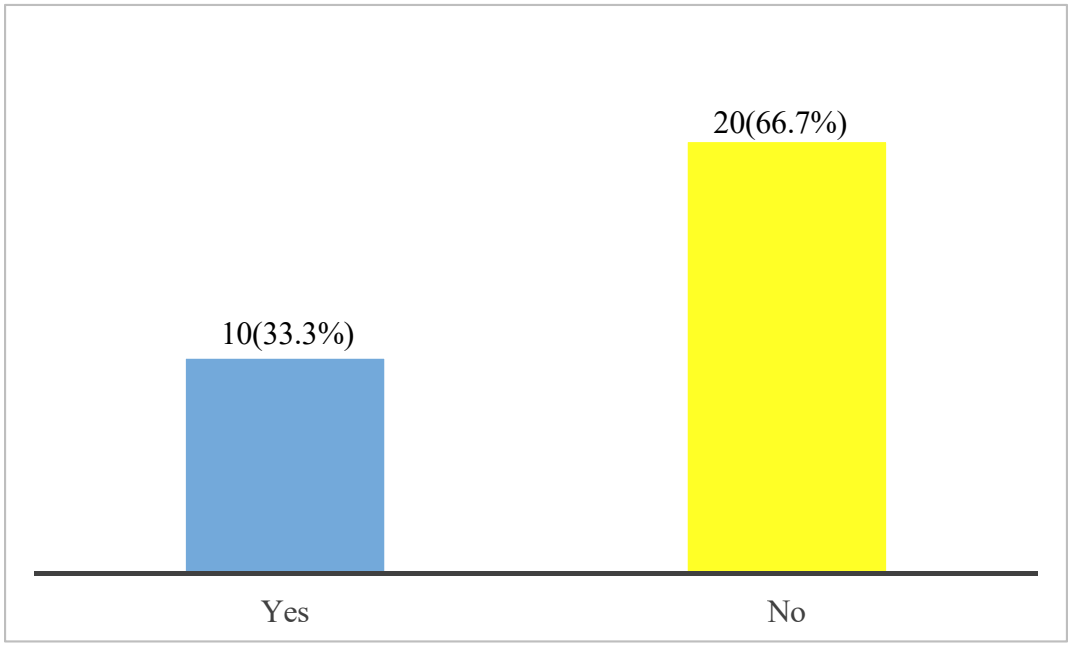

Figure 2: indicates that, majority, 20(66.7%) of the respondents knew how to use protective equipment adequately, while 10(33.3%) of the respondents didn't know how to use protective equipment adequately.

https://doi.org/10.51168/8rz20g46

Table 6: Which protectives do you use to prevent and control infections, N= 30.

Variable	Frequency	Percentage (%)
If yes, which protective measures do you use to prevent and control infections		
Apron	5	16.7
Mask	6	20
Gumboots	4	13.3
Cover rolls	3	10
Gloves	8	26.7
Gaggles	4	13.3
Total	**30**	**100**

Table 6: indicates that, majority 8(26.7%) of the respondents said that they use gloves, 6(20%) said masks, 5(16.7%) use aprons, 4(13.3%) said gumboots, 4(13.3%) said gaggles, 3(10%) said cover rolls.

Social–Economic factors affecting the prevention and control of occupational health hazards by health workers

Table 7: Have precautions in place for handling chemicals to prevent burns and scalds. N= 30

Variable	Frequency	Percentage (%)
Have precautions in place for handling chemicals in the health facility to prevent burns and scalds.		
Yes	14	46.7
No	16	53.3
Total	**30**	**100**

Table 7 shows that, majority, 16(53.3%) of the respondents said "No" had no precautions in place for handling chemicals in the health facility to prevent burns and scalds, 14(46.7%) had precautions in place for handling chemicals in the health facility to prevent burns and scalds.

Table 8: If yes, what precautions do you have to prevent hazards from chemicals, N=14?

Variable	Frequency	Percentage (%)
If yes, what precautions do you have to prevent hazards? from chemicals		
Hazard Identification	3	21.4
Use of Personal Protective Equipment (PPE)	5	35.8
Training and Education	4	28.6
Hazards Communication	2	14.2
Total	**14**	**100**

Table 8: shows that, majority 5(35.8%) of the respondents said, "using of personal protective equipment (PPE) to prevent occupational health hazards", 4(28.6%) said training and education helps to prevent hazards from

chemicals, 3(21.4%) said hazard Identification and 2(14.2%) said practicing hazards communication prevent hazards from chemicals.

Figure 3: The health facility has money to buy fire extinguishers to stop fires N 30.

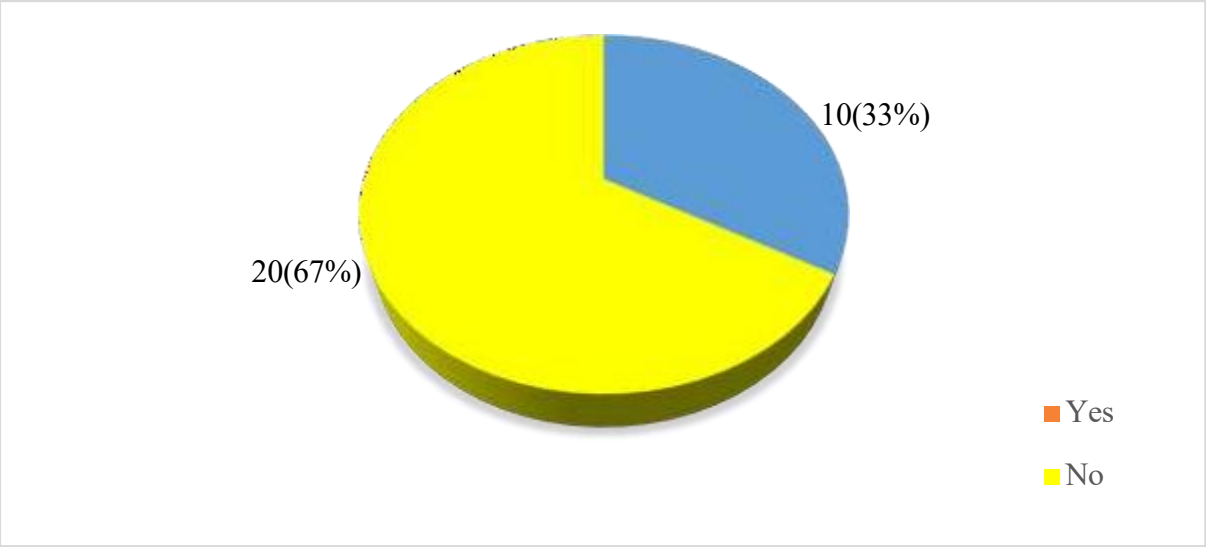

Figure 3: shows that, majority, 20(67%) of the respondents said there was no money to buy fire extinguishers to put out fires in case of a fire outbreak in the health facility, minority, 10(33%) said there was money to buy fire extinguishers to put out fires in case of a fire outbreak in the health facility.

Table 9: Health facility has resources allocated for policy on occupational hazard, N= 30.

Variable	Frequency	Percentage (%)
The health facility has resources allocated for policy implementation on occupational hazards.		
Yes	5	16.7
No	25	83.3
Total	**30**	**100**

Table 9 indicates that, majority, 25(83.3%) of the respondents said the health facility has no resources allocated for policy implementation on occupational hazards, a minority, 5(16.7%) of the respondents said "yes" their resources for policy implementation on occupational hazards.

Table 10: Facility implemented measures to prevent and control occupational hazards, N =30.

Variable	Frequency	Percentage (%)
The health facility has implemented measures to prevent and control occupational health hazards.		
Yes	12	40
No	18	60
Total	**30**	**100**

Table 10 indicates that, majority, 18(60%) of the respondents said "No" the health facility has not implemented any measures to prevent and control occupational health hazards, 12(40%) minority of the respondents said "Yes" the health facility has implemented measures to prevent and control occupational health hazards.

Table 11: Facility has funding to train in the use of new equipment and machines N 30.

Variable	Frequency	Percentage (%)
The health facility has funding to train in the use of new equipment and machines in the hospital to prevent injuries, cuts, and pricks (occupational health hazards)		
Yes	4	13.3
No	26	86.7
Total	**30**	**100**

Table 11 shows that the majority, 26(86.7%) of the respondents said "No" that the health has no funding to train health workers in the use of new equipment and machines in the hospital to prevent injuries, cuts, and pricks (occupational health hazards). Minority 4(13,3%) of the respondents said the health facility had funds to use to train health workers in the use of new equipment and machines in the hospital to prevent injuries, cuts, and pricks (occupational health hazards).

Table 12: If no funding, what do you do to prevent occupational health hazards? N = 26.

Variable	Frequency	Percentage (%)
If no funding, what do you do to prevent occupational health hazards		
Orienting new health workers on the hazards	7	23.3
CME on occupational health hazards	8	26.6
Nothing much is done to prevent hazards.	11	36.6
Total	**26**	**100**

Note: The number of respondents changed from 30 to 26 because not all respondents said that there is no money to fund the prevention of occupational health hazards.

Table 12 shows that 11(36.6%) of the respondents said Nothing much is done to prevent hazards, 8(26.6%) said having CME on occupational health hazards, and 7(23.3%) said orienting new health workers on the hazards.

Table 13: Known preventive measures in the health facility against health hazards N 30.

Variable	Frequency	Percentage (%)
Known preventive measures in the health facility to ensure safety Guard against health hazards.		
Continuous Medical Education	10	33.3
Having fire assembly points	6	20
Hand washing and maintaining hygiene	9	30
Using personal protective equipment	5	16.7
Total	**26**	**100**

Table 13, indicates that, majority -10(33%) of the respondents said continuing medical education helps to prevent occupational health hazards, 9(30%) said hand washing and maintaining hygiene and 6(20%) of the respondents said having fire assembly points prevents occupational health hazards, 5(16.7%) said using personal

Vol. 3 No. 1 (2026): January 2026 Issue

https://doi.org/10.51168/8rz20g46

Original Article

protective equipment prevents occupational health hazards.

Discussion of results.

Personal factors affecting the prevention and control of occupational health hazards by health workers

The majority, 12(40%) of the respondents were aged 20 - 25 years. These were junior health workers who participated in the study to learn more about the prevention of occupational health hazards. Almost the same report was given by Ibo (2019) in a study conducted in Namibia. He noted that health workers aged between 30 and 35 wanted to perform tasks in a kind and safe manner to prevent occupational health hazards. Minority 4(13.3%) of the respondents were in the age range of 32 – 36 years. These were senior health workers who participated in the study to share their knowledge on the prevention of occupational health hazards. In relation to other studies, Sanitah (2018), in a study done in Togo, noted that between 36 and 50 years old individuals' keenness and ability to perform tasks stabilize. This protects them from occupational health hazards and is a bit safer.

17(56.7%) of the respondents were female. They were interested in the study to ensure a safe working environment. In comparison with other studies, Snow et al (2020) noted that women are faced with a complex task to juggle multiple work and family role demands. At times, they are unable to balance the two, which often leads to undetected stressors. A few 13(43.3%) of the respondents were male. They participated in the study to reduce occupational health hazards because they were equally affected by such hazards in the workplace. Gray (2020) agrees with this statement, noting that men are equally at risk of occupational health hazards and there is a need to control such hazards. Half 15(50%) of the respondents were Nurses / Midwives. They turned up for the study to be more focused on the prevention of occupational health hazards. In a different study conducted in Liberia, health workers in rural health facilities were reluctant to follow universal precautions for handling medical specimens; most of them contracted infections from the microorganisms, and cross-infection was a serious occupational health hazard (Sattar et al, 2018). Minority 3(10%) of the respondents were others (auxiliary staff). They were reluctant to turn up for the study, yet were more exposed to occupational health hazards. Salvage (2019) documented the same results; he noted that Auxiliary staff were not following infection control measures and were more prone to occupational health hazards (Salvage, 2019). 17 (56.7%) of the respondents were married. These participants in the study shared their experience in managing occupational health hazards. In support of this statement, Austrom, Baldwin, and Macy (2019) in the West Indies noted that married employees were found to be more productive and had better health and safety records as opposed to their counterparts. They were behaving responsibly at work to prevent and control occupational health hazards. A small number, 3(10%) of respondents were cohabiting. These were not very stable at work, and some of them were newly recruited and were not well-experienced in the prevention of occupational health hazards. Contrary to this statement, Austrom (2018) remarked that marriage imposes increased responsibilities that make a job more valuable and important. Hence, increased efforts to prevent occupational health hazards.

The majority, 16 (53%) of the respondents were trained in preventing and controlling occupational health hazards. This prevented injuries and contracting infection in the workplace. A similar report was made in Guatemala by Salvage (2019). He noted that health workers were following the principles for universal precautions for handling medical specimens developed by the CDC. There were only a few incidents of contracting infectious diseases from specimens being investigated for diagnosis. Minority 14(47%) of the respondents were not trained in preventing and controlling occupational health hazards. This was one of the reasons why they were exposed to occupational health hazards. Contrary to this statement, Sattar et al (2018) noted that, despite training and being aware of precautions, most of the health workers contracted infections from the microorganisms and cross–infection. There was a serious occupational health hazard in rural health facilities in Liberia. Many 5(31.3%) of the respondents mentioned psychosocial hazards. This is true; WHO (2021) agrees with it. In a study done in Sub-Saharan Africa, psychological stress caused by time and work pressures is more prevalent in the workplace. 4(25%) said physical hazards. These are very common in the workplace. Diepgen (2019) had the same concern when he noted that approximately 30% of the health workers in Europe and between 50% and 70% in Asia are exposed to a heavy physical workload or ergonomically poor working conditions, involving lifting patients and moving heavy items, or repetitive manual tasks. A small number 1(6.3%) of respondents mentioned radiation hazards. These are also among the occupational hazards affecting people in the workplace. Similarly, Pruss et al (2021), in a study done in North America, noted that occupational health hazards in health facilities, such as ionizing and non-ionizing radiation, affect health workers. The majority, 16(53.3%) of the respondents were knowledgeable about disinfection to prevent and control the spread of microorganisms, which can cause infections (occupational health).

This helped to prevent occupational health hazards. Comparing with other studies, Pruss et al (2021) noted that Infectious diseases are the most prevalent occupational health effects in most African countries, yet some health workers lack knowledge on infection prevention. A

minority of 14(46.7%) of the respondents were not knowledgeable about disinfection to prevent and control the spread of microorganisms, which can cause infections (occupational health hazards). Similarly, Cowell (2021) noted that Junior health workers in Sierra Leone were not knowledgeable about proper disinfection and sterilization. They were using contaminated equipment and were exposed to infection as an occupational health hazard. The majority of 20(66.7%) of the respondents knew how to use protective equipment adequately. This helped in the prevention of occupational health hazards. In agreement with this statement, (2018) in a study conducted in Venezuela noted that health workers who were knowledgeable in the use of personal protective equipment like gloves, masks, helmets, safety boots, and protective glasses were less likely to sustain injuries, contract infections, and other occupational health hazards. Minority 10(33.3%) of the respondents didn't know how to use personal protective equipment adequately. This exposed the health worker to occupational health hazards. Similarly, Deceru (2019), in a study conducted in remote health facilities of Gabon, junior health workers were not knowledgeable about the use of personal protective equipment. They were fond of getting occupational health hazards.

Social–economic factors affecting the prevention and control of occupational health hazards by health workers.

The majority, 16(53.3%) of the respondents said "No" had no precautions in place for handling chemicals in the health facility to prevent burns and scalds. This exposed them to occupational health hazards. Contrary to this statement, Austrom (2018) documented that health workers had precautions in place for handling chemicals to prevent occupational health hazards. Minority 14(46.7%) of the respondents had precautions in place for handling chemicals in the health facility to prevent burns and scalds. This helped them to control and prevent occupational health hazards. Similarly, Rothschild (2019), in a study conducted in Cambodia, documented that health workers were taking occupational health hazards control and prevention very seriously. They had all the necessary resources to control and prevent occupational health hazards (Rothschild, 2019). The majority of 5(35.8%) of the respondents were using personal protective equipment (PPE) to prevent occupational health hazards.

This helped them to prevent occupational health hazards. Contrary to this statement, Deceru (2019), in a study conducted in remote health facilities of Gabon, noted that junior health workers were not knowledgeable about the use of personal protective equipment. They were fond of getting occupational health hazards. Minority 2(14.2%) of the respondents said, "Practicing hazards communication prevents hazards from chemicals". This is true, and it's one of the strategies in the prevention of occupational health hazards. Similarly, Carayon (2016) remarks that leaders who invest time and energy in developing clear lines of communication reduce the rate and number of accidents and occupational hazards in general. The majority, 20(67%) of the respondents said there was no money to buy fire extinguishers to put out fires in case of a fire outbreak in the health facility. This was hindering the prevention of occupational health hazards. Similarly, Mwedha (2018), in a different study conducted in the Democratic Republic of Congo, revealed that health workers were more exposed to occupational health hazards because they had limited resources and were not committed to preventing and controlling occupational health hazards (Mwedha, 2018). Minority 10(33%) of the respondents said there was money to buy fire extinguishers to put out fires in case of a fire outbreak in the health facility. This helped in the prevention of occupational health hazards. In support of this statement, Rothschild (2019) noted that fire extinguishers were readily available to stop the fire and prevent occupational health hazards.

A majority of 25(83.3%) of the respondents said the health facility has no resources allocated for a policy on occupational hazards. This was hindering the prevention of occupational health hazards. Similarly, Machumi (2018), in a study conducted in Burundi, noted that many public and private health facilities are constrained by resources, and inadequate funds are allocated to training and control of occupational health hazards, which is why health workers mostly acquire infections from patients. Minority 5(16.7%) of the respondents said "yes." There is a policy on occupational hazards. This is his favored prevention of occupational health hazards. Almost the same report was made by Lindquist (2021) in a study done in South Africa. Health workers in Modern private health facilities were capable of preventing occupational health hazards in health facilities because health facilities were following good policies. The majority, 26(86.7%) of the respondents said "No", the facility had no funding to train health workers in the use of new equipment and machines in the hospital to prevent injuries, cuts, and pricks (occupational health hazards). This hurts the prevention of occupational health hazards. Similarly, Machumi (2018), in a study conducted in Burundi, noted that many public and private health facilities are constrained by resources.

Inadequate funds are allocated to training and control of occupational health hazards, which is why health workers mostly acquire infections from patients. Minority 4(13,3%) of the respondents said the health facility had funds to use to train health workers in the use of new equipment and machines in the hospital to prevent injuries, cuts, and pricks (occupational health hazards). This favored the prevention of occupational health hazards. The same

analysis was made by Carayon (2019) in a study done in Tokyo, Japan, which noted that there is a very close relationship between occupational health and safety and the use of machines. Training in the use of new machines and equipment was well funded. The majority, 11(36.6%) of the respondents said nothing much is done to prevent hazards. This is one of the reasons why some health workers were affected by occupational health hazards. Contrary to this statement, Lindquist (2021) noted that most of the health workers in modern private health facilities of South Africa are capable of preventing occupational health hazards in health facilities. A few 7(23.3%) of the respondents said orienting new health workers on the hazards. Prevents such hazards. This helped the newly recruited health workers to prevent hazards at work. Contrary to this statement, Cohen and Colligan (2018), in a study conducted in Indonesia, noted that health workers with inadequate orientation in the use of machinery always sustain injuries at work.

A majority of 10(33%) of the respondents said continuing medical education helps to prevent occupational health hazards. This is true. It prevented health workers from contracting infections and injuries at work. In agreement with this statement, Ibo (2019), in a study conducted in Namibia, noted that the ability to perform tasks in a keen and safe manner prevents occupational health hazards. This was related to continuing medical education to prevent occupational health hazards. Minority 5(16.7%) of the respondents said using personal protective equipment prevents occupational health hazards. This is right, and it helped health workers to prevent occupational health hazards. Similarly, Lipscomb (2018). A study conducted in Venezuela stated that health workers who were knowledgeable in the use of personal protective equipment like gloves, masks, helmets, safety boots, and protective glasses were less likely to sustain injuries, contract infections, and other occupational health hazards. Lipscomb (2018).

Conclusion.

Personal factors: Junior health workers (20-25 years) were interested in learning about prevention, while senior health workers (32-36 years) shared their knowledge. Older individuals (36-50 years) were more experienced and had a better ability to perform tasks safely. Both male and female health workers were equally affected by occupational health hazards, with women facing additional challenges in balancing work and family roles. Nurses/Midwives showed more focus on prevention, while auxiliary staff were more reluctant to participate and follow infection control measures. Married health workers demonstrated more responsible behavior in preventing occupational health hazards compared to those who were cohabiting.

Socio-economic factors: Trained health workers were more knowledgeable and better equipped to prevent and control occupational health hazards. Health workers had varying levels of knowledge about different occupational health hazards, such as psychosocial, physical, and radiation hazards. Adequate knowledge and use of personal protective equipment (PPE) helped in preventing occupational health hazards. Lack of precautions and limited resources hindered the prevention of hazards related to chemicals. Insufficient funding and resources affected training, the availability of fire extinguishers, and the implementation of policies on occupational hazards.

Limitations of the research

The number of respondents was to be affected by a lack of enough money to fund the process of data collection.

Recommendations.

The Ministry of Health should develop targeted educational programs for health workers to enhance their knowledge about prevention strategies for occupational health hazards. Encourage senior health workers to actively share their knowledge and experiences with their colleagues, fostering a culture of continuous learning and knowledge exchange.

The Ministry of Health should design specific programs to address the challenges faced by female health workers in balancing work and family roles, ensuring they receive adequate support and accommodations.

Maddu Health Centre IV should focus on raising awareness among auxiliary staff about the importance of infection control measures and the role they play in preventing occupational health hazards.

Acknowledgement.

I thank God for having enabled me to complete this course successfully; I wish to extend my sincere gratitude to Lubaga Hospital Training School, Lubaga Hospital, the Principal Tutor and all Tutors, and my family members for the support and direction you have given me to complete this course.

Special thanks go to my mother, thanks for the love, care, and support you have ever given me. I also thank my Tutors who have mentored me up to this level, Sr. Namukwaya Jane, Sr. Mukomuzibu Claire, and Sr. Babirye Magdalen Mutaasa. Mr. Kakande Nelson and Rev Sr. Nammuddu Jane Frances. Thank you for your tireless efforts to make me what I am today. I can't forget to thank my friends and classmates.

God's blessing to all of us.

List of abbreviations

UDHS: Uganda Demographic and Health Survey
UNICEF: United Nations Children's Emergency Fund
UNMEB: Uganda Nurses and Midwives Examination

Board
WHO: World Health Organization.

Source of funding.
There is no source of funding.

Conflict of interest.
The authors declare no conflict of interest.

Availability of data.
Data used in this study are available upon request from the corresponding author.

The author's contribution.
MN designed the study, conducted data collection, cleaned and analyzed data, and drafted the manuscript, and JN supervised all stages of the study from conceptualization of the topic to manuscript writing.

Author's biography.
Margaret Nabukeera is a student of a diploma in nursing at Lubaga Hospital Training School.
Jane Namukwaya is a research supervisor at Lubaga Hospital Training School.

References.
1. Austrom Rizzo, J. R., House, R. J., & Lirtzman, S. I. (2018). Role conflict and ambiguity in complex organizations. Administrative Science Quarterly, 15, 150 - 163. https://doi.org/10.2307/2391486
2. Carayon Vree, Bosma, R., Willems, Barbosa, M. J. (2019). Towards industrial products from microalgae. Energy & Environmental Science, Tokyo - Japan 9(10), 3036-3043. https://doi.org/10.1039/C6EE01493C
3. Cohen and Colligan, Salgado, J. F. (2018). The five-factor model of personality and job performance in the Indonesian community. Journal of Applied Psychology, 82, 30. https://doi.org/10.1037//0021-9010.82.1.30
4. Cowell Sheba, H. (2021). A Study of Effectiveness of Training and Development Programmes of UPSTDC, India - An analysis, Sierra Leone. Journal of Tourism and Heritage, Vol . 4 (1), 1.
5. Deceru, Simiyu, W. W., & Cholo, S. (2019). Dynamics of occupational injuries among metal workers in Gabon. International Journal of Academic Research and Development Volume 1; Issue 12, 1-7.
6. Diepgen, Snow, D., Swan, S., Raghavan, (2019). The relationship of work stressors, coping, and social support to psychological symptoms among female secretarial employees. 241-263. https://doi.org/10.1080/02678370310001625630
7. Gray Włoszczak A., Niemcewicz M. (2020). Injuries caused by sharp instruments among healthcare workers: international and Polish perspectives. Hospital and Environmental Medicine.
8. Ibo A. K., Essenmacher, L., Hamblin, L. (2019). Management Commitment to Safety, Teamwork, and Hospital Worker Injuries. Namibia Journal of Hospital Administration, 5(6), 46-52 https://doi.org/10.5430/jha.v5n6p46
9. Kimeze, R. Angio Rose (2018) Uganda The Impact of Occupational Health and Safety Measures on Employee Performance at the Southern Uganda Journal of Medical Research.
10. Lindquist, Oyeyemi, and A. A. Fabunmi, (2021) "Work-related musculoskeletal disorders among nurses in Ibadan, South Africa: a cross-sectional survey," BMC Musculoskeletal Disorders, vol. 11, article 12, 2021.
11. Lipscomb, Adib-Hajbaghery, and M. S. Lotfi (2018). "Behavior of health care workers after injuries from sharp instruments," Trauma Monthly, in Venezuela.
12. Machumi, Fujishiro, (2018) "Occupational health and safety issues among nurses in Burundi," AAOHN Journal, vol. 57, no. 4, pp. 149-157, https://doi.org/10.1177/216507990905700405
13. Manyele, Pearson, C. N. Shapiro, (2020) "Guideline for infection control in healthcare personnel, 2020. Hospital Infection Control Practices Advisory Committee," Infection Control and Hospital.
14. Mwedha P. K. Triolo (2018) "Occupational health hazards of hospital staff nurses. Part II: physical, chemical, and biological stressors," Democratic Republic of Congo Journal, vol. 37, no. 7, pp. 274-279, 2018. https://doi.org/10.1177/216507998903700704
15. Pruss Ponciano, L., Brasileiro, F., Andrade, N., & Sampaio, L. (2020). Considering human aspects in strategies for designing and managing distributed human computation.
16. Rothschild, Lipscomb, and L. Rosenstock (2019). "Healthcare workers: protecting those who protect our health," Infection Control and Hospital Epidemiology, vol. 18, no. 6, pp. 397-399, 2019 https://doi.org/10.1086/647637
17. Rothschild, Geiger-Brown, and B. Brady (2019) "Work-schedule characteristics and reported musculoskeletal disorders of registered nurses," Scandinavian Journal of Work, Environment and Health, vol. 28, no. 6, pp. 394-401, 2019.

https://doi.org/10.5271/sjweh.691

18. Salvage Trinkoff, J. Geiger-Brown, B. Brady, J. (2019) "How long and how much are nurses now working?" The Guatemala Journal of Nursing, vol. 106, no. 4, pp. 60-72. https://doi.org/10.1097/00000446-200604000-00030
19. Sanitah Samar, A. N. Canton, and P. W. Stone, (2018) "The prevalence and risk factors for percutaneous injuries in registered nurses in the home health care sector," The Togo Journal of Infection Control, vol. 37.
20. Sattar Landrigan, et al (2018) "Effects of health care provider work hours and sleep deprivation on safety and performance," Joint Commission Journal on Quality and Patient Safety, vol. 33, no. 11, supplement, pp. 7-18, 2018 https://doi.org/10.1016/S1553-7250(07)33109-7
21. Snow, Swan, Raghavan, Connell, and Kleins M. van der Hulst (2020) "Long work hours and health," Scandinavian Journal of Work, Environment and Health, vol. 29.
22. WHO (2021) A new conceptual framework to improve the application of occupational health and safety management systems in Sub-Saharan Africa?

Publisher Details:

SJC PUBLISHERS COMPANY LIMITED

SJC Publishers Company Limited
TODAY AND TOMORROW

Catergory: Non Government & Non profit Organisation
Contact: +256 775 434 261 (WhatsApp)
Email:info@sjpublisher.org or studentsjournal2020@gmail.com
Website: https://sjpublisher.org
Location: Scholar's Summit Nakigalala, P. O. Box 701432,Entebbe Uganda, East Africa