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Coping Mechanisms on Psychological Wellbeing among Health Care
Workers in Emergency Units in Selected Hospitals Nyeri County, Kenya



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Intrinsic Coping Mechanisms on Psychological Wellbeing among Health Care Workers in Emergency Units in Selected Hospitals Nyeri County, Kenya

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Abstract

Purpose: The influence of Adversity Quotient (AQ) on the psychological wellbeing of healthcare workers in emergency units within selected public hospitals in Nyeri County, Kenya. Emergency healthcare environments are characterized by high stress, trauma exposure, and resource constraints, leading to elevated risks of psychological distress, anxiety, and burnout among staff. Despite global evidence on healthcare worker mental health, the role of AQ a measure of one's capacity to persevere through adversity remains underexplored in low-resource settings such as Kenya.

Methodology: The study aimed to examine the role of intrinsic coping skills. Grounded in Resilience Theory and the Transactional Model of Stress and Coping, the research employed a cross-sectional mixed-methods design. Data were collected via structured questionnaires and focus group discussions from a census sample of 220 healthcare workers across three hospitals, with a 90% response rate (n=198).

Findings: The ANOVA results (F(2,195)=59.76,p<0.001) indicate a statistically significant difference in mean Psychological Well-being scores among the three coping skill level groups. Post-hoc tests would likely confirm significant differences between all three groups, demonstrating that higher engagement in intrinsic coping skills is associated with significantly better psychological well-being. Simple linear regression was also conducted, using the composite Intrinsic Coping Skills score to predict Psychological Well-being. Regression analysis confirmed these skills as the strongest unique predictor ($\beta = 0.34$, p = .001) in the multivariate model, explaining a substantial portion of variance.

Unique Contribution to Theory, Policy and Practice: Qualitatively, workers recognized their importance but cited exhaustion and a lack of time as primary barriers to their practice during shifts. Advocate for policies that enforce work-life balance, such as strict adherence to off-duty hours and providing access to recreational facilities. Promote and fund peer support networks and mentorship programs to strengthen the stress management infrastructure that workers already rely on heavily.

Keywords: Adversity Quotient, Psychological Well-being, Healthcare Workers, Coping Skills

Vol. 4, Issue No. 4, pp. 77 – 92, 2025



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1.0 Introduction

1.1 Background of the Study

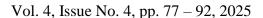
Understanding the distinction between Adversity Quotient (AQ) and the broader concept of resilience is fundamental to this study. While these two constructs are intimately related and both essential for coping with professional challenges, they are not synonymous. AQ can be narrowly defined as a measure of an individual's characteristic reaction to adversity; it encompasses the cognitive and behavioral patterns one employs when confronted with obstacles, setbacks, and difficulties. It is often described as a gauge of perseverance, indicating who is likely to persist and struggle through challenges rather than succumb to defeat. Resilience, in contrast, represents the more generalized and positive adaptive capacity to adjust to significant adversity, trauma, tragedy, or chronic stress. It is the overarching ability to "bounce back" to a pre-crisis state of normal functioning and even experience post-traumatic growth. A high AQ, which involves appraising problems as temporary, manageable, and not all-encompassing, is a potent contributor to and a foundational element of resilience. In essence, resilience is the desired outcome—the state of being psychologically robust—while AQ constitutes the dynamic process and the specific toolkit of skills that facilitate the achievement of that resilient state.

intrinsic coping mechanisms refer to the internal, personal strategies, cognitive processes, and innate traits that individuals leverage autonomously to manage emotional distress and navigate stressful circumstances. These mechanisms include capacities such as emotional self-regulation, realistic optimism, self-efficacy, and the ability to derive meaning from difficult experiences. Unlike external supports, which can be variable, intrinsic coping mechanisms represent a portable and internalized resource that an individual can call upon in any situation. The strengthening of these internal resources is a primary objective of many psychologically-based interventions, as they form the bedrock of an individual's Adversity Quotient and overall resilience.

1.2 Statement of the Problem

Preliminary evidence and situational reports suggest that public hospitals in Nyeri County face systemic challenges, including understaffing, resource shortages, and outdated infrastructure, all of which may intensify the psychological burden on healthcare workers (Muriithi & Muriuki, 2019). Brooks et al. (2020) further argue that HCWs working in high-stress environments, such as emergency units, are at an elevated risk of adverse mental health outcomes. However, literature addressing the protective role of AQ within these circumstances is scarce.

Given this critical knowledge gap, this study seeks to examine the influence of adversity quotient on the psychological wellbeing among healthcare workers in emergency units of selected public hospitals in Nyeri County. The findings may contribute immensely to the evidence-based recommendations aimed at bolstering PWB among the HCWs working in the Emergency units.





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Thus, empowering the HCWs on how to cope with the various challenges posed in the emergency units thus improving their PWB and service delivery in Kenya's healthcare systems.

2.0 Literature Review

The emergency department workforce is consistently exposed to a multitude of severe stress factors, including long hours, high patient turnover, critical care situations, and exposure to traumatic events. This high-pressure environment has been linked to increased rates of burnout, depression, and anxiety among healthcare professionals (Labrague et al., 2017). In response to these challenges, there has been a growing recognition of the importance of intrinsic coping skills as a key mechanism for maintaining psychological well-being. These skills are internal, self-regulatory processes that individuals employ to manage the emotional and cognitive demands of their work.

Intrinsic coping mechanisms, such as mindfulness, cognitive reframing, and emotion regulation, are a crucial part of an individual's psychological toolkit. A study by Baker et al. (2016) suggests that internal mechanisms like mindfulness and the ability to cognitively reappraise stressful situations are significant factors in alleviating stress and enhancing psychological outcomes among healthcare workers. These skills enable individuals to build resilience and better adapt to the unique challenges of the emergency unit, including the ability to bounce back from difficult experiences and maintain a stable mental state.

The profound stress experienced by emergency room personnel due to demanding schedules and constant exposure to trauma can lead to significant mental health issues (Shanafelt et al., 2015). Because of this, intrinsic coping mechanisms have emerged as critical interventions to mitigate these adverse effects and improve the psychological status of healthcare workers. These practices are not merely external behaviors, but deeply personal, internal strategies that individuals cultivate. They are a collection of the various activities individuals perform to maintain their mental, emotional, and psychological condition, such as emotional distancing, cognitive problem-solving, and inner reflection.

Numerous studies have demonstrated that the psychological health of healthcare professionals is enhanced by their capacity for intrinsic coping. For example, in a study by Bridgeman, Bridgeman, and Barone (2018), internal coping mechanisms, particularly those related to emotional regulation and cognitive reappraisal, were shown to reduce stress levels and prevent burnout in medical professionals. The authors found that a routine practice of reflection, acceptance, and sufficient self-compassion significantly improved the overall well-being and mental health of medical workers. They posited that these internal methods promote AQ and reduce the physiological impact of stress.

Moreover, intrinsic coping strategies are essential preventive measures against occupational stress in emergency departments, where the work requires an extremely high level of intensity and speed.

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Vol. 4, Issue No. 4, pp. 77 – 92, 2025



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Smith et al. (2020) studied nurses in emergency units who practiced emotion-focused coping and found that they experienced stress and burnout less frequently. According to their research, intrinsic coping mechanisms such as mindfulness and cognitive reappraisal were associated with better emotional management and resilience, both of which are critical for navigating the unpredictable workload of an emergency care setting. Intrinsic coping has a direct link to the concept of AQ, which is the ability to recover or adapt positively to stress and adversity. Healthcare practitioners with strong internal coping skills are in a better position to handle the pressures of the workplace.

Mealer et al. (2012) noted that internal coping behaviors, such as self-efficacy and emotional regulation, enhance psychological and physical well-being, which subsequently boosts resilience and decreases post-traumatic stress disorder (PTSD) symptoms. It has also been shown that stress levels decrease and emotional control improves by using mindfulness, or living in the present without judgment (Hülsheger et al., 2013). Mindfulness may be used to facilitate a stable psychological state and control emotional responses in the high-stakes environment of emergency rooms, where healthcare workers manage distressing situations daily. This internal skill allows them to create a cognitive buffer between the traumatic event and their emotional response, preventing a cascade of negative psychological effects.

Despite the proven benefits, several barriers can prevent healthcare providers from developing and using intrinsic coping mechanisms. Time constraints and an overwhelming workload often leave little cognitive space for internal reflection or skill practice (Gomez-Urquiza et al., 2017). The work environment itself, with its constant interruptions and high-stress demands, is not conducive to deliberate, internal coping. The well-being of healthcare workers could be significantly affected by creating a culture that not only acknowledges, but actively supports the development of intrinsic coping mechanisms. This is largely influenced by institutional support and organizational culture. More healthcare facilities should recognize the importance of these internal skills and implement mechanisms that promote their development. This could entail providing trainings in mindfulness and emotional regulation, and ensuring roles are not too demanding to allow for periods of mental de-escalation and reflection.

In conclusion, intrinsic coping skills play a vital role in the psychological well-being of employees in emergency departments. Common internal strategies such as mindfulness, emotional regulation, and cognitive reappraisal contribute to resilience, reduce stress levels, and prevent burnout. However, these skills are most effective when supported by the institution and a positive working culture. To enhance the mental well-being of healthcare professionals and the quality of care they provide, it is necessary to prioritize the cultivation of these skills and create an environment that enables healthcare professionals to engage in such healthy mental behaviors within healthcare organizations.

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Vol. 4, Issue No. 4, pp. 77 – 92, 2025



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While currently published literature offers valuable insights into the impact of intrinsic coping skills, a closer look reveals several limitations that necessitate a more focused and contextualized study. Much of the research, such as that by Shanafelt et al. (2017), is a comprehensive overview of psychological well-being among general caregivers, not exclusively those in emergency departments. The specific and unique pressures of emergency room workers, including exposure to acute trauma and high patient turnover, might require a different set of intrinsic coping skills or a more intensive approach. Moreover, some studies, by assuming a linear relationship between coping skills and psychological well-being, may disregard the potential mediating and moderating variables, such as organizational support or individual disposition that can influence the effectiveness of these skills.

West et al. (2016) acknowledge that intrinsic coping can be bolstered by organizational support. However, it is uncertain whether their findings, which focus on physician burnout, are fully applicable to all healthcare professionals in the emergency scenario, including nurses and paramedics. The study primarily highlights the importance of organizational support without comprehensively covering the barriers to implementing such support, such as insufficient funding, staffing shortages, or resistance to cultural change within healthcare organizations. The lack of this granular detail is a key weakness that a localized study could address.

Similarly, the meta-analysis by Ruotsalainen et al. (2015) provides a general perspective on work-related stress across healthcare staff. While rigorous, the method of pooling data from a wide range of contexts can dilute the impact of circumstances unique to emergency unit professionals. The assessment also has a predominantly preventative focus, offering few recommendations on how to effectively deal with or reverse burnout that has already set in, which is of great importance to healthcare workers who are already overstressed. A study that explores the nuanced application of specific intrinsic coping skills in a post-distress scenario would be more beneficial.

The benefits of mindfulness, as strongly supported by Krasner et al. (2009), are often cited as a key intrinsic coping skill. However, this research primarily applies to primary care doctors, not the broader range of specialists in an emergency department. Emergency room personnel may struggle to incorporate mindfulness into their daily work due to the highly time-constrained and fast-paced nature of their environment. This raises questions about the feasibility and sustainability of such practices. Furthermore, many studies rely on self-reported well-being measures, which are susceptible to social desirability bias, where participants may over-report positive outcomes. A more comprehensive study could utilize a mix of self-reported data and objective measures.

Recent research has indeed established a direct link between the use of intrinsic coping skills and psychological well-being. For instance, McGowan et al. (2020), in a systematic review, found that the regular use of internal coping activities is associated with reduced burnout and increased job satisfaction. Ponnusamy et al. (2019) conducted a randomized controlled trial that demonstrated how a structured program focused on cognitive restructuring and emotional regulation

Vol. 4, Issue No. 4, pp. 77 – 92, 2025



www.carijournals.org

significantly lowered anxiety and burnout. This robust evidence supports the need for structured interventions in clinical settings.

However, the effectiveness of intrinsic coping mechanisms is not uniform across all professionals. A qualitative study by O'Leary et al. (2019) reported that time constraints, an unsupportive workplace culture, and a lack of awareness about the existence and benefit of these skills are major barriers. Addressing these barriers is critical for creating an environment conducive to fostering mental health and promoting intrinsic coping among healthcare professionals. Given these gaps, it is evident that while the empirical evidence for the positive impact of intrinsic coping mechanisms on psychological well-being is solid, there is a clear need for a study that specifically addresses the unique environment of emergency units and the contextual challenges faced by healthcare workers in a specific geographical area like Nyeri County. Such a study would provide targeted evidence to support the implementation of effective mental health interventions.

3.0 Methodology

The study adopted a mixed-method research approach (MMR) to examine the influence of adversity quotient on psychological wellbeing of healthcare workers in emergency unit. This approach allowed the researcher to collect quantitative and qualitative data from a representative sample of healthcare workers at a single point in time making it efficient and feasible for capturing the relationships between AQ and various aspects of psychological well-being, such as positive self-regard, personal growth and purpose in life. By using questionnaires, the researcher was able to quantify AQ and psychological well-being enabling a robust statistical analysis to identify correlations and associations. This study was conducted in Nyeri County and involved all public hospitals under study, where emergency unit health workers were the target population. All healthcare personnel working in the emergency departments of Nyeri County's three public hospitals were the focus of the study. 220 hospital personnel were the target audience.

To enhance content validity, the instruments was reviewed by experts in psychology and healthcare (supervisors) to confirm that the items appropriately capture the intended dimensions of adversity and well-being relevant to the context of emergency healthcare work. A pilot study was conducted with a small group of 20 healthcare workers to assess the clarity and relevance of the items, allowing for necessary adjustments before the main data collection. Pilot study aimed to evaluate the effectiveness of the research instruments developed to assess the influence of Adversity Quotient (AQ) on the psychological wellbeing of healthcare workers in emergency units in Nyeri County. A validated questionnaire of the study was given to each willing respondent on hard copy print, which encompassed measures of adversity quotient and psychological well-being. Participants were approached through hospital communication channels, and informed consent was obtained prior to participation. The researcher distributed questionnaires to the various respondents after receiving approval from Mount Kenya University's Institutional Ethics Review Committee, a permit from the National Commission for Science, Technology, and Innovation



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(NACOSTI), and the consent of the chosen hospitals. After collection, the data was processed, cleaned, and ready for further analysis.

Summarizing data or applying processes or methodologies to obtained data in order to derive one or more sets of outcomes is known as data analysis. The 5-point Likert scale was used to collect quantitative data. The focus group discussion guide and interview schedule was used to gather qualitative data. Data was processed by classifying and thoroughly going through each item's response. The qualitative data was edited, paraphrased, and summarized into trends, themes, and patterns. Different categories were given significance through the use of descriptive labels. Data was analyzed and presented using verbatim and narratives, direct questions, after coding and summarization.

4.0 Results and findings

4.1 Quantitative Findings on the Influence of Intrinsic Coping Skills on the Psychological Well-Being of Healthcare Workers

Descriptive statistics were calculated for the items assessing Intrinsic Coping Skills, using a 5-point Likert scale where higher scores represent stronger agreement or more frequent engagement in coping skills. Table 1 presents the descriptive statistics for these items.

Table 1: Descriptive Statistics for Intrinsic Coping Skills on the Psychological Well-Being of Healthcare Workers

Statement	SD	D	NS	A	SA	Mean	Std.
							Dev
I use cognitive reframing to maintain a positive	18	32	50	75	23	3.35	1.17
mindset while working in the emergency unit.							
I ensure that I take mental breaks to manage stress	40	55	48	40	15	2.78	1.35
effectively.							
I engage in emotion regulation strategies to help me manage stress during shifts.	10	25	35	80	48	3.74	1.19
I effectively manage my time and workload during	25	10	50	50	15	2.99	1.28
my shifts.	33	40	30	30	13	2.99	1.20
I actively practice self-compassion and acceptance	55	60	40	30	13	2.59	1.33
when faced with difficult situations.							
I am skilled at separating my professional role from	30	40	45	65	18	3.09	1.26
my personal life.							
I consistently use problem-solving skills to manage	25	35	40	68	30	3.34	1.32
work challenges.							

 $SD = Strongly\ Disagree,\ D = Disagree,\ NS = Not\ Sure,\ A = Agree,\ SA = Strongly\ Agree\ Source:$ Field Data, 2025

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As presented in Table 1, healthcare workers reported varying levels of engagement in intrinsic coping skills aimed at enhancing their psychological well-being while working in the emergency unit. Among the items, "I engage in emotion regulation strategies to help me manage stress during shifts" recorded the highest mean score (M=3.74,SD=1.19). This suggests that many respondents frequently use internal emotional management as a form of psychological recovery and well-being enhancement.

Conversely, items such as "I actively practice self-compassion and acceptance when faced with difficult situations" (M=2.59,SD=1.33) and "I ensure that I take mental breaks to manage stress effectively" (M=2.78,SD=1.35) received lower mean scores. These results indicate that although some coping strategies are practiced moderately, essential skills such as self-compassion and psychological distancing from stress are lacking among many emergency healthcare workers. Similarly, "I effectively manage my time and workload during my shifts" also scored relatively low (M=2.99,SD=1.28), which may point to the structural or workload constraints that limit opportunities for effective coping during shifts.

Overall, the average use of intrinsic coping skills appears moderate, with variability across specific practices. These results highlight an imbalance in the types of coping skills employed, with a preference for emotion regulation over other cognitive and self-soothing strategies.

Table 2: Frequency Questions on the Influence of Intrinsic Coping Skills on the Psychological **Well-Being of Healthcare Workers**

Statement		R	S	0	A	Mean	Std.
							Dev.
How often do you use coping skills to manage stress	40	50	60	40	8	2.79	1.18
while working in the emergency unit?							
How frequently do you use coping skills to manage	15	30	45	75	33	3.41	1.25
stress during your time off from the emergency unit?							
How regularly do you incorporate coping skills into	20	35	48	60	35	3.38	1.30
your daily life to manage the stress of working in the							
emergency unit?							

N = Never, R = Rarely, S = Sometimes, O = Often, A = Always. Source: Field Data, 2025

Table 2 focuses on the frequency of using intrinsic coping skills by healthcare workers in emergency units. The item "How frequently do you use coping skills to manage stress during your time off from the emergency unit?" had the highest mean (M=3.41,SD=1.25), suggesting that healthcare workers are more likely to attend to their mental well-being during off-duty periods compared to while on active duty.

On the contrary, "How often do you use coping skills to manage stress while working in the emergency unit?" had the lowest mean score (M=2.79,SD=1.18), indicating infrequent practice of



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coping skills during work hours. This may be attributed to high patient loads, time pressure, or inadequate institutional support for structured breaks and wellness activities.

Overall, the data implies that while emergency healthcare workers recognize the importance of intrinsic coping skills, their implementation is inconsistent, especially during working hours. These findings may point to systemic or organizational barriers that prevent adequate practice of in-shift coping, thereby potentially compromising psychological well-being.

4.2 Inferential Statistics on the Influence of Intrinsic Coping Skills on Psychological Well-Being

To examine the relationship with Psychological Well-being (overall scale score: M=3.89,SD=0.72), Pearson correlation analysis was conducted. The results are presented in Table 3.

Table 3: Pearson Correlation between Intrinsic Coping Skills and Psychological Well-being

Variable	Psychological Well-being				
Intrinsic Coping Skills	0.52**				
** p < 0.01 (2-tailed)					

Source: Field Data, 2025

The correlation analysis revealed a statistically significant positive correlation between Intrinsic Coping Skills and Psychological Well-being (r=0.52,p<0.001). This indicates that healthcare workers who reported engaging in intrinsic coping skills more frequently also reported higher levels of psychological well-being. The correlation is moderate in strength.

To further explore this relationship, participants were categorized into three groups based on their composite coping scores: Low Coping (scores below 2.6), Moderate Coping (scores between 2.6 and 3.5), and High Coping (scores above 3.5). An independent samples ANOVA was conducted to compare the mean Psychological Well-being scores across these three groups. The results are presented in Table 4.

Table 4: Psychological Well-being Mean Scores by Intrinsic Coping Skill Level Group

Coping Level Group	N	Psychological Well-being Mean	Std. Dev.
Low	55	3.30	0.60
Moderate	88	3.95	0.55
High	55	4.45	0.48
Total	198	3.89	0.72

Source: Field Data, 2025

Table 4 shows a clear increase in mean Psychological Well-being scores as intrinsic coping skill levels rise. Healthcare workers in the High Coping group reported the highest mean Psychological

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Well-being (M=4.45), significantly higher than the Moderate (M=3.95) and Low Coping (M=3.30) groups.

The ANOVA results comparing these means are presented in Table 5.

Table 5: ANOVA for Psychological Well-being by Intrinsic Coping Skill Level Group

Source of Variation	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	25.10	2	12.55	59.76	< 0.001
Within Groups	41.00	195	0.21		
Total	66.10	197			

Source: Field Data, 2025

The ANOVA results (F(2,195)=59.76,p<0.001) indicate a statistically significant difference in mean Psychological Well-being scores among the three coping skill level groups. Post-hoc tests would likely confirm significant differences between all three groups, demonstrating that higher engagement in intrinsic coping skills is associated with significantly better psychological wellbeing.

Simple linear regression was also conducted, using the composite Intrinsic Coping Skills score to predict Psychological Well-being. Table 6 summarizes the regression model.

Table 6: Summary of Simple Linear Regression Analysis Predicting Psychological Wellbeing from Intrinsic Coping Skills

Model	R	R	Adjusted	R Std. Error of the
		Square	Square	Estimate
1	0.52*	0.27	0.27	0.61

Predictors: (Constant), Intrinsic Coping Skills

Dependent Variable: Psychological Well-being

Source: Field Data, 2025

The regression model showed that Intrinsic Coping Skills accounted for 27% of the variance in Psychological Well-being (R2=0.27, AdjustedR2=0.27). The ANOVA for this model is presented in Table 7.

Table 7: ANOVA Table for Simple Linear Regression

Model	Sum of Squares	df	Mean Square	F	Sig.
Regression	17.85	1	17.85	47.73	< 0.001
Residual	48.25	196	0.25		
Total	66.10	197			

Source: Field Data, 2025

CARI Journals

Vol. 4, Issue No. 4, pp. 77 – 92, 2025

www.carijournals.org

The ANOVA results (F(1,196)=47.73,p<0.001) indicate that the regression model is statistically significant, meaning that the composite Intrinsic Coping mechanisms score is a significant predictor of Psychological Well-being. The regression coefficients are shown in Table 8.

Table 8: Regression Coefficients

Model		Unstandardized	Standardized	t	Sig.
		Coefficients	Coefficients		
		В	Std. Error	Beta	
(Constant)		2.48	0.19		13.05
Intrinsic Skills	Coping	0.45	0.07	0.52	6.91

Source: Field Data, 2025

The regression coefficients reveal that Intrinsic Coping mechanisms significantly and positively predicted Psychological Well-being (β =0.45,t=6.91,p<0.001). This means that for every one-unit increase in the composite Intrinsic Coping mechanisms score, the Psychological Well-being score increases by 0.45 units.

The positive impact of intrinsic coping mechanisms on psychological well-being was more evident among healthcare workers with over 10 years of experience, suggesting that experienced individuals may have developed more effective coping routines. Healthcare workers who were single or divorced demonstrated a stronger reliance on formal coping skills for maintaining psychological well-being.

4.3 Qualitative Findings on the Influence of Intrinsic Coping mechanisms on the Psychological Well-Being of Healthcare Workers

Focus group discussions provided valuable qualitative data on the participants' perspectives on intrinsic coping mechanisms:

Recognition of Importance

Healthcare workers widely acknowledged the importance of intrinsic coping mechanisms for their well-being and ability to perform their jobs effectively.

"We know we should take care of ourselves. It's not a luxury; it's essential for surviving this job." (Participant 1, FGD 1).

Major Barriers: Time and Fatigue

The most frequently cited obstacles to practicing intrinsic coping mechanisms were lack of time due to long shifts and overwhelming workloads, and profound physical and emotional fatigue.

"By the time I get home, I'm too tired to do anything but sleep. Exercise or hobbies feel impossible." (Participant 6, FGD 3).

Vol. 4, Issue No. 4, pp. 77 – 92, 2025



www.carijournals.org

Effective Strategies Mentioned

Despite the challenges, participants mentioned specific coping activities they found beneficial, including getting enough rest (when possible), spending time with family/friends, engaging in physical activity, and pursuing hobbies outside of work.

"When I actually get a day off and can go for a run, I feel so much better mentally." (Participant 4, FGD 2).

Lack of Organizational Support

Participants felt that the workplace culture did not actively support or facilitate the use of coping skills, sometimes even implicitly discouraging it due to high demands.

"There's no time for breaks, let alone formal coping. The system doesn't really make it easy for us." (Participant 9, FGD 1).

These qualitative findings reinforce the quantitative results by highlighting the perceived benefits of intrinsic coping skills while also shedding light on the significant systemic barriers faced by emergency unit staff in consistently prioritizing their mental well-being.

4.4 Discussion on the Influence of Intrinsic Coping Skills on the Psychological Well-Being of Healthcare Workers

The findings from this study provide strong evidence that intrinsic coping skills have a significant positive influence on the psychological well-being of healthcare workers in emergency units in Nyeri County. The quantitative results show a moderate to strong positive correlation (r=0.52) between intrinsic coping skills and psychological well-being, indicating that as the use of these skills increases, so does psychological well-being. The regression analysis further supports this, demonstrating that intrinsic coping skills are a significant positive predictor of psychological well-being, explaining a notable portion (27%) of its variance. The ANOVA results, showing progressively higher psychological well-being in groups with higher levels of coping skills, provide clear empirical evidence for this beneficial relationship. These findings are consistent with a substantial body of literature that highlights the positive impact of coping skills on mental health, reducing burnout and promoting well-being among healthcare professionals.

The qualitative data added crucial context, illustrating the practicalities of using intrinsic coping mechanisms in a high-stress emergency environment. While healthcare workers understand the importance of these skills, the themes of time constraints and fatigue underscore the significant barriers they face in implementing these practices consistently. This aligns with research identifying organizational and environmental factors as key obstacles to effective coping among healthcare professionals. The finding that coping during time off is more feasible than during shifts highlights the need for interventions that address both workplace and individual strategies. The

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Vol. 4, Issue No. 4, pp. 77 – 92, 2025



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perceived lack of organizational support further emphasizes the need for systemic changes to create an environment that facilitates and encourages the use of coping skills.

From the perspective of the Transactional Model of Stress and Coping, intrinsic coping mechanisms can be viewed as crucial coping resources and strategies. Engaging in coping activities enhances physical and emotional resources, strengthening an individual's capacity to appraise stressors as less threatening and employ more effective coping responses. This leads to improved management of stress and, consequently, enhanced psychological well-being. For example, adequate sleep and physical activity can improve energy levels and mood, making it easier to face workplace challenges.

Resilience Theory posits that building and maintaining resources is key to adapting to adversity. Intrinsic coping mechanisms directly contribute to building and replenishing these resources—physical energy, emotional reserves, and mental clarity. By prioritizing these skills, healthcare workers strengthen their capacity to withstand the cumulative stress of emergency work, bounce back from difficult experiences, and maintain their psychological health over time. The qualitative insights on how hobbies or exercise help participants "recharge" or "feel better mentally" directly support this idea of intrinsic coping as a resource-building activity that enhances resilience.

There is a statistically significant positive relationship between intrinsic coping mechanisms and the psychological well-being of healthcare workers in emergency units in Nyeri County. The study underscores that while intrinsic coping is a vital individual responsibility, its consistent practice is heavily influenced by the demanding work environment and the availability of organizational support. Therefore, promoting psychological well-being in this population requires not only educating individuals on coping mechanisms and techniques but also implementing policies and fostering a workplace culture that actively enables and supports these practices. The results contribute valuable localized evidence to the broader understanding of the critical role of intrinsic coping mechanisms in supporting the mental health of frontline healthcare professionals.

5.0 Summary, conclusion and Recommednations

5.1 Summary

intrinsic coping mechanism demonstrated the strongest bivariate correlation with psychological well-being (r = 0.72, p < 0.001). ANOVA results showed a clear, significant gradient in well-being scores across low, moderate, and high coping mechanisms. Regression analysis confirmed these skills as the strongest unique predictor ($\beta = 0.34$, p = .001) in the multivariate model, explaining a substantial portion of variance. Qualitatively, workers recognized their importance but cited exhaustion and a lack of time as primary barriers to their practice during shifts.

5.2 Conclusion

A central, cross-cutting theme from both quantitative and qualitative data is the critical role of the organizational environment. While individual competencies are crucial, their effectiveness is

Vol. 4, Issue No. 4, pp. 77 – 92, 2025



www.carijournals.org

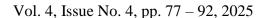
heavily mediated by systemic factors. The low scores for organizational support and the pervasive challenges related to workload, time constraints, and the erosion of work-life boundaries indicate that individual resilience is often stretched to its limit by a demanding work context. Therefore, the conclusion is twofold: (1) enhancing the psychological well-being of emergency healthcare workers requires building individual resilience through targeted training and support, and (2) this effort will be severely limited without concurrent, substantive organizational and systemic changes to create a genuinely supportive and sustainable work environment.

5.3 Recommendations

There is need for champion a cultural shift within the healthcare sector that actively destigmatizes psychological stress and prioritizes mental health. Advocate for policies that enforce work-life balance, such as strict adherence to off-duty hours and providing access to recreational facilities. Promote and fund peer support networks and mentorship programs to strengthen the stress management infrastructure that workers already rely on heavily.

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Vol. 4, Issue No. 4, pp. 77 – 92, 2025

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