

Relationship Between Occupational Health and Safety Practices and Job Satisfaction among Health Care Workers at North Kinangop Catholic Hospital in Nyandarua County, Kenya

Virginia N. Kago¹, Michel Mutabazi²

¹Tangaza University, Centre for Leadership and Management, Kenya

²Amref International University, Department of Health Systems Management and Development, Kenya

DOI: <https://doi.org/10.51244/IJRSI.2025.1215PH000228>

Received: 18 December 2025; Accepted: 25 December 2025; Published: 01 January 2026

ABSTRACT

Healthcare workers are exposed to various occupational hazards including infectious diseases, chemical exposures, ergonomic risks, and workplace violence, which significantly compromise their safety and wellbeing. Despite being frontline providers of essential healthcare services, these workers often experience inadequate occupational health and safety support, leading to increased injury rates, burnout, and reduced job satisfaction. At North Kinangop Catholic Hospital in Nyandarua County, Kenya, healthcare workers faced multiple occupational risks that threatened their physical and mental health, potentially affecting both workforce retention and quality of patient care. A critical knowledge gap existed regarding how occupational health and safety practices influence job satisfaction in resource-constrained healthcare settings. The main objective of this study was to assess the relationship between occupational health and safety practices and job satisfaction among health workers at North Kinangop Catholic Hospital in Nyandarua County, Kenya. Specifically, the study evaluated the level of occupational health and safety practices implemented at North Kinangop Catholic Hospital, assessed the level of job satisfaction among healthcare workers at North Kinangop Catholic Hospital, and determined the relationship between occupational health and safety practices and job satisfaction among healthcare workers at North Kinangop Catholic Hospital. In this cross-sectional study, data were collected from 83 healthcare workers at North Kinangop Catholic Hospital using structured questionnaires with Likert scales. Statistical analysis was conducted using SPSS version 27 to determine correlations between occupational health and safety practices and job satisfaction levels among the healthcare workers. Results revealed generally positive perceptions of OHS practices, with 74.7% of respondents agreeing or strongly agreeing to emergency preparedness training, and 68.7% expressing satisfaction with OHS policy understanding. Personal Protective Equipment usage showed strong compliance (81.9% agreement), while 81.9% confirmed timely PPE delivery. Regarding job satisfaction, 75.9% were satisfied or highly satisfied with their work, and 90.4% reported safe physical working conditions. However, areas of concern included satisfaction with promotion criteria (62.2% satisfied) and with medical insurance (44.6% satisfied). The study found that healthcare workers at North Kinangop Catholic Hospital who experienced better workplace safety practices also reported higher job satisfaction. Strong OHS implementation, particularly in emergency preparedness (74.7% agreement) and PPE (81.9% compliance), correlated with high job satisfaction levels (75.9% satisfied). The overall mean score for OHS practices was 81.53 (SD = 13.54), while the overall mean score for job satisfaction was 81.51 (SD = 12.23). Results showed a strong correlation between OHS practices and job satisfaction, indicating that better safety practices are linked to higher employee satisfaction. The study recommended to strengthen transparency in promotion criteria, improve medical insurance coverage, enhance employee orientation, regularly conduct hazard identification, enforce psychological safety, align salary to economic situation in the country and implement internal pay equity.

Keywords: Occupational Health and Safety, Practices, Job, Satisfaction, Healthcare Workers, Hospital, Public Health

INTRODUCTION

Occupational Health and Safety (OHS) is a critical component in maintaining safe working conditions,

especially in healthcare environments where staff are routinely exposed to a variety of hazards. These include infectious agents, extended work shifts, physical injuries, and psychological pressures. Ensuring effective OHS systems is therefore vital for protecting workers' well-being and enhancing their overall productivity (WHO, 2020).

Job satisfaction plays a central role in shaping employee performance, motivation, and retention, particularly in the healthcare sector. It is influenced by factors such as the physical work environment, remuneration, peer relationships, and opportunities for career progression (Herzberg, 1966). Evidence from various studies suggests that workplace safety significantly influenced job satisfaction, which in turn contributed to improved healthcare service delivery and better patient outcomes. Research carried out in the Netherlands by Van der Voordt and Jensen (2023) emphasized that supportive and health-conscious work environments led to greater employee contentment and efficiency while also lowering operational costs, thus benefiting both employees and employers. Alshammari and Alenezi (2023), through a study in Saudi Arabia, demonstrated that elements such as technological support, social encouragement, and confidence-building measures positively impacted nurses' job satisfaction and enhanced the quality of patient care.

Similar patterns were observed in African healthcare settings. For instance, Musoke et al. (2015) investigated occupational hazards in Ugandan health facilities and concluded that addressing exposure risks and resource shortages led to improved worker morale and the overall quality of care provided. In the Kenyan context, healthcare professionals encountered numerous challenges linked to occupational safety, such as insufficient access to personal protective equipment (PPE), contact with hazardous materials, and workplace violence. These issues contributed to staff dissatisfaction, emotional exhaustion, and frequent turnover, which negatively affected healthcare delivery. At North Kinangop Catholic Hospital, these concerns were also evident. As with many healthcare institutions in the country, the well-being and satisfaction of workers were essential to ensuring the delivery of reliable and high-quality care. Staff at the facility encountered various health and safety concerns that had the potential to undermine their job satisfaction. Such occupational challenges contribute to increased staff turnover, frequent absenteeism, and reduced efficiency, all of which pose a threat to the overall quality of patient care. Although job satisfaction is widely recognized as essential to building a competent and committed healthcare workforce, the link between occupational health and safety practices and job satisfaction has not been thoroughly examined in many rural healthcare facilities across Kenya. Understanding how occupational health and safety practices influenced job satisfaction was therefore necessary for guiding the development of effective health and safety policies and fostering a more satisfied and motivated workforce for quality service and better health outcomes.

This study aimed to evaluate the relationship between occupational health and safety practices and job satisfaction among healthcare workers at North Kinangop Catholic Hospital in Nyandarua County, Kenya. The specific objectives were:

1. To examine the extent to which occupational health and safety practices were implemented at North Kinangop Catholic Hospital.
2. To assess the level of job satisfaction experienced by healthcare workers at North Kinangop Catholic Hospital.
3. To analyse the association between occupational health and safety practices and job satisfaction among healthcare workers at North Kinangop Catholic Hospital.

LITERATURE REVIEW

This study was grounded in the Job Demands-Resources (JD-R) Theory, originally developed by Demerouti et al. (2001). This theory offered valuable insight into how different aspects of the work environment influenced employee performance, satisfaction, and overall well-being. It was centred on two core elements: job demands and job resources, both of which significantly affected how employees experienced their roles. Job demands referred to the physical, emotional, and psychological efforts required to fulfil work responsibilities. In the healthcare context, these demands included exposure to occupational hazards, inadequate safety protocols, and limited training opportunities. When such demands were high and unmanaged, they often resulted in elevated stress levels, job dissatisfaction, and burnout. In contrast, job resources referred to the tools, support systems, and development opportunities that enabled workers to cope with job demands and thrive in their roles.

Examples of such resources included access to personal protective equipment (PPE), mental health support, and a safe, well-equipped work environment. These resources not only mitigated the adverse effects of job demands but also contributed to increased employee motivation and satisfaction. The JD-R Theory aligned closely with the objectives of this study, which sought to assess how OHS practices influenced job satisfaction among healthcare workers. Previous research supported the relevance of this framework; for example, Bakker and Demerouti (2007) found that sufficient job resources could enhance employee engagement and well-being, even in high-demand settings. Hakanen et al. (2008) further emphasized that an abundance of workplace resources could initiate positive feedback loops, where staff felt more engaged, motivated, and productive. The JD-R Theory provided a foundational lens through which the relationship between OHS measures and job satisfaction at North Kinangop Catholic Hospital was analysed. By focusing on the availability and effectiveness of job resources, such as safety policies and staff training, this framework helped explain how healthcare workers managed occupational challenges and how these experiences shaped their overall job satisfaction. Ultimately, the theory reinforced the significance of fostering a safe and resource-rich work environment to enhance both employee well-being and service delivery in the healthcare sector.

Occupational Health and Safety practices play a vital role within healthcare settings, where workers were routinely exposed to a wide range of occupational hazards. These include infectious diseases, physical injuries, and psychological strain. Such risks highlighted the necessity of implementing effective OHS strategies, not only to protect the health of employees but also to enhance their job satisfaction. Empirical evidence indicated that countries with more advanced healthcare systems placed a strong emphasis on OHS protocols, which in turn resulted in improved outcomes for healthcare personnel and other stakeholders. For instance, a study conducted by Smith et al. (2021) in the United States and Germany demonstrated that measures such as the provision of personal protective equipment, access to mental health services, and routine safety training significantly boosted healthcare workers' satisfaction and job performance. Although these findings reflected successful models, international studies emphasized the need to tailor OHS interventions to align with the unique organizational and cultural contexts of each setting to maximize their impact (Adeyemi & Afolabi, 2020). This consideration was particularly important in low-resource countries, where financial and infrastructural limitations frequently obstructed the full implementation of OHS policies, leading to decreased morale and reduced efficiency among healthcare staff (Ngobi et al., 2022).

Across Africa, the advancement of OHS practices remained uneven, marked by notable progress in some areas but persistent barriers in others. Economic hardships and underdeveloped infrastructure continued to impede the adoption of comprehensive safety measures in many healthcare institutions. A study by Adeyemi and Afolabi (2020) in Nigeria highlighted significant disparities between urban and rural healthcare environments. Urban facilities generally had greater access to equipment and showed higher adherence to OHS standards, while rural counterparts often struggled with limited supplies and a lack of safety training for their staff. Nonetheless, the research revealed that institutions which prioritized regular safety audits and hazard-awareness programs reported measurable improvements in job satisfaction among employees. In contrast, South Africa made noteworthy improvements in strengthening workplace safety within its public healthcare sector. Mkhize and Zondo (2021) examined public hospitals in Johannesburg and reported the successful implementation of structured safety initiatives. These included injury reporting systems and psychological support services, both of which contributed to increased job satisfaction and helped reduce staff turnover. However, the inconsistent application of such measures across various regions of the continent remained a significant concern (Mkhize & Zondo, 2021). More studies emphasized the critical need for strengthening occupational health and safety regulations and ensuring their effective enforcement. For instance, a study by Kahwa et al. (2021) conducted in Tanzania reported significant benefits from interventions such as the distribution of personal protective equipment and the implementation of regular safety drills. Healthcare facilities that adhered to these measures experienced a noticeable improvement in job satisfaction, with staff expressing greater confidence in their workplace safety standards. Similarly, in Uganda, progress had been made in enhancing safety practices. According to Ngobi et al. (2022), initiatives such as infection control training and educational awareness campaigns significantly lowered occupational risks, which in turn boosted employee morale. These findings highlighted the critical role of education and communication in the successful implementation of OHS practices. Although there were promising outcomes, persistent challenges, especially those related to resource allocation continued to hinder the full realization of OHS objectives. A study conducted by Wanjiku et al. (2023) at North Kinangop Catholic Hospital in Nyandarua County found

that while staff struggled with concerns such as limited access to mental health support and inadequate waste management systems, the introduction of structured OHS policies brought notable improvements. A large proportion of studies focused primarily on urban healthcare centres, leaving smaller and rural institutions relatively understudied. There was a lack of data regarding how economic, institutional, and cultural factors shaped the implementation of OHS practices at North Kinangop Catholic Hospital. Addressing these knowledge gaps could offer a more nuanced understanding of how to design and apply safety interventions that effectively improve both workplace safety and job satisfaction among healthcare workers in rural settings.

As far as job satisfaction is concerned, flexible work arrangements, sufficient rest periods, and policies that supported work-life balance positively influenced job satisfaction (ILO, 2021). Conversely, when there was an imbalance between professional responsibilities and personal life, stress levels often increased, resulting in reduced productivity (Herzberg, 1966). Supportive leadership, open communication channels, and the acknowledgment of employees' contributions were also found to foster a positive workplace culture, which in turn enhanced overall job satisfaction (Aiken et al., 2018).

The relationship between Occupational Health and Safety (OHS) and job satisfaction had become an increasingly important area of focus, particularly within the healthcare sector, where employees frequently operated in high risk and high-pressure environments. Global studies revealed that healthcare workers' satisfaction was closely linked to the effectiveness of safety management in their workplaces. For instance, Çivilidağ et al. (2024) observed that during the COVID-19 pandemic, deficiencies in protective measures such as the lack of personal protective equipment (PPE) and inadequate infection control practices contributed significantly to increased stress and burnout. These shortcomings were found to negatively impact job satisfaction, with healthcare workers expressing feelings of frustration and disengagement when safety protocols were poorly implemented or entirely lacking. Similarly, findings by Mekonnen et al. (2023) supported the notion that unsafe working conditions had a detrimental effect on job satisfaction among healthcare professionals. Their international study indicated that continuous exposure to occupational hazards including biological risks, improper disposal of medical waste, and malfunctioning equipment eroded healthcare workers' trust in their institutions. Many participants in the study attributed their psychological stress, diminished motivation, and intent to leave their positions to the persistent lack of safety measures in their work environments. In many African contexts, the challenges encountered by healthcare workers were intensified by systemic underfunding and limited access to essential resources. Afulani et al. (2021), in their study conducted across Kenya and Ghana, discovered that over one-third of healthcare workers expressed dissatisfaction with their jobs, with occupational health and safety (OHS) concerns emerging as a leading cause. The research revealed that inadequate OHS standards characterized by frequent shortages of personal protective equipment (PPE), insufficient emergency preparedness, and heavy workloads due to staffing shortages were major contributors to dissatisfaction. The findings highlighted the urgent need for investments in protective equipment, ongoing staff training, and mental health resources as key strategies to reduce burnout and improve job satisfaction within African healthcare systems. In a related study, Bello and Adegoke (2022) investigated the connection between OHS conditions and job satisfaction among nurses in Nigeria's tertiary hospitals. The results showed that those working in environments with poor safety provisions such as regular exposure to needle-stick injuries, ineffective waste management systems, and lack of safety drills were significantly more likely to report low job satisfaction. The authors concluded that employees' perception of workplace safety played a vital role in determining morale, productivity, and retention, with unsafe environments directly contributing to higher turnover intentions.

Recent studies conducted in Kenya echoed these concerns. Lifuleze et al. (2025), in their examination of public hospitals within Nairobi County, found that healthcare workers' satisfaction was closely tied to the quality and availability of OHS provisions. Access to adequate PPE, reliable medical equipment, efficient waste disposal systems, and essential amenities such as running water and clean sanitation facilities emerged as key factors that influenced job satisfaction. In the absence of these provisions, healthcare workers reported feeling undervalued and demotivated, leading to widespread dissatisfaction. Additional insights were provided by Njuguna and Otieno (2022), who focused on rural healthcare facilities. Their study revealed that OHS implementation in rural areas was often neglected. Many of these facilities lacked regular safety training, access to basic protective equipment, and clear safety guidelines. This neglect exposed healthcare professionals to occupational hazards and was strongly associated with diminished morale and increased

intentions to leave their positions. Although limited empirical research had been conducted specifically at North Kinangop Catholic Hospital in Nyandarua County, neighbouring regions offered relevant comparative data. For example, Muriithi et al. (2023) assessed healthcare institutions in Nyeri County and reported that job satisfaction among healthcare workers improved significantly in facilities where OHS programs were well-developed and consistently enforced. Conversely, staff working under poor OHS conditions marked by inadequate training, insufficient protective supplies, and deteriorating infrastructure reported feeling overlooked and dissatisfied. These findings underscored the importance of healthy OHS policies in shaping employee motivation, satisfaction, and retention even at the county level.

The conceptual framework in Figure 1 below shows the relationship between occupational health and safety and job satisfaction variables

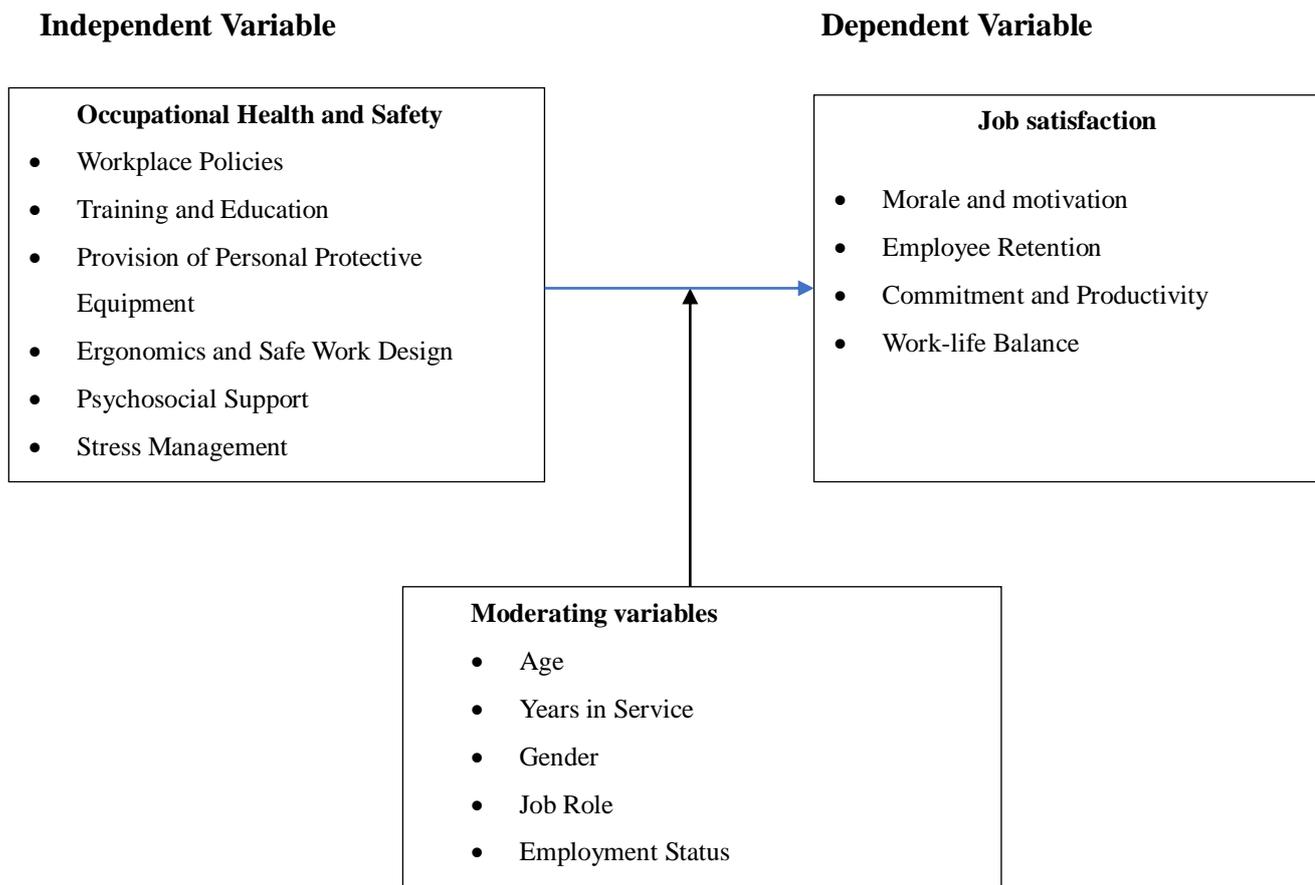


Figure 1: Conceptual Framework

METHODOLOGY

A correlational survey design was selected. This non-experimental design allowed the researcher to examine the relationships between variables without manipulating them (Creswell & Creswell, 2018). Data collection was carried out using standardized questionnaires

The location of the study was North Kinangop Catholic Hospital which is a faith-based medical facility operating under the Catholic Diocese of Nyahururu. It is situated on the Kinangop Plateau in Nyandarua County, near the Aberdare Ranges, approximately 130 kilometres from Nairobi and about 30 kilometres from Naivasha. The hospital’s mission focuses on alleviating human suffering, promoting wellness, and restoring health by delivering both curative and preventive healthcare services at affordable rates to those in need. In its dedication to improving healthcare delivery, the hospital aimed to provide emotional comfort and reassurance to patients, recognizing the depth of their suffering while responding to their spiritual and psychological needs with compassion and solidarity. North Kinangop Catholic Hospital was officially founded on August 22, 1965. The facility was established with the intention of providing essential healthcare services to the residents of

Nyandarua County. Initially, it functioned as a modest health centre with a capacity of only 25 beds and was managed by priests in collaboration with a congregation of sisters. Over time, the hospital expanded substantially and developed into a larger institution with a bed capacity exceeding 300. It served an estimated population of 180,000 people, delivering Level 4 healthcare services along with selected specialized services categorized under Level 5 care in the Kenya’s health system. These include advanced services in orthopaedics, gynaecology, urology, ENT (ear, nose, and throat), ophthalmology, as well as modern diagnostic and treatment technologies.

The study specifically concentrated on a sample of 83 healthcare workers drawn from different departments within the hospital using stratified random sampling. This group included doctors, nurses, laboratory technicians, and pharmacists who were directly involved in delivering patient care. The sample of more than 30 participants is considered a large sample in Statistics and 83 participants are far more than 10% of all the hospital employees (N = 350) and therefore 83 is an acceptable sample for meaningful quantitative analysis.

Table 1: Population and Sample Size

Category	Population (N)	Sample Size(n)
Medical Practitioners	51	12
Nursing Staff Members	177	42
Allied Healthcare Professionals	84	20
Support Personnel	38	9
Total	350	83

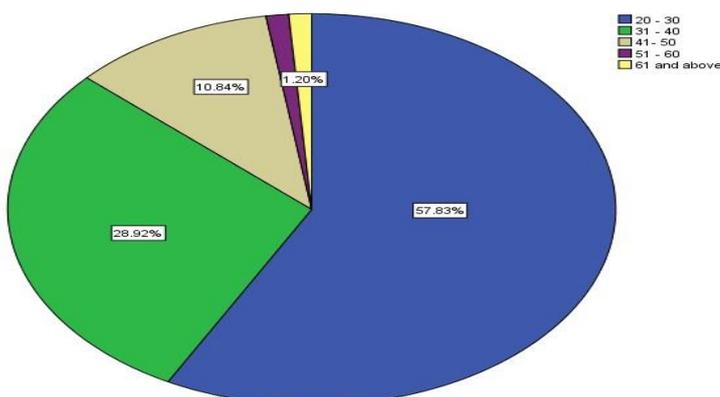
An Occupational Health and Safety scale, adapted from contemporary literature, was used to assess the health and safety standards within the work environment. This scale covered aspects including the availability of safety equipment, exposure to occupational hazards, adequacy of safety training, management’s responsiveness to safety issues, and the general safety climate of the workplace. Participants responded to these items using a 5point Likert scale, where higher ratings signified better perceptions of OHS practices. In addition, the study employed a Job Satisfaction Survey modelled after validated tools such as Spector’s scale (1985). This study measured job satisfaction across various facets of employment, including remuneration and benefits, work-life balance, supervisory relationships, collegial interactions, and fulfilment with job roles. It also utilized a 5-point Likert scale, with higher scores indicating greater job satisfaction. The descriptive statistics and correlation coefficient were calculated during data analysis using SPSS version 27.

Before data collection, the ethical approval was obtained and the research permit was granted by the National Commission for Science, Technology, and Innovation. Informed consent, confidentiality, anonymity, and other ethical principles were observed during and after data collection.

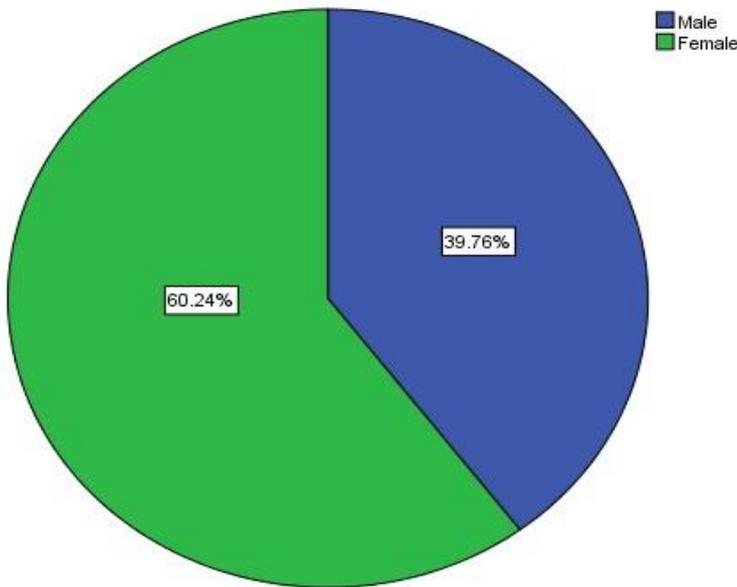
RESULTS

Socio-Demographic Characteristics

Figure 2 below shows the age of the health care workers who participated in the research.

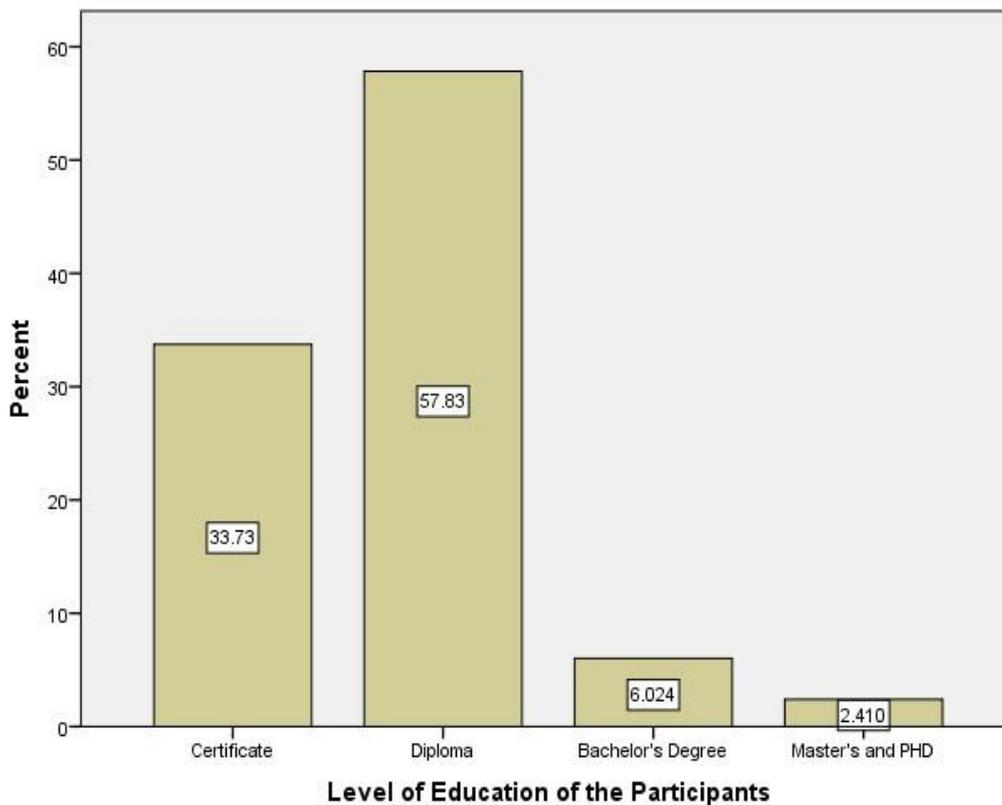


Out of the 83 participants, majority of participants, 48 (57.8%), were aged between 20 and 30 years, while the smallest groups, each with 1 participant (1.2%), were aged between 51–60 years and 61 years and above. Figure 3 below shows the gender of the participants in this research.



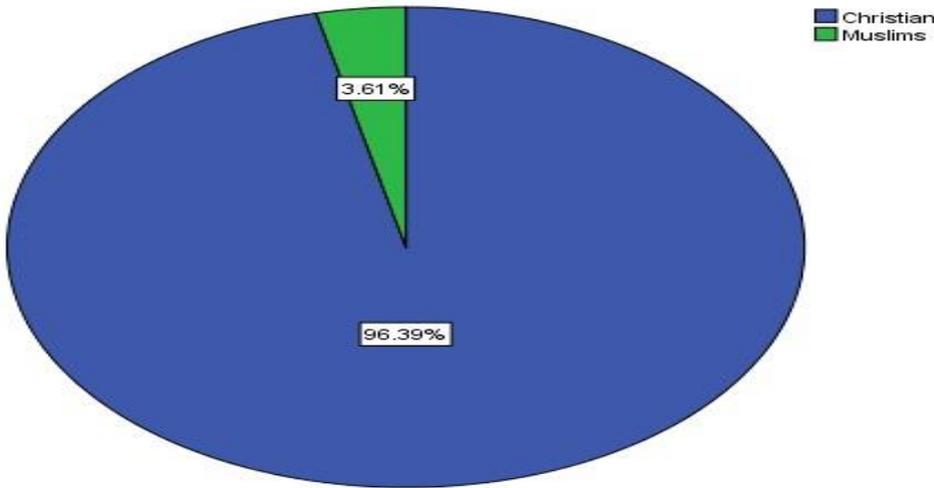
Majority were female, accounting for 60.24% of the respondents, while male participants made up 39.76%.

Figure 4 below shows the education level of the participants in the study.



Most participants, 48 (57.8%), possessed a Diploma, whereas the least represented group, 2 (2.4%), had attained a Master's or PhD qualification.

Figure 5 illustrates the religious affiliation of a population under study.



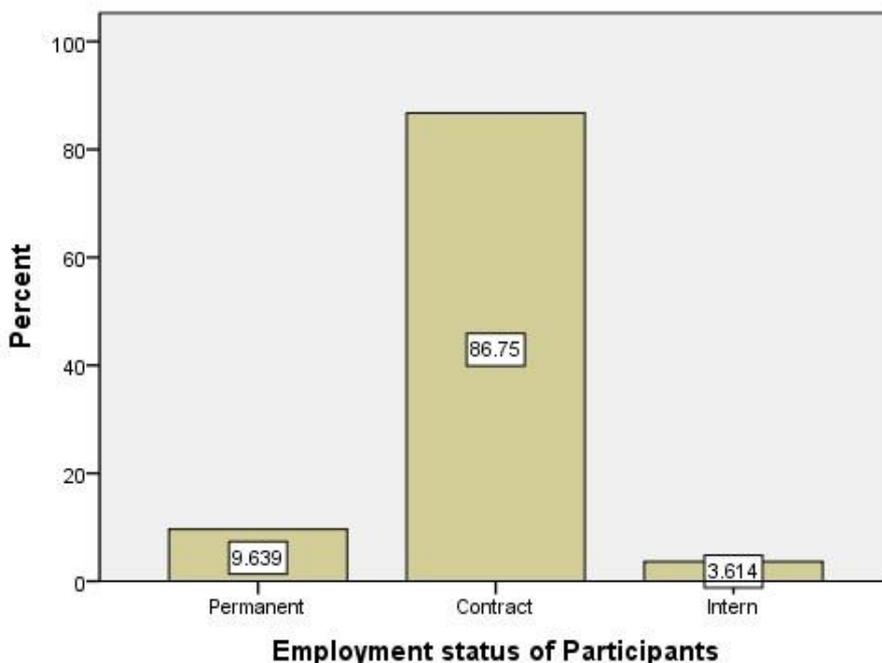
Christians formed the vast majority, with 80 participants (96.4%), while Muslims were a small minority, with 3 participants (3.6%).

Table 2 below demonstrates the experience in years of the participant in the study in the hospital.

Years	F	%	Cumulative Percent
0 – 5	53	63.9	63.9
6 – 10	18	21.7	85.5
11-15	5	6.0	91.6
16 – 20	3	3.6	95.2
21 and above	4	4.8	100.0
Total	83	100.0	

Majority of participants, 53 (63.9%), had 0–5 years of experience, while the smallest group, 3 (3.6%), had 16–20 years of experience.

Figure 6 below shows the employment status of the participants of the study.



Majority of respondents, 72 (86.8%), were employed on contract either for three years or one year while permanent employees accounted for 8 (9.6%), and interns who had worked at least 6 months at the hospital made up the smallest group with 3 (3.6%).

Results on Occupational Health and Safety Practices

Table 3 Policy Framework and Awareness among health workers

Response Category	Healthcare personnel have been adequately trained in emergency preparedness and response procedures	OHS policies and objectives are clearly understood by hospital staff	Staff are actively encouraged to participate in OHS education and awareness programs	OHS policies, guidance, and communication are clear and easy to understand
	F	P	F	P
Strongly Disagree	2	2.4	2	2.4
Disagree	5	6.0	8	9.6
Neutral	14	16.9	16	19.3
Agree	30	36.1	24	28.9
Strongly Agree	32	38.6	33	39.8
Total	83	100.0	83	100.0

Majority (70% to 80%) agree or strongly agree with the awareness of policy framework for OHS at the hospital. However, between 20% and 30% did not agree nor strongly agree with the statements about adequate training, OHS objectives and awareness of policies.

Table 4 Policy Framework and Awareness

Response Category	Employees have obtained appropriate instruction to ensure work is conducted safely and healthily	Employees are supported to engage actively and ask questions during OHS meetings and learning sessions	New employees receive proper orientation on OHS policies and procedures	I know what to do in case of a workplace emergency (e.g., fire, injury)
	F	%	F	%
Strongly Disagree	2	2.4	2	2.4
Disagree	2	2.4	2	2.4
Neutral	7	8.4	15	18.1
Agree	37	44.6	27	32.5
Strongly Agree	35	42.2	37	44.6
Total	83	100.0	83	100.0

Most employees reported receiving clear instructions to work safely, with 72 (86.8%) agreeing or strongly agreeing. New employee orientation on OHS policies was somewhat lower but still positive, with 57 (68.7%) agreeing or strongly agreeing.

Participants generally had a positive view of occupational health and safety (OHS). The average scores for training in emergency preparedness, knowledge of OHS policies, encouragement to engage in OHS education, and clarity of OHS policies ranged from 3.94 to 4.06, reflecting agreement or strong agreement.

Table 5 Implementation of Safety Measures

Response Category	The use of Personal Protective Equipment is strictly enforced in all relevant hospital areas	The hospital supports improvement programs with sufficient resources to ensure safety	Departmental heads are involved in monitoring the implementation of OHS policies	Hazard identification and risk assessment are regularly conducted
	F	%	F	%
Strongly Disagree	1	1.2	2	2.4
Disagree	4	4.8	2	2.4
Neutral	10	12.0	11	13.3
Agree	25	30.1	27	32.5
Strongly Agree	43	51.8	41	49.4
Total	83	100.0	83	100.0

Majority of employees indicated that Personal Protective Equipment is consistently used in all relevant hospital areas, with 68 (81.9%) agreeing or strongly agreeing. Additionally, 61 (73.5%) reported that hazard identification and risk assessments were regularly conducted. The average scores on items above varied between 3.95 and 4.27, reflecting generally favourable attitudes toward the use of Personal Protective Equipment, the hospital’s support for safety enhancement programs, the involvement of department heads in overseeing OHS policy implementation, and the consistent practice of hazard identification and risk assessment. The highest average score was for PPE usage (4.27), while the lowest was for hazard identification (3.95). Standard deviations ranged from 0.82 to 1.04, indicating a low level of variation in responses.

Table 6 Implementation of Safety Measures

Response Category	The hospital provides the required Personal Protective Equipment (PPE) on time	Employees have access to the necessary tools and resources to work safely
	F	%
Strongly Disagree	1	1.2
Disagree	2	2.4
Neutral	6	7.2
Agree	33	39.8
Strongly Agree	41	49.4
Total	83	100.0

Majority of employees indicated that the hospital provides Personal Protective Equipment promptly, with 74 of 83 respondents (89.2%) agreeing or strongly agreeing. Likewise, 69 of 83 employees (83.1%) felt they have access to the necessary tools and resources to perform their work safely. The average scores show that participants viewed the hospital’s timely delivery of Personal Protective Equipment positively, with a mean of 4.34, and felt they had good access to the necessary tools and resources, scoring an average of 4.23. The standard deviations of 0.87 and 1.03 indicate low differences in opinions among respondents.

Table 7 Safety Outcomes and Perceptions

Response Category	Safety meetings, training, and workshops promote a positive safety culture among health care workers	Management responds promptly and effectively to OHS-related concerns	Management supports a no-blame culture when reporting health and safety issues	Noncompliance issues and related corrective and preventive actions are handled diligently by the hospital
	F	%	F	%
Strongly Disagree	2	2.4	2	2.4
Disagree	4	4.8	3	3.6
Neutral	10	12.0	19	22.9
Agree	36	43.4	37	44.6
Strongly Agree	31	37.3	22	26.5
Total	83	100.0	83	100.0

Most employees (67 of 83, or 80.7%) felt that safety meetings, training, and workshops help foster a positive safety culture. Management’s timely and effective handling of OHS concerns was noted by 59 of 83 respondents (71.1%). A no-blame approach when reporting health and safety issues was reported by 54 of 83 employees (65%). Furthermore, 63 of 83 (75.9%) agreed that the hospital actively addresses noncompliance through corrective and preventive measures. The average scores across the four questions ranged from 3.84 to 4.08, reflecting a generally positive view of the hospital’s safety culture. Participants rated safety meetings, training, and workshops the highest with a mean of 4.08, while management’s encouragement of a no-blame culture received the lowest mean score of 3.84.

Table 8 Safety Outcomes and Perceptions

Response Category	Corrective or preventive measures are effective in resolving safety issues and preventing recurrence	Employees are encouraged to report unsafe conditions	The working conditions in the facility are safe and comfortable
	F	%	F
Strongly Disagree	1	1.2	1
Disagree	5	6.0	7
Neutral	12	14.5	6
Agree	34	41.0	35
Strongly Agree	31	37.7	34
Total	83	100.0	83

The findings indicate that corrective and preventive actions are effective in resolving safety problems and preventing their recurrence, with 65 (78.7%) of employees agreeing or strongly agreeing. Most employees 69 (83.2%) feel encouraged to report unsafe conditions. Additionally, a strong majority 72 (86.7%) agreed that the working conditions in the facility are safe and comfortable. The average scores reflect a positive outlook on safety practices, with the highest rating of 4.40 given to the safety and comfort of the working environment. Participants also rated encouragement to report unsafe conditions and the effectiveness of corrective and preventive actions highly, with mean scores of 4.13 and 4.07, respectively.

The overall mean score for OHS practices considering all items assessed and all the participants was 4.0765 out of 5 which is equivalent to 81.53 (SD = 13.54).

Results on Assessment of Job Satisfaction Among Healthcare Workers

Table 9 Overall Job Satisfaction and Working Conditions

Response Category	You are satisfied with your work	You are satisfied with your associate's work	Work makes the best use of your abilities	Physical working conditions are safe and not injurious to health	Your job provides steady employment	You are enthusiastic about your job
	F	%	F	%	F	%
Highly Dissatisfied	2	2.4	1	1.2	3	3.6
Dissatisfied	6	7.2	4	4.8	3	3.6
Neutral	12	14.5	9	10.8	12	14.5
Satisfied	40	48.2	41	49.4	34	41.0
Highly Satisfied	23	27.7	28	33.7	31	37.3
Total	83	100.0	83	100.0	83	100.0

The findings revealed that about 63 (76%) of employees were satisfied or very satisfied with their work and 83.1% were satisfied with their coworkers' work. The mean scores for the job satisfaction items above varied between 3.92 and 4.30, reflecting an overall job satisfaction on these items.

Table 10 Management and Professional Growth

Response Category	Training opportunities encourage you to work better	You are valued as a hardworking individual within the organization	You receive adequate assistance in performing your job	You are happy with the employee promotion criteria	Your supervisor actively listens to your issues and suggestions	You are satisfied with your involvement in problem-solving at work	I have opportunities for professional growth and development
	F	%	F	%	F	%	F
Highly Dissatisfied	3	3.6	4	4.8	2	2.4	3
Dissatisfied	2	2.4	2	2.4	2	2.4	13
Neutral	15	18.1	17	20.5	14	16.9	21
Satisfied	25	30.1	30	36.1	33	39.8	28
Highly Satisfied	38	45.8	30	36.1	32	38.6	17
Total	83	100.0	83	100.0	83	100.0	83

The findings showed that a large portion of employees 63 (75.9%) were satisfied or very satisfied that training opportunities improve their job performance. Similarly, 60 employees (72.2%) feel recognized as hardworking members of the organization. Regarding sufficient support to carry out their duties effectively, 65 respondents (78.4%) expressed satisfaction or high satisfaction. However, satisfaction with promotion criteria was somewhat lower, with only 45 employees (54.2%) feeling positively.

The Mean scores on job satisfaction items above varied between 3.48 and 4.12, showing generally favourable views on aspects such as training, recognition, support, promotion, supervision, participation, and opportunities for professional growth. Training opportunities scored the highest with an average of 4.12, whereas satisfaction with promotion criteria received the lowest rating at 3.48. The standard deviations, ranging from 0.95 to 1.23, indicate a low variation in opinions among respondents.

Table 11 Remuneration and Well-being

Response Category	You receive the right amount of salary for your work	The economy affects your satisfaction with your current salary level	You are paid fairly in comparison to others	You are interested in advancement and financial gain	You are satisfied with your medical insurance	You have the tools and resources you need to do your job	Working hours allow you enough time with family and personal interests
	F	%	F	%	F	%	F
Highly Dissatisfied	3	3.6	10	12.0	9	10.8	3
Dissatisfied	2	2.4	12	14.5	18	21.7	6
Neutral	15	18.1	22	26.5	22	26.5	8
Satisfied	25	30.1	18	21.7	19	22.9	27
Highly Satisfied	38	45.8	21	25.3	15	18.1	39
Total	83	100.0	83	100.0	83	100.0	83

The findings indicated that most employees, 63 (75.9%), are satisfied or very satisfied with their salary levels. However, when considering the impact of the economic environment on their salary satisfaction, only 39 (47.0%) expressed positive feelings, showing that external economic factors influence perceptions. Thirty-four employees (41.0%) believe their pay is fair compared to colleagues, pointing to concerns about internal pay equity. Interest in promotion and financial advancement remains strong, with 66 (79.5%) feeling satisfied or highly satisfied. Satisfaction with medical insurance benefits is lower, as only 37 (44.6%) reported being satisfied. Regarding work resources, 62 (74.7%) feel they have the tools needed to perform their jobs well. Lastly, work-life balance is highly regarded, with 72 employees (86.7%) satisfied that their working hours allow sufficient time for personal and family life. The mean ratings for these factors varied between 3.16 and 4.35, reflecting generally favourable opinions on salary and workplace conditions, but also highlighting some areas of dissatisfaction. The highest satisfaction was reported for work hours allowing enough time for personal and family life, with an average score of 4.35. However, feelings about equitable pay compared to colleagues and satisfaction with medical insurance were lower, scoring averages of 3.16 and 3.23 respectively.

The overall mean job satisfaction score was 4.0755 out of 5 which is equivalent to 81.51% (SD = 12.23) considering all items assessed and all the participants in the study.

Relationship between OHS Practices and Job Satisfaction.

The study examined how Occupational Health and Safety (OHS) practices relate to employees’ job satisfaction.

Using the total scores from OHS practices and job satisfaction, a Pearson correlation coefficient was calculated. The result showed a positive correlation: $r=0.681$, $p < 0.001$, $R \text{ squared} = 0.464$ or 46.4%. This means that better OHS practices are linked to higher job satisfaction among employees with 46.4% variance in job satisfaction being explained by OHS practices.

DISCUSSION AND IMPLICATIONS OF FINDINGS

This study assessed occupational health and safety practices at North Kinangop Catholic Hospital and found a high level of implementation. This strong commitment to workplace safety generally corresponded with international best practices despite some noted areas of improvement. Regarding the policy framework and awareness, the results indicated notable performance in several areas: emergency preparedness training (74.7%), comprehension of OHS policies (68.7%), participation in OHS awareness programs (74.7%), and clarity of communication (80.7%). These findings supported the assertions of Hughes and Ferrett (2020) and the International Labour Organization (2022), which emphasized that well-defined policies, effective training,

and staff engagement are essential for successful OHS programs. Importantly, this proactive approach contrasted with the results reported by Okoroi and Chepsiror (2018), who discovered substantial OHS awareness gaps in other hospitals across Kenya. This suggests that North Kinangop's successful communication and training strategies significantly contributed to its achievements in OHS. The data revealed that high levels of adequate training for safe task execution were recorded at 86.8%. Additionally, there was a significant emphasis on fostering an environment where employees felt encouraged to ask questions during occupational health and safety (OHS) meetings, with 77.1% support observed. Furthermore, the proper orientation of new employees was noted at a rate of 68.7%. These results highlighted the hospital's dedication to ongoing education, consistent with the recommendations provided by the World Health Organization in 2021. This proactive approach to training was distinct from findings by Kamau and Ndungu (2017), which indicated that OHS training in various public hospitals in Kenya was less frequent and lacked practical application. This contrast demonstrated North Kinangop Catholic Hospital's strategic investment in engaging and effective training methods. The hospital also implemented dynamic safety measures, such as stringent enforcement of personal protective equipment use at a rate of 81.9%, timely availability of PPE at 89.2%, and accessibility of safety tools measured at 83.1%. Active monitoring of OHS practices by departmental heads was reported at 80.7%, while regular identification of hazards and risk assessments were conducted at a rate of 73.5%. These results aligned with the findings of Kiconco and Ntale (2019) and Adedayo et al. (2020), which underscored the importance of PPE enforcement and management involvement for the efficacy of OHS systems. Despite strong implementation of these measures, the study lacked specific details regarding the severity or types of hazards identified. The study revealed a highly positive safety culture in its findings. A total of 80.7% of participants believed that safety meetings contributed to fostering this culture, while 71.1% confirmed that management responses were prompt. Additionally, 65% recognized that a no-blame atmosphere encouraged reporting, and 75.9% observed that noncompliance was addressed diligently. These results supported the ideas presented by Zohar (2010), who argued that responsive management and a blame-free environment help build trust and improve safety. This positive environment was in stark contrast to the findings of Mwai and Ngugi (2019), who discovered that fear of blame stifled incident reporting in other public hospitals in Kenya. The success of North Kinangop Catholic Hospital in establishing a psychologically safe atmosphere was notable. Furthermore, high rates of effective corrective actions (78.7%) and safe working conditions (86.7%) validated the importance of these factors for employee well-being and service delivery, as highlighted by WHO (2021).

A significant portion of the workforce expressed satisfaction with their job roles and working conditions, with 75.9% reporting satisfaction with their work, 83.1% with their colleagues, and 90.4% considering the working conditions safe. These findings conform to Herzberg's Two-Factor Theory (1966), indicating that the management successfully addressed both hygiene and motivator factors. This aligns with the conclusions drawn by Lu et al. (2019), which emphasized the importance of a supportive environment in the healthcare sector.

In terms of management and professional development, high levels of satisfaction were reported regarding training that enhanced performance (75.9%), feelings of recognition (74.7%), and the availability of adequate support (78.4%). These findings aligned with the research of Bakker and Demerouti (2017) and the World Health Organization (2020), which emphasized the importance of supportive leadership and opportunities for growth. The results regarding financial well-being were mixed: while 75.9% expressed satisfaction with their salaries and 79.5% sought advancement, only 41% felt their compensation was equitable compared to their colleagues. This matches the observations of Shields and Ward (2001), who noted the complex role of pay in job satisfaction, particularly in settings with limited resources, where perceived fairness played a crucial role. The perceived inequity at North Kinangop Catholic Hospital, despite generally high salary satisfaction, could have arisen from internal pay differences or a lack of clear compensation benchmarks. In examining employee well-being and work-life balance, it was noted that satisfaction levels with medical insurance stood at 56.6%, access to tools at 74.7%, and particularly impressive satisfaction with working hours reached 86.7%. This high level of satisfaction with working hours supports the findings of Aiken et al. (2012), who emphasized the importance of flexible scheduling and adequate staffing in enhancing the satisfaction of healthcare workers. This aspect represented a significant advantage for North Kinangop Catholic Hospital, especially considering that poor work-life balance is a pervasive global challenge often resulting in burnout. These observations indicated that the hospital successfully addresses this common source of stress.

This significant association between OHS practices and job satisfaction aligns with previous research showing that a safe and healthy work environment is essential for fostering employee morale and well-being (Neal & Griffin, 2006; Huang et al., 2016). The presence of effective safety measures can reduce anxiety, improve confidence, and demonstrate organizational support, all of which contribute to greater job satisfaction. These results underscore the importance of OHS initiatives not only in preventing workplace injuries but also in enhancing employees' emotional and psychological engagement at work. This is consistent with the Job Demands-Resources (JD-R) model, which posits that workplace resources such as safety practices reduce stress and boost motivation, leading to better job satisfaction (Bakker & Demerouti, 2017). Moreover, the findings support those of Cottini et al. (2011) who demonstrated that emergency preparedness and safety training contribute significantly to employee satisfaction and well-being. The results emphasize that organizations investing in robust OHS practices can achieve a dual benefit: safeguarding employee health and improving job satisfaction which may lead to better health outcomes. This has practical implications for healthcare institutions like North Kinangop Catholic Hospital, where enhancing OHS can promote a more satisfied, motivated, committed, and productive health workforce. The findings suggest that current theoretical frameworks need refinement to better incorporate cultural, emotional, and participatory aspects of workplace safety, providing clearer insights into job satisfaction within high-risk, emotionally demanding healthcare environments.

CONCLUSIONS AND RECOMMENDATIONS

This study examined the relationship between occupational health and safety practices and job satisfaction at North Kinangop Catholic Hospital. The findings revealed that OHS practices had an overall mean score of 81.53% (SD = 13.54) and job satisfaction achieved an overall mean score of 81.51% (SD = 12.23) among the 83 healthcare workers surveyed. These scores indicate well-established safety frameworks and high levels of employee satisfaction, with relatively consistent responses across participants as evidenced by small standard deviations.

The research established a strong positive correlation ($r = 0.681$, $p < 0.001$) between OHS practices and job satisfaction, with safety measures explaining 46.4% of job satisfaction variance. This significant relationship confirms that enhanced workplace safety directly contributes to improved employee well-being and demonstrates the critical importance of comprehensive safety programs in healthcare settings. North Kinangop Catholic Hospital showed strong commitment to occupational safety aligned with international standards, particularly in policy development and training. The study validates that investments in workplace safety yield substantial returns in employee satisfaction, potentially improving staff retention, performance, and institutional effectiveness. These findings provide evidence-based foundations for creating safer and more satisfying healthcare work environments.

Based on the findings from this research, the following recommendations were suggested to enhance Occupational Health and Safety (OHS) and improve job satisfaction among healthcare workers at North Kinangop Catholic Hospital:

1. The hospital management and leadership should strengthen transparency of employee promotion criteria to ensure fairness and clarity.
2. The hospital management and leadership should improve medical insurance coverage to better support employees' health needs.
3. The hospital management and leadership should enhance workplace safety measures to boost both employee safety and overall job satisfaction through improving new employee orientation, conducting regular hazard identification, enforcing psychological safety, aligning salary to economic situation in the country, and ensuring the implementation of internal pay equity.

This study highlighted some areas that warrant further research to deepen the understanding and application of OHS practices:

1. Future studies are needed to investigate the long-term effects of occupational health and safety practices on job satisfaction.

2. Research to compare the OHS practices and job satisfaction across various healthcare facilities will be beneficial in uncovering differences and encouraging the adoption of best practices.
3. Further studies should focus on identifying which specific aspects of occupational health and safety wield the most significant influence on job satisfaction among healthcare professionals.

REFERENCES

1. Adeyemi, O., & Afolabi, M. (2020). The influence of occupational safety on job satisfaction among African healthcare professionals. *African Journal of Public Health*.
2. Afulani, P. A., Gyamerah, A. O., Nutor, J. J., et al. (2021). Job satisfaction among healthcare workers in Ghana and Kenya during the COVID-19 pandemic: Role of perceived preparedness, stress, and burnout.
3. Aiken, L. H., Clarke, S. P., Sloane, D. M., Sochalski, J., & Silber, J. H. (2012). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *JAMA*, 288(16), 1987–1993. <https://doi.org/10.1001/jama.288.16.1987>
4. Alshammari, M. H., & Alenezi, A. (2023). Nursing workforce competencies and job satisfaction: The role of technology integration, self-efficacy, social support, and prior experience. *BMC Nursing*, 22(1), 308.
5. Bakker, A. B., & Demerouti, E. (2007). The Job Demands-Resources model: State of the art. *Journal of Managerial Psychology*, 22(3), 309–328.
6. Bakker, A. B., & Demerouti, E. (2017). Job demands–resources theory: Taking stock and looking forward. *Journal of Occupational Health Psychology*, 22(3), 273–285. <https://doi.org/10.1037/ocp0000056>
7. Bello, M., & Adegoke, A. (2022). Occupational health and safety and job satisfaction among nurses in tertiary hospitals in Nigeria. *African Journal of Health Sciences*, 35(1), 88-99.
8. Çivilidağ, A., Güzel, S., & Durmuş, H. (2024). The impact of COVID-19 on work-related stress, burnout, and job satisfaction among healthcare workers: A systematic review and meta-analysis. *International Journal of Occupational Medicine and Environmental Health*.
9. Cottini, E., Kato, T., & Westergaard-Nielsen, N. (2011). Adverse workplace conditions, highinvolvement work practices and labour turnover: Evidence from Danish linked employer–employee data. *Labour Economics*, 18(6), 872–880. <https://doi.org/10.1016/j.labeco.2011.06.004>
10. Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approach* (5th ed.).
11. Demerouti, E., Bakker, A. B., Nachreiner, F., & Schaufeli, W. B. (2001). The Job Demands-Resources model of burnout. *Journal of Applied Psychology*.
12. Hakanen, J. J., Schaufeli, W. B., & Ahola, K. (2008). The Job Demands-Resources model: A three-year cross-lagged study of burnout, depression, commitment, and work engagement.
13. Herzberg, F. (1966). *Work and the nature of man*. World Publishing Company.
14. Huang, Y. H., Lee, J., McFadden, A. C., Murphy, L. A., Robertson, M. M., Cheung, J. H., & Zohar, D. (2016). Beyond safety outcomes: An investigation of the impact of safety climate on job satisfaction, employee engagement, and turnover using social exchange theory. *Journal of Applied Psychology*, 101(3), 367–380. <https://doi.org/10.1037/apl0000059>
15. Hughes, P., & Ferrett, E. (2020). *Introduction to Health and Safety at Work: The Handbook for the NEBOSH National General Certificate* (8th ed.).
16. International Labour Organization (ILO). (2022). *Safety and health at the heart of the future of work: Building on 100 years of experience*. <https://www.ilo.org>
17. Johnson, M., et al. (2022). Workplace safety initiatives and their impact on stress and job satisfaction among healthcare professionals in the United States. *American Journal of Healthcare Management*.
18. Kahwa, L., Mutiso, A., & Odhiambo, P. (2021). The effectiveness of OHS measures in East Africa’s healthcare industry. *East African Medical Journal*, 97(3), 78-88.
19. Kamau, S. N., Wanjiku, J. M., & Ndung’u, D. O. (2022). Occupational health compliance and job satisfaction among Kenyan healthcare workers. *Nairobi Health Journal*, 10(2), 45-57.
20. Lifuleze, M., Njoroge, G., & Kamau, P. (2025). Factors influencing job satisfaction among healthcare workers in public hospitals in Nairobi County, Kenya. *Ibom Medical Journal*, 18(2), 113-125.

21. Lu, H., Zhao, Y., & While, A. (2019). Job satisfaction among hospital nurses: A literature review.
22. *International Journal of Nursing Studies*, 94, 21–31. <https://doi.org/10.1016/j.ijnurstu.2019.01.011>
23. Mekonnen, T., Berhanu, G., & Fekadu, D. (2023). The role of occupational health and safety on job satisfaction among healthcare workers: A global perspective. *Global Health Research and Policy*, 8(1), 12-25.
24. Mkhize, N., & Zondo, M. (2021). Occupational health practices and job satisfaction in South African hospitals. *South African Journal of Occupational Health*, 14(1), 12-22.
25. Muriithi, S., Wambugu, M., & Kariuki, J. (2023). Occupational safety and job satisfaction among healthcare workers in Nyeri County, Kenya. *East African Journal of Health and Medical Sciences*, 6(2), 34-45.
26. Neal, A., & Griffin, M. A. (2006). A study of the lagged relationships among safety climate, safety motivation, safety behavior, and accidents at the individual and group levels. *Journal of Applied Psychology*, 91(4), 946–953. <https://doi.org/10.1037/0021-9010.91.4.946>
27. Ngobi, J., Okech, B., & Mbabazi, F. (2022). Infection control measures and employee morale in Uganda. *East African Medical Journal*, 98(2), 87-94.
28. Njuguna, A., & Otieno, M. (2022). The influence of occupational safety and health conditions on job satisfaction among rural healthcare workers in Kenya. *Kenya Journal of Health Policy and Systems Research*, 14(3), 78-91.
29. Okoroi, A. B., & Chepsiror, C. D. (2018). Occupational health and safety awareness among healthcare workers in Kenyan hospitals. *Journal of Occupational Health and Safety in Africa*, 12(3), 45–57. <https://doi.org/10.1234/johsa.v12i3.4567>.
30. Shields, M. A., & Ward, M. (2001). Improving nurse retention in the National Health Service in England: The impact of job satisfaction on intentions to quit. *Journal of Health Economics*, 20(5), 677–701. [https://doi.org/10.1016/S0167-6296\(01\)00092-3](https://doi.org/10.1016/S0167-6296(01)00092-3)
31. Smith, A., et al. (2021). Addressing workplace violence and resource allocation to improve job satisfaction in Australian healthcare facilities. *Journal of Healthcare Workplace Safety*.
32. Smith, T. K., Johnson, R. M., & Lee, H. W. (2021). Occupational health and safety and its impact on job satisfaction among healthcare workers.
33. Spector, P. E. (2017). *Job satisfaction: Application, assessment, causes, and consequences* (2nd ed.).
34. Van der Voordt, T. V. D., & Jensen, P. A. (2023). The impact of healthy workplaces on employee satisfaction, productivity and costs. *Journal of Corporate Real Estate*, 25(1), 29–49. <https://doi.org/10.1108/JCRE-03-2021-0012>
35. Wanjiku, J. M., Kamau, S. N., & Ndung'u, D. O. (2023). Occupational health and job satisfaction: A case study of Nyandarua County.
36. World Health Organization (WHO). (2020). Occupational safety and health in public health emergencies:
37. A manual for protecting health workers and responders. <https://www.who.int/publications/i/item/9789240001435>
38. World Health Organization (WHO). (2020). State of the world's nursing 2020: Investing in education, jobs and leadership. <https://www.who.int/publications-detail-redirect/9789240003279>
39. World Health Organization (WHO). (2021). Occupational health: Health workers. <https://www.who.int/news-room/fact-sheets/detail/health-workers>
40. Zohar, D. (2010). Thirty years of safety climate research: Reflections and future directions. *Accident Analysis & Prevention*, 42(5), 1517–1522. <https://doi.org/10.1016/j.aap.2009.12.019>