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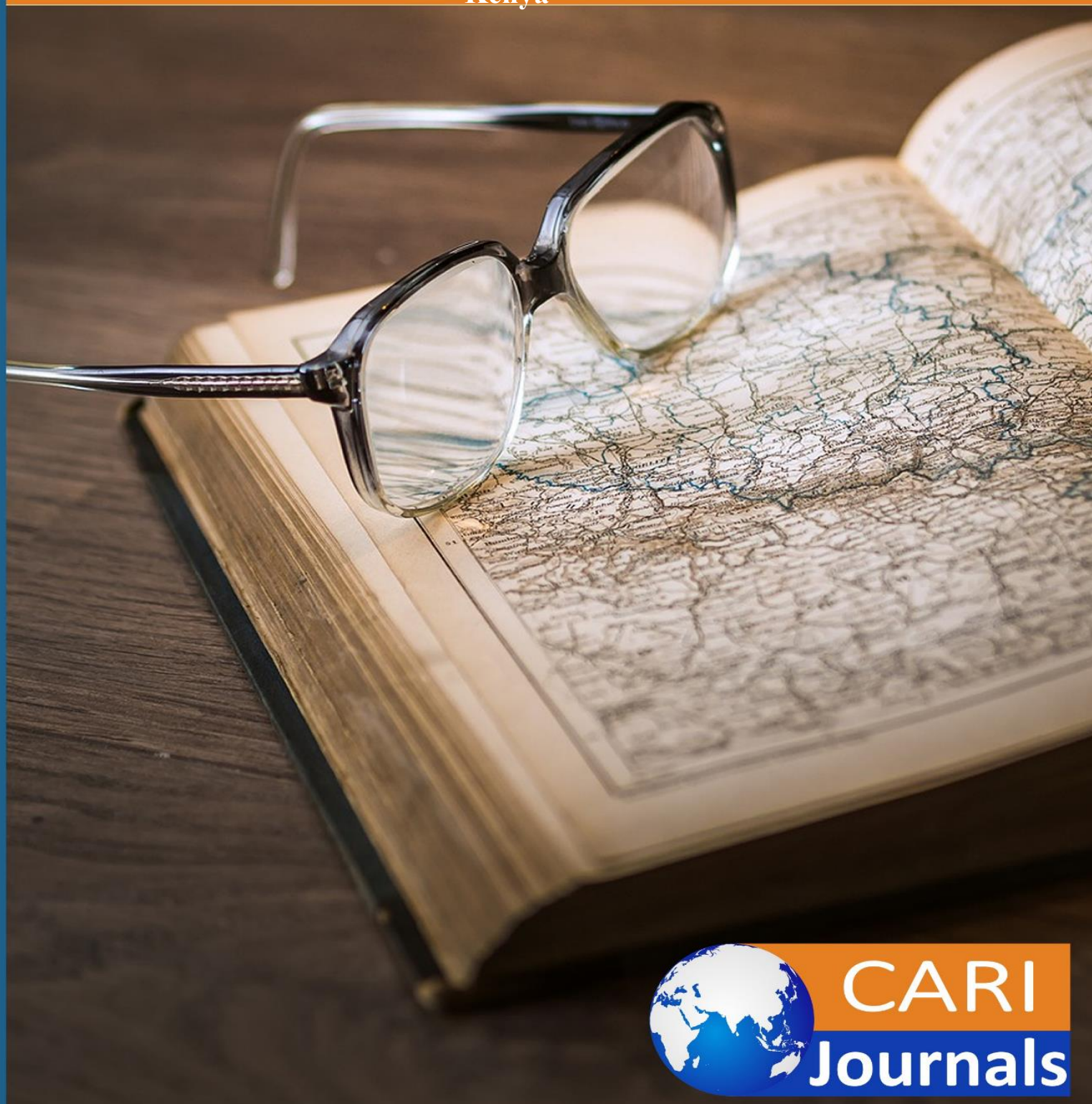

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Competence Needs Satisfaction and Vulnerability to Depression among Healthcare Workers in Kiambu Level 5 Hospital, Kenya

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Abstract

Purpose: Regular pressures and inevitable exposure to traumatic events have adversely contributed to psychological dysfunction leading to employee depression; with health care workers being particularly at risk. When doing their regular tasks, healthcare workers are subject to a variety of dangers. This is so that they can manage patients with a variety of health issues, including those brought on by trauma, accidents etc.

Methodology: This study adopted a convergent parallel mixed methods design, which enabled the researcher to collect and analyze both quantitative and qualitative data simultaneously, and then merge the results to provide a comprehensive understanding of the research problem. Kiambu Level 5 Hospital previously known as Kiambu District Hospital was targeted. The study's target population comprised 231 healthcare workers employed at Kiambu Level 5 Hospital in Kiambu County, Kenya.

Findings: Results show that among participants who had concerns on their professional and career issues, none experienced normal ups and downs, 5 (21.7%) were diagnozed with mild mood disturbance, 5 (21.7%) had borderline clinical depression symptoms, 12 (52.2%) had moderate depression symptoms and 1 (4.3%) had severe depression symptoms. The study revealed that healthcare workers who reported lower competence needs satisfaction experienced higher levels of depression. Specifically, 52.2% of participants facing competence-related anxieties showed moderate depression, emphasizing the mental health challenge stemming from feelings of inadequacy in their roles. While there was a weak positive correlation ($r = 0.127$) observed between indicators of competence needs satisfaction and levels of depression, the significance level ($p = 0.130$) exceeded the conventional significance level of 0.05, indicating no statistically significant correlation.

Unique Contribution to Theory, Policy and Practice: The research emphasizes the importance of fulfilling psychological needs the sense of competence being crucial for motivation, engagement, and mental wellness. The study aligns with Self-Determination Theory, suggesting that fostering an environment where healthcare workers feel skilled, effective, and recognized may mitigate the risk of depression and improve overall job satisfaction.

Keywords: *Healthcare, Depression, Competence, Self-Determination*

1.0 Introduction

1.1 Background to the Study

Gillet, Fouquereau, Forest, Brunault, and Colombat (2012) investigated a model in an occupational environment that looked at the impact of psychological need frustration vis a vis psychological need satisfaction on wellness indicators among the personnel of big farms in France. The findings ascertained that eudaimonic and hedonic health were strongly and negatively shaped by need frustration in the workplace.

Numerous researches have demonstrated that psychological demands for autonomy fulfilment affect workers' susceptibility to depression. Li, (2018) examined whether occupation sovereignty could lessen the impact of depression on workers' wellbeing in China and found that work sovereignity did so, with perceived control mediating this interaction effect. By reduction of the link between perceived control and depression, job independence specifically decreased the detrimental impacts of depression on stress emanating from work.

In the UK, Peter, Philip, Andrew, Julia, Martyn, and James (2019) showed that psychological need satisfaction had a restraining influence on the association between detrimental psychological indications and need frustration among firefighters. Five unique basic psychological need profiles that have an impact on human psychological functioning were discovered using latent profile studies. Although there was some evidence to suggest an unbalanced association between need fulfillment and need frustration, there were also instances of need satisfaction and frustration scores that were above average.

Ji, Ji, and Duan's (2017) study, which was done in Sierra Leone during the Ebola epidemic, found that higher levels of education were linked to less psychological suffering. Lower scores on scales evaluating health-related quality of life were shown to be connected with medical staff's knowledge gaps regarding the Ebola virus (Lehmann, Bruenahl, & Addo, 2016). As a result, education level was a predictor of how different individuals tend to behave while exposed to stressful conditions, such as an epidemic outbreak, with lower levels of education having a bigger psychological impact.

In their 2015 study on community health workers' (CHW) motivation and satisfaction in Tanzania's Morogoro Region, Rose, Aarushi, Amnesty, Dereck, David, Charles, Rebecca, Helen, Peter, Japhet, Abdullah, and Asha found that relationships with other health professionals and the community, and the provision of vital services created a high level of satisfaction among the CHWs. The socio-demographic variables of CHW did not affect the motivating or satisfying factors.

Salome (2015) looked on how stress on the job affected Kenyan non-governmental organizations' staff members' performance. The findings revealed a substantial positive association between performance and a positive mindset on work, sufficient guidance and moral support, the

availability of resources as well as the capacity to conclude assigned tasks, made the employees to work sufficiently. This finding is conclusive that a nongovernmental organization can be successful. These environmental pressures include a heavy workload and insufficient tools for getting the job done. Targeting to scrutinize the link between psychological needs satisfaction and vulnerability to depression among healthcare professionals in Kiambu Level 5 Hospital, Kenya, the current study consequently aims to build on the findings of the present investigation.

1.2 Statement of the Problem

When doing their regular tasks, healthcare workers are subject to a variety of dangers. This is so that they can manage patients with a variety of health issues, including those brought on by trauma, accidents, and COVID-19 patients. Healthcare professionals who care for and assist these patients may experience vicarious trauma or sadness. This is contributed by factors like strategic location of the hospital where it serves both Kiambu, Nairobi County and other surrounding counties which have high population, secondly the understaffed personnel and other personal factors these factors which may contributes towards the susceptibility to depression due to their demanding and stressful work environment. According to (Vansteenkiste & Ryan 2013), healthcare workers who are content with their psychosomatic needs taken care of, can rarely experince depression or be vulnerable to it. To prevent this, health facilities ought to consider their health workers' mental health needs such as autonomy, competency, relatedness and life needs were sufficiently met.

However, no research has been done in Kenya or at Kiambu Level 5 Hospital to determine whether or not the hospital and individual healthcare workers are meeting the psychological needs of the workforce, such as autonomy, competence, relatedness and life needs and whether or not this satisfaction or lack of it protects or exposes the workforce to depression. This study strived to ascertain the consequence of mental need realization on depression susceptibility among healthcare professionals at Kiambu Level 5 Hospital, Kenya.

2.0 Literature Review

One of the three fundamental psychological needs that are inborn in every person is competence. All humans have this want naturally, and it must be satiated. It is believed that individuals must become more skilled and achieve mastery over jobs. Legault, Ray, Hudgins, Pelosi, and Shannon (2017) argue that the desire to satisfy the demand for competence motivates people to persevere, maintain efforts, and exercise self-determination in order to continue developing their abilities and talents. It is seen in the behaviours of persons who refuse to yield to criticism from others. Furthermore, research has demonstrated that addressing the requirements for autonomy and competence would raise levels of engagement, intrinsic motivation, low sensitivity to adverse consequences, and accomplishment (Jang, et al., 2009). Competence is the innate desire to learn new things, develop new skills, and produce certain outcomes (Legault et al, 2017). Being able to successfully complete a task is fulfilling or satisfying. Additionally, it provides profoundly pleasurable experiences and is crucial for psychological development and wellbeing. This need

doesn't increase on its own. The social and cultural milieu that supports the development of such a demand is important.

In regards to the linkage between relatedness, psychological pain, self-control, joyful emotions, and depression, it emerged that whereas psychological discomfort, anxiety, and depression are favorably correlated with one another, positive affect, autonomy, competence, and relatedness are not.

As it can be observed, psychological discomfort completely mediates the effects of relatedness and competence while only partially mediating the influence of autonomy on depression. Psychological distress mediation proportions for autonomy, competence, and relatedness were 14.9%, 17.5%, and 18.1%, respectively. In order to assess the level of fundamental psychological need fulfilment, work engagement, and frustration among Divine Word Colleges personnel in the Ilocos Region of the Philippines, Abun, Magallanez, Foronda, and Agoot (2019) conducted a study. Theories that are supported by relevant literature and studies were presented to support the study. 250 people, or all of the college staff, were the study's population. The study employed a fact-finding inquiry-aided descriptive correlational research design. The information was gathered through questionnaires. The findings showed a connection between work engagement and the fulfilling of fundamental psychological needs. However, other than relatedness need frustration, basic psychological need irritation does not generally connect to participation. At a 0.05 level of significance, the study found a relationship between basic psychological need fulfilment and job engagement. When considered separately, work engagement is connected with the satisfaction of the needs for autonomy, relatedness, and competence.

Kormas, Karamali, and Anagnostopoulos (2014) conducted a study on attachment anxiety, meeting major psychosomatic needs and signs of depression in students at Athens University, Greece. In total, 318 undergraduate students were interviewed using the general fulfillment of fundamental psychological needs scale, the depression scale, and the scale evaluating close relationship experiences are all used by epidemiologic studies. Each component of the proposed mediation model was assessed. Initial investigation revealed a significant correlation between depressive symptoms and attachment anxiety.

The direct impact of connection anxiety on the experience of depressive symptoms was also found to be significant after controlling for the satisfaction of basic psychological needs, indicating partial mediation.

In 2015, Koinis, Giannou, Drantaki, Angelaina, Stratou, and Saridi looked at how the workplace affected the mental and social wellness of healthcare personnel. The research was carried out in Athens, Greece. The study sample comprised of 200 professionals with ages ranging from 21 to 58 who worked in a conventional hospital with 240 beds. Using a standardized questionnaire, people's coping techniques for stressful situations or events were evaluated using the SPSS 16.0

program to conduct the statistical analysis. Reducing analysis showed that coping mechanisms for stressful events can have an effect on the emotional well-being of healthcare professionals.

The research revealed a conspicuous absence of strategies to manage stress in workplaces, which the sample population frequently saw as a managerial disregard for their psychological well-being. It was discovered that some key components for lowering workplace stress included the requirement to inspire and morally reward the workforce, as well as to motivate them with upward job mobility and other incentives.

Hospital nurses' basic psychological needs (BSN) satisfaction and their intention to leave the field were compared by Klein (2017). To look into these links, 99 licensed nurses from an organization in southern Arizona participated as a convenience sample, and they completed three online tests. According to the findings, there is a connection between Compaction fatigue (CF) and the BPN of autonomy and competence, as well as between each of these BPN and TI. Further research found that CF and TI only had a tenuous connection. According to the findings of the multiple regression analysis, only competence and autonomy significantly predicted TI. There is a chance for social change if the value of meeting RNs' BPN is acknowledged, leading to a decline in CF and TI, which could improve patient care, productivity, and morale.

Research on the prevalence of common mental problems among medical professionals was done by Mulatu, Tesfaye, Woldeyes, Bayisa, Fisseha, and Kassu (2021) in a tertiary health facility in Ethiopia during the COVID-19 pandemic. A self-administered study was done with a view to collect sociodemographic information with indicators of mind diseases while utilizing recognized measuring apparatus. Basically, the presence of symptoms of distress, insomnia, depression and anxiety, were gauged. According to the findings, depression, anxiety, insomnia, and psychological distress were rampant and compared to other healthcare professionals, frontline caregivers maintained a greater score on indicators of psychological health. Being married was linked to having a lot of depression, according to a logit regression study. Being a frontline worker was a unique characteristic that was linked to extreme levels of despair, anxiety, and psychological discomfort. Being married and holding a job in the front lines of an organization were two independent aspects connected to a likelihood of getting into depression. Factors that were independently linked to a higher risk of depression. Anxiety and psychological distress symptoms can be more acute when you work in a front-line role. Compared to professionals in the laboratory or pharmacy, employment as a medical practitioner was linked to minimal likelihood of insomnia and anxiety.

Ndegwa (2020) examined how well social skills training in Kenya worked to cure depression in university students. This study's goal was to evaluate Social Skills Training's (SST) efficacy as a depression intervention for college students at two public universities in Kenya. The main idea for this study came from Wendy Treynor's theory of depression and Lewinsohn's behavioral theory of depression (Lewinsohn, 1974).

3.0 Methodology

This study adopted a convergent parallel mixed methods design, which enabled the researcher to collect and analyze both quantitative and qualitative data simultaneously, and then merge the results to provide a comprehensive understanding of the research problem. Kiambu Level 5 Hospital previously known as Kiambu District Hospital was targeted. The study's target population comprised 231 healthcare workers employed at Kiambu Level 5 Hospital in Kiambu County, Kenya (Kiambu County Government Health Services, 2023). This population included a diverse range of medical professionals, such as physicians, clinical officers, nurses, pharmacy technicians, lab technicians, radiology technicians, public health authorities, psychologists/social workers, biomedical technologists, and medical record technologists.

The study employed proportionate stratified random sampling because the population consisted of a clearly defined group of healthcare workers within a single hospital. Stratification was done by cadre to ensure that all professional groups were fairly represented in the study. Within each cadre, participants were selected using simple random sampling from the hospital's updated staff roster. Questionnaires and an interview schedule was utilized to maximize the depth and accuracy of the data that was gathered. In order to clarify and validate the data to be acquired, it was necessary to use a variety of tools. The investigation into depression vulnerability would provoke a range of responses.

To acquire data, the researcher applied for research authorization through letters of approval from Mount Kenya University and the National Commission for Science, Technology, and Innovation (NACOSTI). Permission was also sought from the Ministry of Interior and Coordination via the Kiambu County Commissioner's office and the County Director of Education. Once the required approvals were obtained from the relevant authorities, these documents facilitated permission to conduct the study at Kiambu Level Five Hospital from the hospital management.

Before the administration of the instruments, respondents were made aware of the purpose and nature of the study. As a result, they consented to participate in the study of their own volition. The confidentiality and identity of the respondents and their responses were carefully safeguarded, ensuring that the information obtained for the study was used exclusively for its intended purpose.

4.0 Results and Findings

Competence needs satisfaction refers to the extent to which individuals feel effective, skilled, and capable in their roles and tasks. Among healthcare workers, competence needs satisfaction is particularly significant given the demanding and often stressful nature of their profession. When healthcare workers experience a high level of competence needs satisfaction, they are likely to feel more empowered, engaged, and resilient in their work, leading to a positive impact on their overall well-being. Conversely, a lack of competence needs satisfaction can lead to feelings of inadequacy, burnout, and decreased job satisfaction, which are closely linked to an increased vulnerability to

depression. The pressures of delivering high-quality care, navigating complex patient needs, and managing time constraints can intensify these feelings, especially in environments where support and resources are limited.

Table 1: Relationship between Competence Needs Satisfaction and Vulnerability to Depression among Healthcare Workers

			Levels of Depression					
			Normal ups and downs	**Mild mood disturbance**	**Borderline clinical depression**	**Moderate depression**	**Severe depression**	**Total**
Indicators of Competence Needs Satisfaction	Professional and career issues	Count	0	5	5	12	1	23
		% within Indicators of Competence Needs Satisfaction	0.0%	21.7%	21.7%	52.2%	4.3%	100.0%
	Work load	Count	2	19	19	16	2	58
		% within Indicators of Competence Needs Satisfaction	3.4%	32.8%	32.8%	27.6%	3.4%	100.0%
	Time pressure	Count	0	6	23	22	2	53
		% within Indicators of Competence Needs Satisfaction	0.0%	11.3%	43.4%	41.5%	3.8%	100.0%
	Management issues	Count	0	2	1	5	2	10
		% within Indicators of Competence Needs Satisfaction	0.0%	20.0%	10.0%	50.0%	20.0%	100.0%
Total		Count	2	32	48	55	7	144
		% within Indicators of Competence Needs Satisfaction	1.4%	22.2%	33.3%	38.2%	4.9%	100.0%

Table 1 shows that among participants who had concerns on their professional and career issues, none experienced normal ups and downs, 5 (21.7%) were diagnozed with mild mood disturbance,

5 (21.7%) had borderline clinical depression symptoms, 12 (52.2%) had moderate depression symptoms and 1 (4.3%) had severe depression symptoms. Among participants who complained of being overburdened with work load, 2 (3.4%) experienced normal ups and downs, 19 (32.8%) were diagnozed with mild mood disturbance, 19 (32.8%) had borderline clinical depression symptoms, 16 (27.6%) had moderate depression symptoms and 2 (3.4%) had severe depression symptoms. From the participants who complained of time pressure as a result of working for long hours, none experienced normal ups and downs, 6 (11.3%) were diagnozed with mild mood disturbance, 23 (43.4%) had borderline clinical depression symptoms, 22 (41.5%) had moderate depression symptoms and 2 (3.8%) had severe depression symptoms. Among participants who complained of management issues, none experienced normal ups and downs, 2 (20.0%) were diagnozed with mild mood disturbance, 1 (10.0%) had borderline clinical depression symptoms, 5 (50.0%) had moderate depression symptoms and 2 (20.0%) had severe depression symptoms. In total, 2 (1.4%) experienced normal ups and downs, 32 (22.2%) were diagnozed with mild mood disturbance, 48 (33.3%) had borderline clinical depression symptoms, 55 (38.2%) had moderate depression symptoms and 7 (4.9%) had severe depression symptoms.

A notable finding about the participants who had concerns about professional and career issues is that none reported "normal ups and downs," which suggests that such concerns are profoundly destabilizing. The fact that over half (52.2%) of these participants exhibited moderate depression symptoms indicates a severe impact on their emotional health. The presence of both mild and borderline symptoms further underscores the need for targeted interventions that address professional anxieties, potentially including career counseling, mentorship programs, and skill development initiatives to enhance job satisfaction and security.

Among those who reported feeling overburdened by their workload, 66.4% displayed some level of mood disturbance, with almost a third experiencing moderate symptoms of depression. The significant proportion of individuals facing mild and borderline clinical depression highlights the untenable pressure that excessive workloads can impose. This finding emphasizes the necessity for Kiambu Level 5 Hospital to assess and manage health care workers' workloads effectively, potentially through adjustments in staffing, workflow optimization, and the implementation of supportive work environments that prioritize mental health.

The participants experiencing time pressure due to long hours presented a troubling picture, with none experiencing normal emotional fluctuations. Instead, a combined 85.3% experienced various levels of mood disturbances, ranging from mild to severe. This high prevalence points to severe work-induced stress and suggests that long working hours are a significant contributing factor to declining mental health among the health care workers. Kiambu Level 5 Hospital must consider strategies such as implementing strict shift limits, providing adequate breaks, and promoting a culture of work-life balance to mitigate these effects. The findings related to management issues reveal similar trends, with a high percentage of participants exhibiting moderate to severe depressive symptoms. The perceived lack of support or ineffective management can exacerbate feelings of helplessness and dissatisfaction among staff, which can further contribute to emotional

distress. Addressing management strategies, enhancing communication, and fostering a supportive environment can be crucial steps toward improving morale and mental health outcomes.

The linkage between professionals' mental health, specifically, the emotional distress stemming from career concerns, workload, time pressure, and management issues and fundamental psychological needs, particularly the need for competence, highlights a crucial intersection in understanding the mental wellness of healthcare workers. The findings show that the absence of "normal ups and downs" in emotional states due to professional and career concerns reflects an inherent dissatisfaction with the participants' sense of competence and efficacy in their roles. The significant percentage (52.2%) exhibiting moderate depression symptoms among those with professional concerns corroborates findings by Legault et al. (2017), which assert that unfulfilled competence needs can heavily impact motivation and persistence in professional settings.

When healthcare workers are burdened by workload where 66.4% reported emotional disturbances, it becomes evident that excessive demands not only exacerbate stress but also diminish one's ability to feel competent at work. Jang et al. (2009) assert that competence and autonomy are intertwined within the framework of engagement and psychological health. Therefore, Kiambu Level 5 Hospital should intuitively recognize the importance of workload management, aligning with the idea that fulfilling the need for competence leads to improved morale and productivity.

The troublesome realities of those facing time pressure due to extended working hours, where 85.3% reported mood disturbances, suggest a direct impact on psychological well-being, akin to findings from Koinis et al. (2015) and Mulatu et al. (2021), which highlight the adverse effects of high-stress environments in healthcare settings. The need for competence and its fulfillment becomes real, health care workers may spiral into deeper levels of distress, indicating the need for initiatives that allow for adequate rest, recovery, and work-life balance. Moreover, the indications of management issues leading to significant depressive symptoms align with the theoretical framework of relatedness and competence. Addressing grievances regarding management structures and fostering a supportive environment should not be viewed merely as operational necessities but as strategic imperatives for mental health, congruent with the research that suggests a lack of support increases feelings of helplessness, ultimately hindering personal and professional development.

Studies, such as those conducted by Klein (2017), underscore the critical interrelationship between burnout, basic psychological needs (autonomy and competence), and their implications for employee retention and patient care. By enhancing support systems, professional development opportunities, and emotional rewards, organizations can cultivate a healthier workforce. Finally, the findings from Ndegwa (2020) regarding social skills training highlight the potential for psychological interventions that may address not only personal competencies but also collective workplace dynamics. As healthcare settings evolve, integrating findings across various studies will foster strategies aimed at improving the psychological health of workers. Addressing the interplay between pressures in the workplace and the fundamental psychological needs of competence will

ultimately lead to reduced incidences of mood disturbances and foster a healthier, more engaged workforce capable of delivering high-quality patient care.

The findings on the total variance among the ten statements that explained compentency needs satisfaction are presented in Table 2.

Table 2: Total Variance Explained

	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.791	27.909	27.909	2.791	27.909	27.909	2.475	24.746	24.746
2	1.672	16.724	44.633	1.672	16.724	44.633	1.989	19.887	44.633
3	.975	9.748	54.381						
4	.890	8.904	63.285						
5	.798	7.981	71.266						
6	.653	6.531	77.797						
7	.634	6.343	84.140						
8	.611	6.108	90.248						
9	.537	5.373	95.621						
10	.438	4.379	100.000						

Extraction Method: Principal Component Analysis.

Key:

1. I don't feel very capable of handling issues most of the time.
2. My contacts say I am competent in my work.
3. I have had the opportunity to pick up some interesting new abilities.
4. Most times I generally feel proud of my work.
5. I don't have many opportunities in my life to demonstrate my abilities.
6. I don't always feel particularly capable.
7. Professionalism is emphasized in my work place
8. Skill mastery is appreciated in the workplace
9. I believe that I can take care of myself.
10. I have good collaboration skills

Table 2 presents Initial Eigen values and it shows that only two components have a total Initial Eigen values exceeding 1. The two components account for 44.633% of the variance. The two components are;

1. I don't feel very capable of handling issues most of the time.
2. My contacts say I am competent in my work.

The statements “I don't feel very capable of handling issues most of the time” and “My contacts say I am competent in my work” highlight a paradoxical scenario that many health care workers experience in their professional lives. This dichotomy offers valuable insight when examined through the lens of Self-Determination Theory (SDT), which emphasizes the fundamental psychological needs of competence, autonomy, and relatedness as crucial elements for fostering personal growth, motivation, and overall well-being.

The first statement

> “*I don't feel very capable of handling issues most of the time” reflects an internal belief in inadequacy: "I don't feel very capable of handling issues most of the time.*"

This sentiment may stem from various factors, such as anxiety, previous failures, or the weight of expectations, either self-imposed or external. According to SDT, when individuals perceive themselves as lacking competence, their intrinsic motivation can decline, leading to a sense of helplessness. This internal struggle can generate a cycle where low self-esteem inhibits performance, resulting in further feelings of incompetence. In contrast, the second statement,

> *"My contacts say I am competent in my work,"*

represents an external validation of one's abilities. This external acknowledgment can serve as a crucial motivator, reinforcing the perception of competence. Within the framework of SDT, such external feedback is significant; it can enhance an individual’s sense of competence, especially when they internalize this validation. However, it is essential to recognize that external affirmations may not have a lasting effect unless they align with an healt worker’s intrinsic motivation to perform and grow.

SDT emphasizes the importance of autonomy in fostering motivation and engagement. Autonomy pertains to the degree to which individuals feel they are the authors of their own actions. If someone feels insufficiently capable, they might perceive their situation as being dictated by factors outside their control, undermining their sense of autonomy. This lack of autonomy can contribute to anxiety and disengagement, especially when facing challenging tasks. Conversely, when individuals affirm their competence through their work they often feel a greater sense of autonomy. This increase in autonomy can motivate individuals to take on challenges and invest greater effort in tasks, as they feel empowered to act based on their values and choices. An individual who believes in their capabilities and receives external validation is more likely to engage in proactive behaviors that foster growth and development.

The correlations between the ten statements that collected information about competence needs satisfaction and its requisite indicators are presented in the rotated component matrix in Table 3

Table 3: Rotated Component Matrix

Rotated Component Matrix[a]				
	Component			
	1	2	3	4
Professionalism is emphasized in my work place	.765			
Most times I generally feel proud of my work.			.707	
I believe that I can take care of myself.	.660			
Skill mastery is appreciated in the workplace	-.474			.632
My contacts say I am competent in my work.	.542	-.365		
I have good collaboration skills	.419			
I don't have many opportunities in my life to demonstrate my abilities.			.728	
I don't always feel particularly capable.		.678		
I have had the opportunity to pick up some interesting new abilities.		.660		
I don't feel very capable of handling issues most of the time.		.609		-.237

Extraction Method: Principal Component Analysis.
Rotation Method: Varimax with Kaiser Normalization.
a. Rotation converged in 3 iterations.

Key:

- Component 1 - "**Professional and career issues"**
- Component 2 - **"Work load"**
- Component 3 – **"Time pressure"**
- Component 4 – **"Management Issues"**

Table 3 shows that the statement "Professionalism is emphasized in my work place" is positively correlated (.765) with professional and career issues but it is neither correlated with work load, time pressure nor management issues. The statement "Most times I generally feel proud of my work" is positively correlated (.707) with management issues, however, it is not correlated with either professional and career issues, work load or time pressure. The statement "I believe that I can take care of myself" is positively correlated (.660) with professional and career issues but it has no correlation with work load, time pressure and management issues. The statement "Skill

mastery is appreciated in the workplace" is negatively correlated (-.474) with professional and career issues and it is also positively correlated (.632) with management issues. However, it is not correlated with work load and time pressure. The statement "My contacts say I am competent in my work" is positively correlated (.542) with professional and career issues and negatively correlated (-.365) with work load. It however, is not correlated with time pressure and management issues. The statement "I have good collaboration skills" is positively correlated (.419) with professional and career issues. But it is not correlated with work load, time pressure and management issues. The statement "I don't have many opportunities in my life to demonstrate my abilities" is positively correlated (.728) with time pressure. However, it is not correlated with professional and career issues, work load and management issues. The statement "I don't always feel particularly capable" is positively correlated (.678) with work load but it is not correlated to either professional and career issues, time pressure or management issues. The statement "I have had the opportunity to pick up some interesting new abilities" is positively correlated (.660) with work load but it is not correlated to either professional and career issues, time pressure or management issues. The statement "I don't feel very capable of handling issues most of the time" is positively correlated (.609) with work load and negatively correlated (-.237) with management issues. But it is not correlated with professional and career issues and time pressure.

The correlation of the statement "Professionalism is emphasized in my workplace" with professional and career issues (0.765) underscores the role of a professional environment in fostering a sense of competence among employees. In SDT, the innate need for competence is crucial for growth and motivation. A workplace that emphasizes professionalism is likely to provide an environment where employees can develop skills and achieve mastery, satisfying their intrinsic need for competence (Legault et al., 2017). This nurturing of competency can lead to enhanced job satisfaction and engagement.

The statement, "I believe that I can take care of myself," which has a positive correlation with professional and career issues (0.660), aligns with the concept of self-efficacy and autonomy in fostering competence. Individuals who feel they can manage their responsibilities are more likely to take initiative and push for personal growth, demonstrating the demand for autonomy (Jang et al., 2009). Additionally, contrasting the feeling of being capable with the negative correlation of "I don't always feel particularly capable" with workload (0.678) illustrates the effects of workload on self-perception. If individuals feel overloaded, their sense of competence diminishes, which can lead to a cycle of reduced motivation and engagement.

The statement "Most times I generally feel proud of my work," positively correlated with management issues (0.707), suggests that positive management practices can enhance feelings of pride and fulfillment among employees. When management effectively supports employees and acknowledges their efforts, it reinforces their sense of competence and relatedness. This notion is reinforced by research indicating that addressing autonomy and competence improves engagement and intrinsic motivation, ultimately fostering more positive workplace experiences (Abun et al., 2019).

Interestingly, the negatively correlated statement "Skill mastery is appreciated in the workplace" with professional and career issues (-0.474) suggests a potential misalignment between skill recognition and perceived professional growth. While skill mastery is advantageous, if employees perceive it as static or uncelebrated, this may inhibit their pursuit of further mastery and engagement. The implications here are significant; workplaces should strive to create developmental pathways that not only recognize skill but also encourage continuous learning and competence enhancement.

The affirmation of "I have good collaboration skills" positively correlating (0.419) with professional and career issues suggests that collaboration may help satisfy relatedness, another fundamental psychological need. Supportive interpersonal relationships in a workplace contribute to a sense of belonging and relatedness. Research by Legault et al. (2017) highlights that fulfilling the need for relatedness enhances overall psychological well-being and job satisfaction.

Several statements, such as "I don't feel very capable of handling issues most of the time" and "I have had the opportunity to pick up some interesting new abilities," which are positively correlated with workload but not with management issues, point to an overwhelming workload impacting self-perception of competence. When employees are overloaded, their ability to perceive themselves as competent diminishes, which can lead to feelings of inadequacy and decreased motivation, reflecting aspects supported by SDT regarding the impacts of psychological distress on engagement and performance.

The finding that "I don't have many opportunities in my life to demonstrate my abilities" positively correlates with time pressure (0.728) speaks to an environment where individuals feel they cannot showcase their skills. This disconnect between time pressure and competence can create psychological distress, leading to frustration and disengagement. Addressing these barriers aligns with the SDT emphasis on fulfilling the need for competence.

The correlation between indicators of competency needs satisfaction and levels of depression is presented in Table 4.

Table 4: Correlation between Competency Needs Satisfaction and Levels of Depression

		Levels Depression	**ofIndicators of Competence Needs Satisfaction**
Levels of Depression	Pearson Correlation	1	.127
	Sig. (2-tailed)		.130
	N	144	144
Indicators of Competence Needs Satisfaction	Pearson Correlation	.127	1
	Sig. (2-tailed)	.130	
	N	144	144

Table 4 shows analysis between "Levels of Depression" and "Indicators of Competence Needs Satisfaction using the Pearson Product Moment correlation. The analysis were done with a significance level of 0.05. The Pearson correlation coefficient (0.127) indicates a weak positive correlation between the levels of depression and indicators of competence needs satisfaction suggesting that as values of indicators of competence needs satisfaction increase, severity of depression also tend to mildly increase as well. The significance value (p-value) (0.130) is above the 0.05 sifnificance level implying that there is no statistically significant correlation between levels of depression and indicators of competence needs satisfaction and that the observed correlation could be due to chance. Therefore the null hypothesis that there is no statistical significant relationship between competence needs satisfactions and vulnerability to depression among healthcare workers in Kiambu level 5 Hospital, Kenya is retained.

A male laboratory technician expressed frustration over limited opportunities for professional growth, which contributed to feelings of stagnation:

> *"..I have been in this hospital for more than 10 years, but there are no clear pathways for promotion or further training. I feel stuck in the same position while my peers in other institutions advance. This makes me question my worth and has really lowered my motivation and morale.."* (HCW 4)

Lack of career progression opportunities has been linked to depressive symptoms among healthcare workers, as confirmed by Kumar and Khan (2019), who found that limited professional growth contributes to job dissatisfaction and emotional distress.

A female nurse reported that heavy workload and long working hours without adequate breaks left her emotionally exhausted:

> *"..sometimes I handle too many patients at once, and the pressure is overwhelming. There are days I don't even get time for lunch. By the end of the shift, I feel completely drained. Over time this constant pressure has made me irritable, anxious, and sometimes I just want to quit.."* (HCW 5)

This aligns with a study by Shanafelt et al. (2015), which demonstrated that excessive workload and time pressure are strong predictors of burnout and depressive symptoms in healthcare professionals.

A male clinical officer explained that poor management practices made him feel undervalued and unsupported:

> *"..most of the time, management doesn't listen to our concerns. We raise issues like staff shortages or lack of equipment, but nothing is done. It feels like our voices don't matter. This neglect makes me feel helpless and frustrated, which affects my mental health.."* (HCW 6)

Inadequate managerial support has been shown to exacerbate depression risk. This is consistent with findings by Montgomery et al. (2019), who noted that poor supervisory support significantly increases psychological distress among healthcare workers.

5.0 Summary, conclusion and Recommendations

5.1 Summary

The study revealed that healthcare workers who reported lower competence needs satisfaction experienced higher levels of depression. For instance, a considerable portion of participants expressing concerns about professional and career issues exhibited moderate to severe depression symptoms, with none reporting normal emotional fluctuations. Specifically, 52.2% of participants facing competence-related anxieties showed moderate depression, emphasizing the mental health challenge stemming from feelings of inadequacy in their roles.

A substantial percentage (66.4%) of participants who reported excessive workloads experienced various levels of mood disturbances, with many indicating moderate symptoms of depression. Similarly, those mentioning time pressure due to long working hours exhibited alarming trends, with 85.3% reporting emotional disturbances. These findings underscore the critical correlation between occupational stressors and mental health, highlighting that excessive demands significantly impact perceived competence and well-being.

Participants facing management issues showed similar trends in depressive symptoms. The lack of support and effective management was associated with heightened feelings of helplessness and dissatisfaction, further exacerbating mental health concerns among healthcare workers. It points to the need for improved management practices that foster a supportive work environment.

While there was a weak positive correlation ($r = 0.127$) observed between indicators of competence needs satisfaction and levels of depression, the significance level ($p = 0.130$) exceeded the conventional significance level of 0.05, indicating no statistically significant correlation.

The research emphasizes the importance of fulfilling psychological needs—the sense of competence being crucial for motivation, engagement, and mental wellness. The study aligns with Self-Determination Theory, suggesting that fostering an environment where healthcare workers feel skilled, effective, and recognized may mitigate the risk of depression and improve overall job satisfaction.

In summary, the findings highlight the intricate relationship between competence needs satisfaction and vulnerability to depression, illustrating the importance of addressing occupational stressors and enhancing workplace support systems in order to promote the mental health and well-being of healthcare workers. These insights call for strategic interventions tailored to meet healthcare health care workers' psychological needs, thereby improving both individual and hospital goals.

5.2 Conclusion

The study explored the interplay between various psychological needs—autonomy, competence, relatedness, and life needs satisfaction—and their relationship with depression. Although the

findings indicated weak statistical correlations between autonomy and competence needs satisfaction with depression, qualitative insights underscored the importance of these psychological needs in shaping the emotional well-being of healthcare professionals. Participants shared experiences of frustration, helplessness, and inadequacy when autonomy and competence needs were unmet, suggesting that these factors may influence mental health more subtly than initially anticipated.

5.3 Recommendations

The hospital management should also support financial stability initiatives among the staff such as offering workshops on financial literacy to help healthcare workers manage their finances more effectively, reducing financial stress and its associated impact on mental health. The management should also review and enhance compensation packages to reflect the demanding nature of healthcare work, ensuring that staff feels valued and secure. The hospital management should also establish support for professional development. For instance, the management can provide access to continuous education and professional development opportunities, which can enhance competence and overall job satisfaction.

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