

# The Role of Organizational Factors in Strengthening Public Health Officers' Engagement in RTI Prevention

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Publication Date: 2025/12/04

## Abstract:

### ➤ Introduction

Public Health Officers (PHOs) play a vital role in disease/injury prevention and health promotion. In developed countries, their involvement in road traffic injury (RTI) prevention has contributed to notable reductions in RTI-related morbidity and mortality. However, in developing countries such as Kenya, PHO participation in RTI prevention remains limited. This study examined organizational factors influencing PHO participation in RTI prevention within Nairobi County.

### ➤ Methodology

Descriptive cross-sectional study design was employed in this study to collect data from PHOs serving in Nairobi County. A structured questionnaire and a key informant interview guide were instruments used to collect quantitative and qualitative data, respectively. Quantitative data was analysed using SPSS software while qualitative was thematically analysed using NVivo software.

### ➤ Results

The study found that strong organizational leadership through mentorship, coaching, provision of resources, and open communication enhances the participation of Public Health Officers (PHOs) in road traffic injury (RTI) prevention. Effective interdepartmental collaboration also emerged as a key enabler, promoting shared responsibility and resource efficiency. However, bureaucratic structures were identified as both supportive and obstructive; while some viewed them as essential for governance, others saw them as barriers due to administrative delays. Overall, the findings underscore the importance of supportive leadership and streamlined organizational structures in empowering PHOs to engage actively in RTI prevention efforts.

### ➤ Conclusion and Recommendations

The study concludes that organizational factors are critical determinants of PHO involvement in RTI prevention. Addressing structural inefficiencies and promoting leadership support are essential to empowering PHOs to contribute meaningfully to RTI prevention and broader public health goals. To strengthen PHO participation in RTI prevention, the study recommends regular mentorship, leadership support, and provision of IEC materials to build capacity. It also highlights the need for clear job descriptions and streamlined processes to enhance effectiveness and accountability.

**Keywords:** Public Health Officers, Road Traffic Injury and Organizational Factors.

**How to Cite:** Sharon Muteheli; Dr. Peter Omemo; Dr. Stephen Ombere; Lyndon Aduda (2025) The Role of Organizational Factors in Strengthening Public Health Officers' Engagement in RTI Prevention. *International Journal of Innovative Science and Research Technology*, 10(11), 2468-2474. <https://doi.org/10.38124/ijisrt/25nov1268>

## I. INTRODUCTION

One emerging public health concern that demands attention is road traffic injuries (RTI), which include both fatal and non-fatal injuries resulting from road crashes (1). Globally, RTI caused approximately 1.35 million deaths and injured 20–50 million people in 2016, with projections

suggesting an increase by 2030, especially in low- and middle-income countries (2). In Kenya, the RTI mortality rate was 28 per 100,000 people in 2019, a figure significantly higher than some countries with rates as low as 2 per 100,000 (3).

The current Public Health Movement emphasizes the importance of the social and environmental context in health promotion. This perspective is critical for addressing RTIs, which are largely caused by human behaviours such as speeding and drunk driving (4). Public health officers (PHO) are positioned to play a key role in applying socioecological approaches to influence behaviour and promote safer roads.

At the global level, the WHO has initiated several frameworks, including the Global Road Safety Action Plan and the Decade of Action for Road Safety, to support countries in reducing RTIs (5). These frameworks promote evidence-based strategies and urge countries to adopt RTI prevention as a public health priority. Sustainable Development Goal (SDG) 3.6 aims to halve the number of global deaths and injuries from road traffic accidents by 2030. PHOs contribute to this goal through public education, advocacy, data collection, and collaboration with sectors like transportation and law enforcement. World health organisation also promotes the “Health in All Policies” (HiAP) approach, encouraging PHOs to integrate health considerations into policies across traditionally non-health sectors (5).

In high-income countries, PHOs and health professionals have played active roles in RTI prevention by developing and implementing public awareness campaigns, emergency medical training programs, and injury surveillance systems (6,7). In contrast, Kenyan PHOs, although mandated under the Public Service Commission (8) to conduct health education and prevention programs, are less visible in RTI-related initiatives. Some hospitals, like Kenyatta University Teaching, Referral and Research Hospital (KUTRRH), have taken steps by organizing road safety sensitization and defensive driving training, but broader participation by PHOs remains undocumented (9).

Nairobi County experiences a high rate of road traffic injuries, with just 2% of roads accounting for 36% of all fatal crashes (10). Nairobi is one of eight counties responsible for nearly half of all road traffic deaths in Kenya (10). Despite this, the actual involvement of PHOs in RTI prevention is inadequate, and the health sector bears the financial burden of treating accident victims (11). Strengthening PHO participation is key to reducing RTIs and improving public safety. Organizational factors—internal elements of the working environment such as organisation structure, leadership and culture have been recognized as potential influencers of PHO participation but have not been systematically studied in the Kenyan context.

Organizational factors such as structure, leadership, and decision-making hierarchies have a direct impact on employee participation. Centralized systems and delays in communication can hinder timely decision-making and reduce motivation among PHO (12). Supportive leadership and inclusive organizational culture are associated with increased participation and better outcomes (13,14). Although existing studies have examined the influence of leadership and organizational structure on employee performance in healthcare settings (15,16,17), there is limited

research focusing specifically on how these factors affect the participation of public health officers (PHO) in road traffic injury (RTI) prevention, particularly in low- and middle-income countries like Kenya. Most Kenyan studies have emphasized hospital-based staff or sectors outside public health, often relying on quantitative data that limits contextual understanding (18,19).

While PHO are mandated and theoretically well-positioned to contribute to RTI prevention in Nairobi, their participation remains suboptimal. There is limited research on how organizational factors influence their engagement. Understanding these influences is critical, especially considering the country's high RTI burden and the global call for integrated, cross-sectoral approaches to road safety. This study aims to fill the research gap by exploring how organizational dynamics—such as leadership and organisation structure impact PHO participation in RTI prevention in Nairobi County.

## II. METHODOLOGY

### ➤ *Study Site*

The study was carried out in Nairobi County. Nairobi County is one of the 47 counties in Kenya. It hosts the capital city of Kenya with an estimated population of 4.397million according to 2019 population and housing census (20). In the public facilities, the available health workforce is about 2600 out of which 202 are PHOs (21). The study population sampled PHOs who have worked in Nairobi County for at least one year and line managers in public health facilities in Nairobi County.

### ➤ *Study Design*

This study adopted a cross-sectional research design where participants were interviewed on information regarding organizational factors influencing the participation of PHOs in the prevention of RTI. The design was appropriate since it measures the required variable at the same time and is valuable for identifying associative pattern (22).

### ➤ *Sampling Procedure*

Census method was used to sample PHOs that filled the questionnaires since the population size was relatively small. Public health officers who fulfilled the criteria were chosen to participate in the study. Purposive sampling technique was used in the recruitment of participants of key informant interview(Subcounty PHOs).

### ➤ *Data Collection*

Quantitative data was collected using structured questionnaires. The questionnaire was divided into 3 sections. The first section had demographic data, the second part collected data on various organizational factors that influence participation of PHOs in promotion of RTI prevention and third section collected data on participation of PHOs in RTI prevention. Participants' perceptions on how leadership of organization and organization structure in their participation in RTI prevention were rated using a 3-point Likert scale. The structured questionnaires were distributed to PHOs who fulfil the inclusion criteria after sampling and consenting to

participate in the study. To clarify issues pertaining to organizational factors influencing the participation of PHOs in the prevention of RTIs, interview guides were used. The interview guide was used to collect qualitative data from line managers on how leadership of organization and organization structure influence participation PHO in the promotion of RTI prevention.

#### ➤ Data Analysis

Quantitative data from structured questionnaires was cleaned and coded and analysed with the help of statistical package for social sciences version 28. Statistical package for social sciences was used to generate descriptive statistics and presented in form of tables of percentages and frequencies. Demographic data was analysed descriptively in tables using percentages and frequencies. Demographic data was then be presented in tables. Ordinal data from the Likert scales was grouped into three categories. The first category corresponded to positive feeling and comprised of 'agree'. The second category depicted neutral sentiment and had 'not sure' answers. Lastly the third section depicting negative feeling had 'disagree' sentiments. Participants' perceptions on how leadership of organization and organization structure in their participation in RTI prevention was analysed in percentages means and standard deviations and then presented in tables.

Qualitative data from key informant interviews was analysed using a deductive thematic analysis approach with the assistance of NVivo software. All interviews were audio-

recorded, and detailed notes were taken during each session. The software enabled us to systematically code interview transcripts by highlighting text segments and assigning them to thematic nodes based on the research questions. We also used the software to identify patterns and explore relationships between themes. To ensure that participants' voices were authentically represented, qualitative data were presented using verbatim quotations.

#### ➤ Ethical Consideration

Initial permission to conduct the study was sought from Maseno university school of graduate studies. Ethical clearance was obtained from Maseno university scientific and ethics review committee (MSU/DPRI/MUSERC/01398/24). Research permits were sought from the National Commission for Science, Technology, and Innovation (NACOSTI) (Ref no. 606925). Permission was also sought from Nairobi County (NCCG/HNW/REC/695). An informed consent was also obtained from the study participants.

### III. RESULTS

#### ➤ Socio-Demographic Characteristics of Respondents

Of the 120 participants in the study on organizational factors influencing the participation of Public Health Officers (PHOs) in the prevention of road traffic injuries (RTI) in Nairobi County, 62 (51.7%) were female, while 58 (48.3%) were male. Most of the respondents, 66 (55.0%), were aged 26 years and above, with 35 (29.2%) in the 18-25 years category as shown in Table 1.

Table 1 Socio-Demographic Characteristics of Respondents

	Variable	Frequency (n)	Percentage (%)
<b>Gender</b>	Male	58	48.3
	Female	62	51.7
<b>Respondents' Age</b>	18-25 years	35	29.2
	26-35 years	31	25.8
	36-45 years	24	20.0
	Above 45 years	30	25.0

Table 2 Organisation Factor Influencing Participation of PHO in RTI Prevention

Organisation		% Agree	% Neutral	% Disagree	Mean (SD)
<b>Leadership support indicator</b>	Provision of IEC materials	68.5%	20.4%	11.1%	4.1 (0.78)
	Mentorship and coaching	72.2%	15.7%	12.1%	4.2 (0.81)
	RTI information shared during staff meetings	65.7%	22.3%	12.0%	3.9 (0.86)
<b>Organization structure factors</b>	Collaboration with stakeholders	73.5%	15.4%	11.1%	4.2 (0.83)
	Understanding roles and responsibilities	68.2%	19.6%	12.2%	4.0 (0.79)
	Impact of bureaucracy	61.3%	21.5%	17.2%	3.8 (0.87)

#### ➤ Influence of Leadership Support on Participation in RTI Prevention

##### • Provision of IEC Materials

Quantitative results showed that 68.5% of public health officers agreed that the provision of Information, Education, and Communication (IEC) materials facilitated their

participation in RTI prevention (M = 4.1, SD = 0.78) (Table 2).

This finding was reinforced by qualitative responses. Officers emphasized that access to IEC materials enhances their ability to educate the community and build confidence in outreach activities. In addition, a consistent supply of these

resources enables more effective awareness, while inadequate availability hampers their efforts. For instance,-

*"When IEC materials are provided, public health officers can educate the community effectively. Without these resources, it is difficult to create awareness."* (Subcounty PHO 1)

*"We receive some materials, but they are often not enough. If leadership could ensure consistent supply, our participation in RTI prevention would be more effective."* (Subcounty PHO 3)

*"Some officers are motivated when they receive educational materials, as it boosts their confidence in outreach activities."* (Subcounty PHO 5).

- **Mentorship and Coaching**

A total of 72.2% of officers agreed that mentorship and coaching significantly influenced their participation in RTI prevention, yielding the highest mean score among leadership indicators ( $M = 4.2$ ,  $SD = 0.81$ ).

Qualitative insights supported this observation. Officers noted that mentorship from supervisors and experienced colleagues equipped them with the necessary skills and confidence to engage in RTI prevention activities. Without this guidance, some officers felt unprepared and less effective in RTI prevention. PHOs mentioned that:-

*"When our supervisors mentor us and provide coaching, we feel more confident in engaging with the community on RTI prevention."* (Subcounty PHO 3)

*"Regular guidance from experienced professionals has helped me apply best practices in road safety awareness."* (Subcounty PHO 1)

*"Without mentorship, some officers struggle to engage in RTI prevention effectively, as they lack proper guidance."* (Subcounty PHO 2)

- **Information Shared During Staff Meetings**

About 65.7% of respondents agreed that the sharing of RTI-related information during staff meetings influenced their participation ( $M = 3.9$ ,  $SD = 0.86$ ).

This quantitative trend was echoed in interviews, where officers highlighted that staff meetings fostered awareness, peer learning, and joint problem-solving. Conversely, the absence of RTI discussions in meetings was viewed as a barrier:

*"During our monthly meetings, leadership shares updates on road safety, which keeps us informed and engaged."* (Subcounty PHO 2)

*"Meetings create a platform for officers to discuss challenges and learn from each other, increasing participation in RTI prevention."* (Subcounty PHO 4)

*"If road safety issues are not discussed in meetings, some officers may not prioritize them in their work."* (Subcounty PHO 3)

- **Influence of Organizational Structure on Participation in RTI Prevention**

- **Collaboration with Stakeholders**

Collaboration between departments and stakeholders received the highest agreement (73.5%) among organizational factors.

Qualitative findings confirmed that interdepartmental coordination enhanced resource sharing and reinforced a shared responsibility for RTI prevention. However, the absence of formalized structures and coordination mechanisms often results in fragmented and inconsistent implementation of preventive measures. Subcounty PHOs said:

*"When different departments and stakeholders work together, we can implement RTI prevention measures more effectively. Coordination helps in resource sharing and enhances our participation."* (Subcounty PHO 1)

*"There are instances where we collaborate with traffic police and local leaders, but without proper structures, these efforts are inconsistent."* (Subcounty PHO 2)

*"Stakeholder engagement encourages teamwork and makes RTI prevention a shared responsibility rather than an individual task."* (Subcounty PHO 5)

- **Clarity of Roles and Responsibilities**

About 68.2% of officers agreed that understanding their roles and responsibilities influenced their participation.

This was echoed in interviews, where clarity in roles was linked to proactive involvement, while ambiguity led to lower engagement. The need for structured orientation and clear leadership directives emerged as essential for effective engagement in RTI initiatives as exemplified by these excerpts:

*"When public health officers clearly understand their roles in RTI prevention, they are more proactive in implementing interventions."* (Subcounty PHO 3)

*"Sometimes, lack of clarity on what is expected of us leads to low participation. Leadership should provide clear guidelines to ensure all officers contribute effectively."* (Subcounty PHO 1)

*"New officers struggle with RTI prevention tasks because they are not fully oriented on their responsibilities."* (Subcounty PHO 2)

- **Impact of Bureaucracy**

Although 61.3% of respondents agreed that bureaucracy influenced their participation, this factor had the highest level



of disagreement (17.2%) and the lowest mean score ( $M = 3.8$ ,  $SD = 0.87$ ).

Qualitative data indicated that cumbersome procedures discouraged initiative and delayed timely responses. Officers highlighted the need for simplification of administrative processes:

*"Complex administrative procedures slow down decision-making and make it difficult for us to initiate timely RTI prevention activities."* (Subcounty PHO 2)

*"Some officers are discouraged from participating in RTI prevention due to lengthy approval processes and strict protocols."* (Subcounty PHO 3)

*"Reducing bureaucratic hurdles would allow us to respond quickly to emerging road safety issues."* (Subcounty PHO 5)

#### IV. DISCUSSION

Findings indicate that organizational leadership plays a significant role in enabling Public Health Officers (PHOs) to participate effectively in road traffic injury (RTI) prevention. The highest agreement (72.2%) and highest mean score ( $M = 4.20$ ) was associated with mentorship and coaching. Qualitative findings reiterate this as mentorship and coaching from senior leaders allowed junior PHOs to acquire relevant skills and increased their confidence in RTI prevention efforts. This means that personalized guidance and skill-building support are especially effective in encouraging active involvement. These findings are consistent with studies in Bangladesh and Pakistan (23, 24) who noted that mentoring positively influences employee motivation and performance.

Leaders who provide essential Information, Education, and Communication (IEC) materials help build PHOs' confidence, thereby enhancing their capacity to raise awareness on RTI. This findings resonate with (25) who found that leaders who ensure the availability of necessary materials and support systems foster an environment conducive to effective practice. Leadership can further enhance PHO participation by organizing regular meetings, which serve as platforms for disseminating updates, discussing implementation challenges, and collectively identifying solutions. This aligns with (26), who emphasized that effective leadership involves guiding employees, clarifying their roles, and supporting them in overcoming obstacles. Overall, the findings highlight that strong leadership—characterized by mentorship, resource provision, and open communication—creates a supportive environment that empowers PHOs to actively engage in RTI prevention. Strengthening such leadership practices within health organizations is essential to maximize PHO involvement and improve public health outcomes.

Aspects of the organisation structure were also reported to influence participation of PHOs in RTI prevention. High levels of agreement on collaboration between departments and stakeholders (73.5%) underscore the perceived

effectiveness of interdepartmental coordination. This indicates that collaborative structures were viewed by officers as a factor in their involvement in RTI prevention as it facilitates efficient use of resources and promotes a collective sense of responsibility. Such collaboration has been shown to enhance the effectiveness of multi-sectoral road safety interventions as illustrated by (2). This is also in tandem with (27) who reported that collaboration within and across departments enabled the sharing of resources and promoted a cohesive, team-oriented approach among stakeholders.

Bureaucracy was seen as a hurdle in participation of PHOs in RTI prevention from qualitative data. Lengthy approval process, strict protocols and complex administrative procedures hindered participation of PHOs in RTI prevention. These findings are supported by (28), who reported that hierarchical and bureaucratic structures delay decision-making and service delivery. From quantitative data bureaucracy emerged as a more divisive issue. While a majority (61.3%) agreed on its relevance in the implementation of RTI prevention measures, it also registered the highest level of disagreement (17.2%) and the lowest mean score ( $M = 3.8$ ). These results suggest that perceptions of bureaucratic procedures are mixed. Some respondents may recognize bureaucracy as a necessary framework for structured governance, while others may perceive it as a barrier to timely action due to administrative delays or rigid processes. Despite criticisms about inefficiency and rigidity, a study in a dutch firm (29) found that bureaucratic systems continue to provide stability, predictability, and accountability in public administration.

Taken together, these findings highlight the need for a balanced approach that maintains governance principles such as accountability and rule-based processes while minimizing unnecessary procedural delays. Similarly, (28) notes that streamlining administrative requirements, improving interdepartmental communication, and ensuring timely decision-making could help mitigate the negative perceptions of bureaucracy and improve the efficiency of RTI prevention strategies.

The findings from this study relate closely to the tenets of Kurt Lewin's Field Theory, particularly his concept that behavior (B) is a function of the person (P) and their environment (E) (30). Supportive leadership and clear structures represent positive environmental forces that enhance PHOs' behaviour (i.e., participation in RTI prevention). Bureaucratic barriers act as negative forces in the environment, impeding PHOs' engagement. Moreover, Lewin proposed that change could be achieved by either strengthening driving(positive) forces or reducing restraining(negative) forces. These extends Field Theory's applicability from general organizational settings to public health systems, reinforcing its relevance in explaining health worker engagement and performance.

#### V. STUDY LIMITATIONS

This study had two limitations. The first limitation is that the study employed a cross-sectional design, it captures

data at a single point in time, which limits the ability to observe changes over time. The second limitation is that conducting the study exclusively among PHOs in Nairobi County reduces the generalizability of the study findings in other contexts or regions, as the results may not reflect the experiences or conditions of PHOs in different geographical or institutional settings. I would recommend an impact study to assess whether reforms discussed in this study could improve PHOs participation in RTI prevention over time.

## VI. CONCLUSION AND RECOMMENDATIONS

The study found that organizational factors significantly influence PHOs' participation in RTI prevention. Supportive leadership, including mentorship and regular meetings, enhanced PHOs' confidence and effectiveness. A clear organizational structure and collaborative environment promoted engagement, though bureaucracy was noted as a barrier in qualitative data.

### ➤ *Based on the Findings of this Study, I would Recommend:*

- Public health sector leaders should provide regular mentorship, coaching, and access to IEC materials to build PHOs' confidence and capacity in RTI prevention.
- Encourage leaders to actively support RTI prevention initiatives and recognize staff efforts.
- Regular meetings should be conducted to share updates, address challenges, and coordinate RTI prevention activities effectively.
- Develop and distribute clear job descriptions that highlight PHOs' responsibilities in RTI prevention
- Review and simplify internal approval processes to reduce delays in implementing RTI-related activities.

## ACKNOWLEDGEMENT

I would like to express my sincere gratitude to my mentors, Dr. Peter Omemo and Dr. Stephen Okumu, for their time, insightful reviews, and invaluable technical guidance. I also wish to acknowledge Mr. Lyndon Aduda and his team for their support in data collection and analysis. My appreciation extends to all the public health officers in Nairobi County who participated in the study. Lastly, I am grateful to the Director of Environmental Health for their guidance during the data collection process.

### • *Conflict of Interest*

✓ I declare no conflict of interest.

### • *Source of Funding*

✓ Self.

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