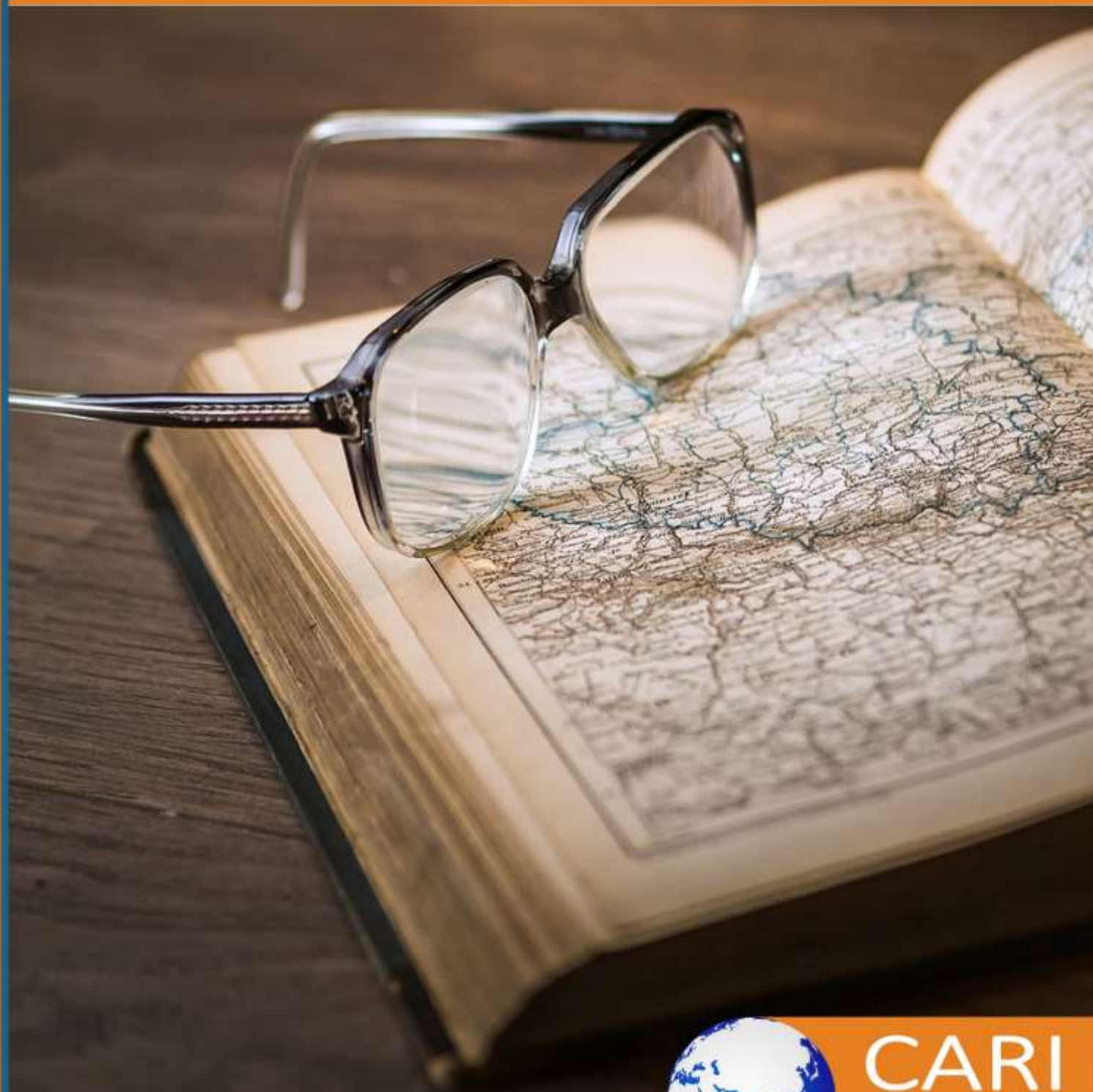


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Depression among Healthcare Workers in Kiambu
Level 5 Hospital, Kenya**



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Autonomy 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. The study employed proportionate stratified random sampling because the population consisted of a clearly defined group of healthcare workers within a single hospital. To acquire data, the researcher applied for research authorization through letters of approval from Mount Kenya University. Quantitative information from the survey was loaded into the statistical packages for social sciences (SPSS) computer program Version 27. Autonomy needs satisfaction and vulnerability to depression among healthcare workers is a pertinent area of study, particularly given the challenging work environment faced by this population with hospital work environments.

Findings: The results indicated shows that among participants who indicated that they had issues with self-organization, no one reported normal ups and downs, 4 (26.7%) reported having mild mood disturbance, 4 (26.7%) reported having borderline clinical depression, 7 (46.7%) and none reported having severe depression. Utilizing Pearson correlation coefficients, the study found a very weak positive correlation ($r = 0.066$, $p = 0.431$) between autonomy needs satisfaction and levels of depression.

Unique Contribution to Theory, Practice and Policy: This indicates that, contrary to expectations, higher autonomy needs satisfaction did not significantly correspond to lower levels of depression among the participants. Factors contributing to these mental health issues were identified as including sleep disturbances, weight loss, worries about personal health, and feelings of hopelessness.

Key Words: *Healthcare, Depression, Autonomy, Trauma, Vulnerability*

1.0 Introduction

1.1 Background to the Study

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 (Jahnke, Poston, Haddock & Murphy, 2016). It is, therefore, crucial to realize the circumstances that trigger psychological dysfunction and ill-being of healthcare workers in order to safeguard their health and well-being at work. The Basic Psychological Needs Theory (BPNT), proposed by Ryan & Deci, (2017), suggests that individuals develop, mature and perform at their best when their fundamental psychological requirements for competence, relatedness and autonomy are met. Humans are, however, unable to function normally and may show ill-health symptoms, especially when the above requirements are intentionally overlooked.

Throughout the world, it has been realised that healthcare professionals suffer from and are susceptible to depression. Lancee, Maunder, and Goldbloom (2018) identified one new incident of a terrible depressive experience among 93 HCWs in Toronto, Canada, who had not shown any earlier mental health challenges. In a different analysis that included 13 other cases, Sofia, Vasiliki, Timoleon, Vassilis, Eleni and Paraskevi (2020) found that anxiety and depression were both evaluated in 12 of the studies, with a combined dominance of 23.2% for anxiety and 22.8% for depression. When compared to male medical professionals, female HCPs and nurses showed greater incidence of emotional symptoms, according to a subgroup analysis of the data. Finally, across 5 investigations, the prevalence of insomnia was estimated at 38.9%.

Specialist nurses reported higher levels of workplace stress in comparison to common clinical nurses in the areas related to career concerns vis a vis professionals, time restraints, workload, management issues (P 0.05) and interpersonal relationships. They, however, reported less stress in the areas of resource as well as ecological issues. Total SDS scores for specialized nurses ranged from 26 to 95. (47.80 10.59).

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 contribute 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 experience 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

Autonomy is an essential psychological requirement, asserts Legault (2016). It alludes to the understanding of one's own autonomy and free choice concerning their thoughts, sentiments, and actions. Freedom is having control over one's life and oneself. When it comes to choosing the outcome of their scenario, the person has a locus of control. It gives people the opportunity to exercise their own independence and use all of their creativity to achieve their objectives. Collier (2002) asserts that autonomy serves as the foundation for usability, purpose, and meaning. The procedure organizes itself. Autonomy, in Piaget's view, is a self-directed behavior that emerges from freedom of choice. These intrinsic drives cause rules to self-select. One chooses the norms they uphold; therefore they are in charge of their own actions.

Piaget arrived at the idea that children's moral development occurs in two stages, namely heteronomous and autonomous reasoning, as a result of study on children's cognitive development. Heteronomous thinking can be used to explain why kids believe rules are intentional and unchangeable. However, heteronomous reasoning and autonomous reasoning are not the same. At this age, children no longer take rules as being absolute and unalterable and instead consider them to be the outcome of consensus and so adjustable. According to Sugarman (1990), Rules can be changed and interpreted in many ways. To be effective, rules must be observed, and their intent must be made plain.

Cooper (2016) postulates that satisfaction in work creates autonomy, not the financial aspect. Accordingly, working is what enables independent decision-making. Employees have the autonomy to choose their own goals and are ultimately accountable for their own actions. Autonomy-focused workplaces may help employees develop in their careers. One is motivated to work more and stay committed to the company by feeling autonomous at work (Legault, 2016).

According to SDT, a person's motivation changes from controlled to autonomous motivation when they feel free in their work (Gagné & Deci, 2005). The decrease in outside control and subsequent increase in job autonomy drive real self-leadership behavior. The fundamental need for autonomy is actually satisfied by actual autonomous functioning, which encourages engagement at work and well health. Additionally, job autonomy gives employees the freedom to select their own working practices and to match them with personal preferences (Deci & Ryan, 2000).

Healthcare personnel can face demanding, tough, or tedious work demands, yet the work still needs to be done. Employees are motivated to organize job needs by employing behavioral and cognitive self-leadership tactics when they have job autonomy (Müller & Niessen, 2019).

Enns, Currie, and Wang (2015) examined professional independence and work environment as factors that facilitate depression, causing a high level of absenteeism in Canadian nurses based on the fact that the rate of depression amongst Canadian nurses is twice as high as working women. The objective of the research was to pinpoint the elements of the workplace, professional autonomy, and healthcare context that may contribute to female nurses' absenteeism and depression.

Li, (2019) examined whether workplace autonomy could lessen the impact of depression on workers' wellbeing in China. One of the most common reasons for work incapacity is depression. The study investigated whether encouraging occupational autonomy would lessen the negative impact of depression on workers' wellbeing. The survey was carried out twice, with the first involving 5974 Chinese full-time workers. In the second study, full-time workers from the individualistic United States and the collectivistic India were gathered online.

In 2017, a University of Birmingham study looked at whether job autonomy increased happiness and job satisfaction (Wheatley, 2017). Researchers at the University of Birmingham, Business School used data from the *Understanding Society* survey collected over two years from 20,000 employees to assess variations in perceived well-being in relation to levels of autonomy. Levels of autonomy varied significantly between occupations and by gender, according to the study, which was published in the journal *Work and Occupations* (Wheatley, 2017). Ninety percent of those in management said they had "some" or "a lot" of autonomy at work, the greatest levels of autonomy indicated by any group. Professionals report having far less control, especially over the speed and length of their workdays. Around 50% of lower-skilled employees have no autonomy over their working hours at all, compared to 40–50% of other employees who reported having substantially lower autonomy. The advantages of working from home and unofficial flexibility lend more support to the notion that people who "enjoy" their professions place a high value on schedule management.

The study found compelling evidence that implies men and women were differently impacted by their level of autonomy. Women appeared to benefit more from flexibility in the scheduling and location of their work since it allowed them to combine other responsibilities like family obligations. The mode of work and control over the work schedule, according to Dr. Wheatley, were found to be more important to the wellbeing of female employees. Homeworking, in

particular, benefited women with caring obligations by enabling them to better balance paid work and family duties. Tasks, tempo, and task sequence were found to have a greater impact on men than on women. The study also showed that managers frequently refuse to grant workers more autonomy and the advantages that come with it because their primary function is still control and effort extraction, even though stated levels of well-being have risen (Wheatley, 2017).

Gu, et al. (2021) examined the relationship between HIV-related stigma and linkage to HIV care for guys engaged in sexual relationship with fellow men in Ghana, West Africa. The study employed structured surveys to look at how stigma related to HIV, stigma related to same-sex behavior, and stigma related to gender nonconformity affected MSM (N = 225) living with HIV in Ghana's linkage to HIV care (LTC). Long-term care was anticipated by advancing age, an autonomy-supportive hospital setting, and HIV stigma. The study's findings highlighted the multifaceted roles stigmas play in affecting how MSM living with HIV obtain care while also exposing serious shortcomings in the measuring of HIV-related stigma. Although there was an inverse relationship between enacted HIV stigma and same-sex stigma, there was a positive relationship between HIV stigma and the healthcare environment. According to MSM in the study, encounters with healthcare professionals generally supported their autonomy, indicating to Ghana's supportive healthcare environment. The results of prior MSM studies in Ghana and Africa confirm the connection between LTC and autonomy-supportive health care.

Muthuri, Senkubuge, and Hongoro (2020) investigated the motivation of medical staff members working in a variety of hospitals in Kenya within Meru County. Another cross-sectional study is being conducted to examine the factors affecting the types and degrees of inspiration in medical personnel employed in assorted hospitals. Results here designate that there are a high number shared motivational elements compared to variances across medical personnel, independent of institution ownership. As a result, in order to assure a skilled healthcare staff and build the nation's healthcare systems, motivation methods should be created and put into practice across all levels of hospitals in Kenya.

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). The study employed proportionate stratified random sampling because the population consisted of a clearly defined group of healthcare workers within a single hospital.

The Yamane formula, which was developed in 1967, was used to establish the recommended sample size of medical professionals to 146 respondents. Questionnaires and an interview schedule was utilized to maximize the depth and accuracy of the data that was gathered.

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.

Quantitative information from the survey was loaded into the statistical packages for social sciences (SPSS) computer program Version 27. The findings was presented using figures and tables. The qualitative information from the interview schedule was sorted, and relevant statements was grouped. After analysing qualitative data the information was presented in narative forms. Triangulation was carried out based on the analysis of both qualitative and quantitative data to confirm the study's findings. Respondents voluntarily and without coercion participated in the survey. Their confidentiality and privacy were ensured, as they were not required to write their names on the instruments.

4.0 Results and Findings

Autonomy needs satisfaction and vulnerability to depression among healthcare workers is a pertinent area of study, particularly given the challenging work environment faced by this population with hospital work environments. Autonomy needs satisfaction refers to the extent to which individuals feel they have control over their actions and decision-making processes. In healthcare settings, where workers often face high-stress situations, long hours, and emotional demands, the fulfillment of autonomy needs can significantly impact their well-being.

Levels of depression among health care workers was characterized by three different indicators of autonomy needs satisfaction: self-organization, self-regulation, and work independence. The levels of depression are categorized into five classifications: normal ups and downs, mild mood disturbance, borderline clinical depression, moderate depression, and severe depression. Results are presented in Table 1.

Table 1: Autonomy Needs Satisfaction and Vulnerability to Depression among Healthcare Workers

			Levels of Depression					Total
			Normal ups and downs	Mild mood disturbance	Borderline mood clinical depression	Moderate depression	Severe depression	
Indicators of Autonomy Needs Satisfaction	Self-organization	Count	0	4	4	7	0	15
		% within Indicators of Autonomy Needs Satisfaction	0.0%	26.7%	26.7%	46.7%	0.0%	100.0%
	Self-regulation	Count	2	27	38	45	5	117
		% within Indicators of Autonomy Needs Satisfaction	1.7%	23.1%	32.5%	38.5%	4.3%	100.0%
	Work independence	Count	0	1	6	3	2	12
		% within Indicators of Autonomy Needs Satisfaction	0.0%	8.3%	50.0%	25.0%	16.7%	100.0%
Total	Count	2	32	48	55	7	144	
	% within Indicators of Autonomy Needs Satisfaction	1.4%	22.2%	33.3%	38.2%	4.9%	100.0%	

Table 1 shows that among participants who indicated that they had issues with self-organization, no one reported normal ups and downs, 4 (26.7%) reported having mild mood disturbance, 4 (26.7%) reported having borderline clinical depression, 7 (46.7%) and none reported having severe depression. Among the participants with issues with self-organization, 2 (1.7%) experienced normal ups and downs, 27 (23.1%) reported having mild mood disturbance, 38 (32.5%) had borderline clinical depression, 45 (38.5%) had moderate depression and 5 (4.3%) had severe depression. From the participants with issues with work independence, none experienced normal ups and downs, 1 (8.3%) reported having mild mood disturbance, 6 (50.0%) had borderline clinical depression, 3 (25.0%) had moderate depression and 2 (16.7%) had severe depression. The general distribution shows a higher prevalence of borderline clinical depression to moderate depression across the participants with issues spread across the various levels of autonomy needs satisfaction.

According to Legault (2016), autonomy is fundamentally linked to an individual's capacity to make independent choices, essentially comprising the psychological freedom that enables self-determination. This self-determination influences how individuals can cope with emotional disturbances. The data from Table 43 indicates that only 15 participants reported self-organization, with the highest prevalence (46.7%) among those experiencing moderate

depression. This raises questions about how a diminished sense of autonomy especially in task management and self-organization plays a role in exacerbating depressive symptoms. Collier (2002) supports this claim by postulating that autonomy provides the framework for purpose and meaning, suggesting that when individuals experience depression, their sense of autonomy may be significantly compromised. As noted during the interview:

"I have many loans with the bank and our sacco and my net cannot support me...I look miserable in front of my colleagues...but I know I can regain if I get a salary increment...the duty roster doesn't favour me..I can be comfortable in my own business.." (HCW 5)

The insights shared by HCW 5 underscore the critical interplay between autonomy and mental well-being in the workplace, particularly in the context of healthcare settings. This participant articulates a range of factors that contribute to their sense of autonomy, suggesting that when this autonomy is hindered, it may lead to exacerbated feelings of discontent and potentially depressive symptoms. To start, the participant's mention of "salary increment" highlights the foundational elements of job satisfaction that interplay directly with their sense of control over their work environment. When individuals feel that they have sufficient autonomy in managing their duties and negotiating their responsibilities, they are more likely to experience a sense of purpose and fulfillment in their roles. Conversely, limitations in these areas can lead to feelings of frustration, helplessness, and ultimately depression, as noted by Collier (2002). The participant expresses a desire for "managing duty rosters" indicating a strong need for self-organization and control over their time and responsibilities. When external structures dictate these aspects without inclusive input from the individual, it can foster feelings of being overwhelmed or undervalued. This disconnection can magnify depressive symptoms, as the capacity to influence one's environment and circumstances is closely linked to overall mental health.

Piaget's theory of autonomy development illustrates this further, where children evolve from heteronomous reasoning accepting rules as absolute to autonomous reasoning, where they begin to see rules as negotiable (Sugarman, 1990). This developmental shift emphasizes that autonomy is not merely a characteristic of adulthood but a crucial cognitive development that influences emotional health. Depression, particularly in adults, may correlate with a regression in this autonomous reasoning capacity, limiting their ability to adaptively manage their circumstances.

Legault (2016) suggests that autonomy is a fundamental psychological need, related to the sense of control over one's thoughts, feelings, and actions. This intrinsic motivation framework can profoundly influence mental health. The capacity for self-regulation aligns closely with the ability to exercise autonomy, providing individuals with the tools to moderate their emotional states and behaviors (Deci & Ryan, 2000). As such, the decline in self-regulation at the severe level of depression might reflect a compromised ability to exercise autonomy—crucial for psychological well-being.

According to Gagné and Deci (2005), the shift from controlled to autonomous motivation fosters real self-leadership behavior, which is essential for engagement and overall health. The presence of self-regulation in mild mood disturbances and borderline clinical depression may indicate that individuals still possess some degree of autonomy, facilitating their ability to manage their emotions and actions. However, as the severity of depression escalates, the sense of autonomy appears to diminish, corroborating findings by Enns, Currie, and Wang (2015), which suggested that hospital workplace conditions and professional autonomy significantly impact participants' mental health. While self-regulation increases with mild and moderate levels of depression, it is essential to recognize a decline in autonomy as depression becomes more severe. Fostering self-regulation through supportive environments, particularly in workplaces, can help mitigate the effects of depression while enhancing employee well-being and productivity. Acknowledging and addressing these relational dynamics was crucial in developing effective interventions aimed at enhancing mental health in diverse settings.

Autonomy is deeply intertwined with mental health. Legault (2016) emphasizes autonomy as a psychological necessity, positing that having control over one's decisions enhances overall well-being. Work independence is an essential facet of this autonomy, as it allows individuals to exercise their agency regarding their employment configurations—this includes working schedules, task management, and decision-making authority in their roles. The drop in work independence with rising depression levels suggests a deterioration of an essential psychological resource for maintaining positive mental health.

According to Gagné and Deci (2005) in their self-determination theory, individuals feel less controlled when they experience autonomy in their work environments. This freedom fosters intrinsic motivation, leading to better mental health outcomes. Conversely, the absence of control as displayed in the count points to a potential loss in motivation, diminishing job satisfaction and engagement, which are crucial for psychological resilience.

Cooper (2016) asserts that workplace satisfaction is largely derived from feelings of autonomy rather than financial incentives. This connects directly into the observations from the table: as depression severity increases, the instances of work independence diminish, leading to a consequential decline in workplace satisfaction and motivation. Highlighting this relationship, Enns, Currie, and Wang (2015) found that professional autonomy could significantly mitigate depression rates in healthcare professionals, reinforcing the critical role of autonomy in workplaces facing high demands and stress.

As the dynamics of work independence and depression levels shift, we may begin to address how varying degrees of autonomy could be more beneficially leveraged among different demographics. As reported by Li (2019), promoting workplace autonomy can significantly lessen the negative implications of depression for workers, enabling them to achieve a higher sense of well-being despite mental health challenges. Table 2 presents the total variance explained.

Table 2: Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			of Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.280	22.798	22.798	2.280	22.798	22.798	1.790	17.896	17.896
2	1.663	16.633	39.431	1.663	16.633	39.431	1.698	16.977	34.873
3	1.155	11.552	50.983	1.155	11.552	50.983	1.318	13.182	48.055
4	1.022	10.216	61.199	1.022	10.216	61.199	1.314	13.144	61.199
5	.855	8.551	69.750						
6	.775	7.751	77.501						
7	.694	6.942	84.443						
8	.643	6.433	90.876						
9	.534	5.338	96.214						
10	.379	3.786	100.000						

Extraction Method: Principal Component Analysis.

Key

1. I believe that I am able to make my own decisions about how to conduct my life.
2. I feel like I'm under stress in life
3. Generally, I have no problem expressing my thoughts and opinions.
4. I regularly have to follow orders in my daily life.
5. My acquaintances support how I feel
6. In my daily interactions, I feel like I can pretty much be myself.
7. In my day-to-day life, I don't get the chance to make many decisions for myself.
8. I feel that I have been given enough responsibility in the work place
9. I feel that different views are appreciated in the work place
10. I feel that I have freedom to make choices in the workplace

Table 2 presents Initial Eigen values and it shows that only four components have a total Initial Eigen values exceeding 1. The four components account for 61.199% of the variance. The four components are;

1. I believe that I am able to make my own decisions about how to conduct my life.
2. I feel like I'm under stress in life
3. Generally, I have no problem expressing my thoughts and opinions.
4. I regularly have to follow orders in my daily life.

In exploring the significance of psychological needs within the framework of Basic Psychological Need Theory (BPNT), there are valuable insights regarding personal well-being

and workplace dynamics. On an individual level, the four components reflects profound recognition of the importance of autonomy asserting the belief in one's own ability to make decisions about life. This aligns closely with BPNT's premise that autonomy is a crucial psychological need. When individuals feel competent in their roles and have the freedom to make their own choices, they experience higher overall satisfaction and engagement in both personal and professional spheres.

However, the acknowledgment of stress in daily life highlights a potential conflict between the individual's desire for autonomy and the external pressures that often compel individuals to follow orders and adhere to prescribed structures. This tension suggests a challenge in attaining the psychological need for autonomy, potentially leading to feelings of frustration or helplessness. According to BPNT, a deficiency in any of the core needs—autonomy, competence, and relatedness can diminish one's sense of well-being and work satisfaction, as noted by Deci and Ryan (2002) and further supported by Chen et al. (2015).

Furthermore, the ability to express thoughts and opinions freely illustrates the competence aspect of BPNT. When individuals are empowered to voice their perspectives, they not only feel more capable but are also more likely to nurture strong relationships with their colleagues. Relatedness, or the need for connection, is fundamental to fostering a supportive workplace environment. The interplay between expressing opinions and the stress of following orders can indicate a lack of the necessary relatedness, ultimately impacting interpersonal relationships within work settings.

Standage and Ryan (2020) emphasize that fulfilling these psychological needs correlates with positive cognitive, behavioral, and emotional outcomes. This connection underscores the practicality of BPNT in addressing workplace factors, suggesting that organizations prioritizing autonomy, competence, and relatedness can enhance employee job satisfaction. In turn, this leads to lower susceptibility to issues such as depression, which can adversely affect work performance. Table 3 presents the rotated component matrix that explains the correlations between autonomy needs satisfaction statements and the indicators of autonomy.

Table 3: Rotated Components Matrix

Rotated Component Matrix ^a	Component		
	1	2	3
I believe that I am able to make my own decisions about how to conduct my life.	.786		
I feel like I'm under stress in life	.630		
Generally, I have no problem expressing my thoughts and opinions.	.587		
In my daily interactions, I feel like I can pretty much be myself.	-.574	.428	
I feel that I have been given enough responsibility in the work place		.767	-.317
In my day-to-day life, I don't get the chance to make many decisions for myself.		.700	
I feel that I have freedom to make choices in the workplace		.649	.464
I feel that different views are appreciated in the work place			-.826
My acquaintances support how I feel			
I regularly have to follow orders in my daily life.			.450

Extraction Method: Principal Component Analysis.

Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 6 iterations.

Key

- Component 1 - **“Self-organization**
- Component 2 - **“Self-regulation**
- Component 3 - **“Work independence**

Table 3 indicates that the statement “I believe that I am able to make my own decisions about how to conduct my life” is positively correlated (.786) with “self-organization” but does not associate itself to “self-regulation” and “work independence”. Like wise “I feel like I’m under stress in life” is also positively correlated (.630) with “self-organization” devoid of any influence on self-regulation and work independence. Also “Generally, I have no problem expressing my thoughts and opinions” is positively correlated (.587) with self-organization and does not affect self-regulation and work independence. The statement “In my daily interactions, I feel like I can pretty much be myself” is negatively correlated (-.574) with self-organization and also it is positively correlated (.428) with self-regulation but is not correlated with work independence. The statement “I feel that I have been given enough responsibility in the work place” is positively correlated (.767) with self-regulation and also negatively correlated (-.317) with work independence. However, it is not correlated with self-organization. The statement “In my day-to-day life, I don't get the chance to make many decisions for myself” is positively correlated (.700) with self-regulation but it is not correlated with self-organization and work independence. The statement “I feel that I have freedom to make choices in the workplace” is positively correlated (.649) with self-regulation and it is also positively correlated (.464) with work independence. However it is not correlated with self-organization. The statement “I feel that different views are appreciated in the work place” is negatively correlated (.826) with work independence. But it is not correlated with self-organization and self-regulation. The statement “My acquaintances support how I feel” is neither correlated to self-organization, self-organization nor work independence. The statement “I regularly have to follow orders in my daily life” is positively correlated (.450) with work independence. However, it is not correlated with self-organization and self-regulation.

According to Gu et al. (2021), the supportive healthcare environment in Ghana plays a pivotal role in facilitating linkage to care for men who have sex with men (MSM) living with HIV. The study highlighted that factors such as an autonomy-supportive setting correlate positively with LTC, suggesting that when healthcare professionals promote patient autonomy, it can mitigate the impact of HIV-related stigma. This aligns with the correlation observed where the belief in one’s ability to make decisions positively affects self-organization. It emphasizes the importance of autonomy in enhancing the patient experience, as well as motivating healthcare staff to foster self-organization among their patients. Muthuri et al. (2020) examined the motivation of healthcare staff in Kenya and found that shared motivational elements exist across different hospital settings. This suggests that the motivation of healthcare workers can influence their capacity to attain autonomy. The observed correlations between various statements regarding workplace freedom and responsibility hint at a complex relationship between autonomy, self-regulation, and work independence. For instance, the positive

correlation between feeling free to make choices in the workplace and self-regulation indicates that when healthcare workers feel empowered, it can lead to better decision-making and motivation, impacting how they provide care.

Moreover, the negative correlation between the appreciation of diverse views in the workplace and work independence underscores a potential cultural challenge within Kiambu Level 5 Hospital that may stifle motivation and creativity among the health care workers. This is relevant, as creating an environment where diverse opinions are encouraged could enhance both healthcare workers' motivation and patient care quality.

Interestingly, the statement “I feel that I can be myself” having a negative correlation (-.574) with self-organization, yet a positive correlation with self-regulation (.428), raises questions about the interactions between personal authenticity and professional autonomy. This reflects a nuanced understanding of the self and organizational dynamics. For MSM engaging with healthcare services, a similar journey of self-acceptance and navigating stigma can significantly influence their engagement with care.

Furthermore, the relationship between stress and self-organization (.630) indicates that external pressures can hinder personal autonomy, reflecting on how stigma and social pressures may impact health-seeking behaviors in MSM. Understanding how healthcare environments can mitigate stress and bolster autonomy is critical for effective interventions.

The correlations presented suggest that healthcare settings that prioritize autonomy not only improve patient linkage to care but also enhance the motivation and job satisfaction of healthcare providers. Enhancing self-organization, self-regulation, and work independence among healthcare workers ultimately creates a supportive ecosystem for health care workers, leading to increased engagement and care trajectories. Results of the correlation between indicators of autonomy needs satisfaction and levels of depression are presented in Table 4.

Table 4: Correlation between Indicators of Autonomy Needs Satisfaction and Levels of Depression

	Indicators of Autonomy Needs Satisfaction	of Needs Levels of Depression	of
Indicators of Autonomy Needs Satisfaction	Pearson Correlation 1	.066	
	Sig. (2-tailed)	.431	
	N	144	144
Levels of Depression	Pearson Correlation .066	1	
	Sig. (2-tailed)	.431	
	N	144	144

Table 4 shows the correlation between Indicators of Autonomy Needs Satisfaction and Levels of Depression using the Pearson Product Moment Correlation coefficients at 0.05 level of significance. The Correlation Coefficient is 0.066 indicating a very weak positive correlation between the indicators of autonomy needs satisfaction and levels of depression implying that as autonomy needs satisfaction slightly increases, levels of depression may also increase. The significance level for the correlation is 0.431, which is greater than the set level of significance

0.05. This shows that the correlation is not statistically significant. Therefore, the null hypothesis that there is no statistical significant relationship between autonomy needs satisfaction and vulnerability to depression among healthcare workers in Kiambu level 5 Hospital, Kenya is not rejected. These findings suggest that the satisfaction of autonomy needs does not significantly relate to the levels of depression experienced by the participants. The lack of a significant correlation could indicate that other factors, perhaps external to autonomy needs satisfaction itself such as socio-economic status, social support, or environmental stressors, may play more pivotal roles in influencing depression levels.

5.0 Summary, conclusion and Recommendations

5.1 Summary

This study aimed to determine the prevalence of vulnerability to depression among healthcare workers in Kiambu level 5 Hospital, Kenya. Autonomy needs satisfaction encompasses individuals' feelings of control over their actions and decision-making processes, which are crucial in the high-stress environment of healthcare settings.

The study categorized depression among participants into five levels: normal ups and downs, mild mood disturbance, borderline clinical depression, moderate depression, and severe depression. Analysis of the data revealed that those reporting issues with self-organization were particularly susceptible to moderate depression (46.7%) and borderline clinical depression (26.7%). Participants with self-regulation struggles exhibited a significant proportion experiencing moderate depression (38.5%) and borderline clinical depression (32.5%). In contrast, those with work independence issues had fewer participants, with a notable prevalence of borderline clinical depression (50.0%).

Utilizing Pearson correlation coefficients, the study found a very weak positive correlation ($r = 0.066$, $p = 0.431$) between autonomy needs satisfaction and levels of depression. This indicates that, contrary to expectations, higher autonomy needs satisfaction did not significantly correspond to lower levels of depression among the participants. The significance level being greater than 0.05 suggests that autonomy needs satisfaction does not play a crucial role in influencing depression levels in this sample.

Despite the weak statistical correlation, qualitative insights from healthcare workers underscored the importance of autonomy in mental health. Participants expressed that lacking autonomy, especially in self-organization and task management, contributed to feelings of frustration and helplessness. This suggests that while autonomy needs satisfaction may not have a direct statistical correlation with depression, it is still vital for enhancing emotional well-being and job satisfaction.

The lack of a significant correlation may indicate that other factors, such as socio-economic status, social support, or environmental stressors, have a more pronounced influence on depression levels. The findings point to a need for a broader understanding of the factors affecting mental health among healthcare workers beyond autonomy.

In conclusion, while the direct statistical relationship between autonomy needs satisfaction and vulnerability to depression among healthcare workers was not significant, the qualitative data highlighted the necessity of autonomy in managing emotions and job satisfaction. Addressing autonomy needs may still represent a critical component for promoting mental health and improving the overall work environment for healthcare professionals.

5.2 Conclusion

Factors contributing to these mental health issues were identified as including sleep disturbances, weight loss, worries about personal health, and feelings of hopelessness. These common stressors are further exacerbated by the demanding nature of healthcare work, including high patient loads and insufficient medical resources, which align with findings from previous research conducted in diverse contexts, including during the COVID-19 pandemic.

5.3 Recommendations of the Study

The management of the hospital should consider promoting work-life balance among the staff by introducing more flexible work schedules and shift patterns to help healthcare workers manage their work-life balance, reducing stress and fatigue. The management should also encourage employees to take their entitled leave, ensuring a culture where taking breaks is supported rather than stigmatized.

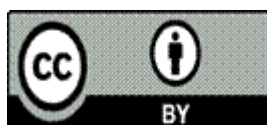
The management should also improve the working environment by investing in a more conducive work environment, addressing issues of heavy workload, long hours, and providing adequate resources and materials. The management should also develop adequate rest areas and facilities where staff can recuperate during breaks, thus improving their mental well-being.

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