International Journal of
Humanity and Social Sciences
(IJHSS)

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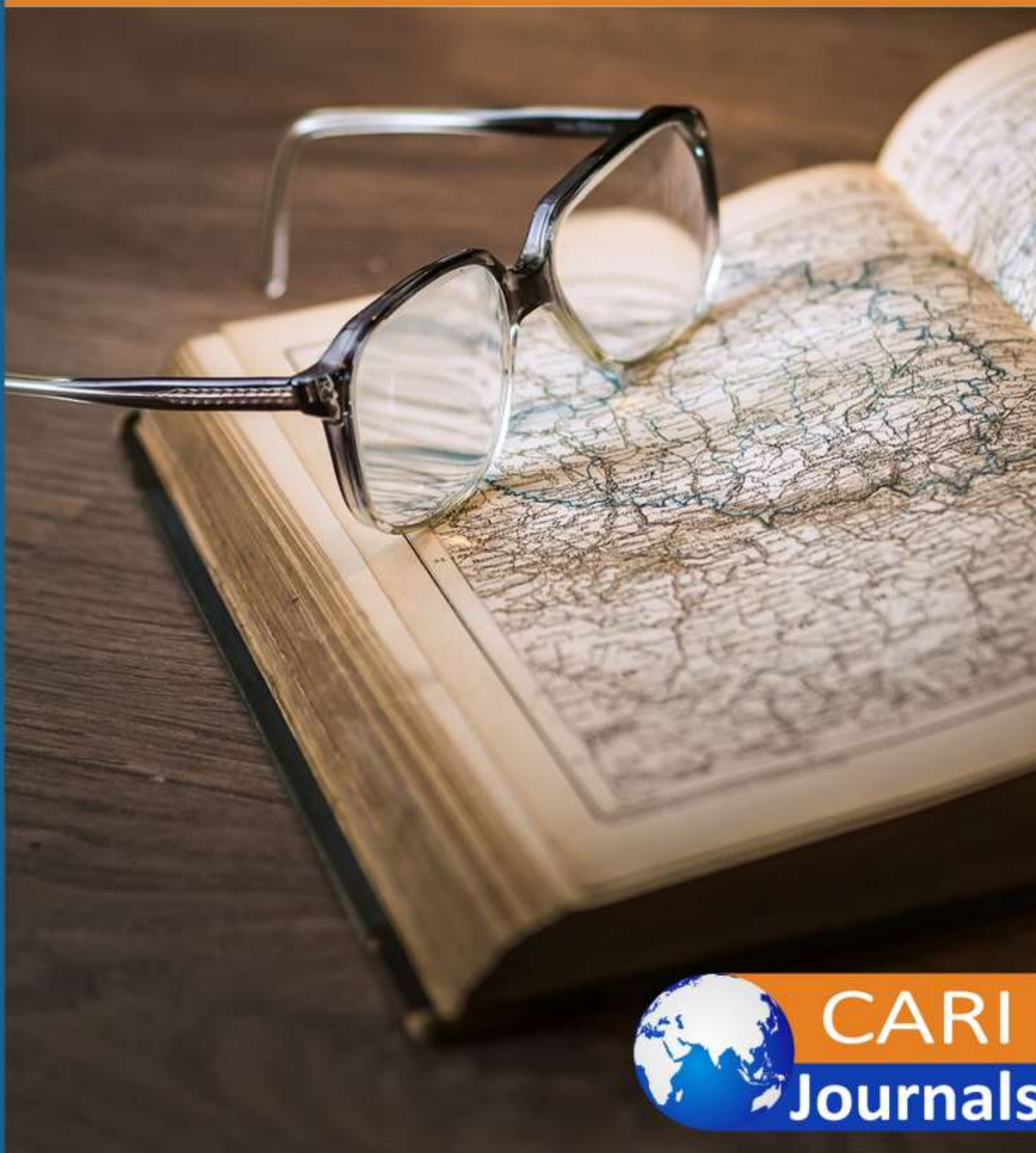

CARI Journals

International Journal of Humanity and Social Sciences
ISSN: 3005-5407 (Online)
Vol. 5, Issue No. 1, pp. 16 – 27, 2026
www.carijournals.org

Self-Care Practices among Healthcare Workers in Emergency Units in Selected Hospitals Nyeri County, Kenya.

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Accepted: 28th Jan, 2026, Received in Revised Form: 9th Feb, 2026, Published 20th Feb, 2026

Abstract

Purpose: This study investigated the influence of Adversity Quotient (AQ) on the psychological wellbeing of healthcare workers in emergency units within selected public hospitals in Nyeri County, Kenya.

Methodology: 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). Validated instruments measured AQ dimensions (Control, Ownership, Reach, Endurance), psychological wellbeing, and related constructs.

Findings: Quantitative data were analyzed using SPSS version 26, with descriptive statistics, Pearson correlation, ANOVA, and regression analyses. presents frequency-based responses on engagement with self-care. The highest reported frequency was for the statement *"How regularly do you believe self-care improves your ability to cope at work?"* with a mean of M = 3.30 (SD = 1.26). This implies that respondents recognize the value of self-care. The correlation analysis revealed a statistically significant positive correlation between Self-Care Practices and Psychological Well-being ($r = 0.52$, $p < 0.001$). This indicates that healthcare workers who reported higher engagement in self-care practices also reported higher levels of psychological well-being. In summary there is need for self-care practices also showed a significant positive correlation with psychological well-being ($r = 0.52$, $p < 0.001$), accounting for 27% of its variance.

Contributions: Spirituality and mindfulness were the most common practices, while more demanding activities like physical exercise and setting work-life boundaries were less frequent. Develop and integrate targeted, practical training programs into professional development. These should focus on building the strongest predictors of well-being identified in this study: intrinsic coping skills (e.g., cognitive reframing, emotion regulation) and proactive strategies (e.g., adaptive problem-solving).

Key words: *Adversity Quotient (AQ), Psychological Wellbeing, Self-Care Practices, Healthcare Workers*

1.0 Introduction

1.1 Background of the Study

The psychological health of healthcare personnel is universally recognized as a cornerstone of robust, efficient, and sustainable healthcare delivery systems on a global scale. This well-being directly influences patient safety, quality of care, clinical outcomes, and overall organizational performance. Within the healthcare ecosystem, providers working in hospital emergency departments operate on the front lines, confronting life-threatening situations, medical crises, and profound human suffering on a daily basis (Gerber et al., 2020). This relentless exposure to high-acuity scenarios places them at a significantly elevated risk for experiencing chronic stress, which, if unmitigated, can crystallize into more severe psychological conditions. The Adversity Quotient (AQ) has consequently emerged as a critical psychological construct of interest. It offers a framework for understanding and potentially enhancing the psychological well-being (PWB) of healthcare workers (HCWs) by quantitatively assessing an individual's capacity to withstand adversity, navigate challenges effectively, and demonstrate resilience by returning to a functional baseline after stressful events.

Self-care practices, which include maintaining physical health through regular exercise, ensuring adequate sleep, and consuming a balanced diet, are fundamental pillars for sustaining mental health. A comprehensive study conducted in the UK by Hall, Johnson, and colleagues (2016) established that consistent self-care is a central factor in reducing burnout and promoting overall wellbeing among healthcare workers. These practices serve as a vital buffer, enabling HCWs to replenish their psychological resources and maintain their capacity to care for others.

1.2 Statement of the Problem

Healthcare workers (HCWs) in emergency units operate under high-pressure conditions, frequently encountering traumatic and life-threatening situations. These conditions have been strongly linked to psychological distress, including burnout, anxiety, and depression (Aiken et al., 2002; Bridgeman et al., 2018). While global research underscores the importance of AQ in mitigating these outcomes, the specific role of Adversity Quotient (AQ)—defined as an individual's capacity to withstand and thrive amid adversity—has not been adequately examined in the Kenyan context, and particularly within Nyeri County.

2.0 literature Review

Self-care, defined as a multidimensional, deliberate process of engaging in strategies to promote healthy functioning and well-being, is increasingly recognized as a critical buffer against occupational stress (Myers et al., 2020). For healthcare workers (HCWs) in emergency units, who operate in environments characterized by chronic stress, trauma exposure, and high-stakes decision-making, self-care transitions from a personal luxury to a professional necessity. This section reviews empirical literature on the influence of self-care practices on the psychological well-being of this specific population, moving from a global perspective to the unique context of Kenyan emergency care.

Globally, research consistently establishes a positive correlation between engagement in self-care practices and improved psychological outcomes among HCWs. A foundational meta-analysis by Shapiro et al. (2007) on Mindfulness-Based Stress Reduction (MBSR) demonstrated significant reductions in stress, anxiety, and burnout among various healthcare professionals, establishing mindfulness as a key self-care modality. This work has been reinforced by more recent studies. For instance, a large cross-sectional study by Melnyk et al. (2020) with over 2,000 nurses in the United States found that those who engaged in regular self-care activities (e.g., adequate sleep, healthy eating, physical activity) reported significantly lower levels of burnout and higher levels of compassion satisfaction. The authors posit that self-care builds psychological capital, enabling HCWs to better withstand the emotional and physical demands of their roles.

The specific mechanisms through which self-care exerts its influence are multifaceted. Physical self-care practices, such as regular exercise and sufficient sleep, are linked to improved physiological resilience. Exercise, for example, regulates cortisol levels and promotes neurogenesis, directly counteracting the physiological toll of chronic stress (Gerber et al., 2020). Psychological self-care, including mindfulness, meditation, and engaging in hobbies, facilitates emotional regulation and cognitive detachment from work. A randomized controlled trial by Hülsheger et al. (2021) found that a brief daily mindfulness intervention significantly reduced emotional exhaustion in emergency department nurses by helping them manage rumination and recover from work-related stressors. Furthermore, professional self-care, such as setting boundaries, seeking supervision, and engaging in continuous learning, fosters a sense of competence and control, which are core components of psychological well-being (Lee et al., 2021).

The imperative for self-care is particularly acute in high-acuity settings like emergency units. Studies focusing specifically on emergency nurses and physicians highlight the protective role of self-care against compassion fatigue and post-traumatic stress symptoms. Emergency HCWs are routinely exposed to traumatic events, suffering, and death, which can lead to vicarious trauma if left unaddressed. A study by Potter et al. (2019) found that emergency nurses who reported higher levels of self-care were less likely to experience symptoms of secondary traumatic stress. The study concluded that self-care acts as a vital coping resource, helping to process traumatic experiences and maintain emotional equilibrium. Similarly, Wolf et al. (2021) identified that a lack of self-care was a primary predictor of burnout among emergency physicians, underscoring that neglecting personal well-being directly impairs professional sustainability.

However, the implementation of self-care is fraught with barriers, many of which are systemic. The very nature of emergency work—with its long, irregular shifts, high patient acuity, and unpredictable workloads—creates structural obstacles to self-care. HCWs often report a lack of time, physical exhaustion, and guilt about prioritizing their own needs over patient care (Brady et al., 2022). This is compounded by organizational cultures that may implicitly valorize self-sacrifice and view self-care as a sign of weakness rather than a component of professional

competency. Therefore, the relationship between self-care and well-being is not merely individual but is significantly mediated by the workplace environment.

Within the African and specifically Kenyan context, the discourse around self-care for HCWs is emerging but still underexplored, particularly in emergency settings. The challenges faced by HCWs in public hospitals in countries like Kenya—including severe understaffing, resource limitations, and high disease burden—intensify workplace stressors and simultaneously create immense barriers to self-care (Wainaina & Maina, 2020). A study by Onigbogi et al. (2019) in Nigeria demonstrated that HCWs who engaged in self-care reported lower stress levels and higher job satisfaction, highlighting its relevance in a resource-constrained setting. In Kenya, Muriithi and Muriuki (2019) alluded to the importance of self-care in mitigating burnout, but focused research on its specific practices and efficacy within the high-pressure environment of emergency units remains scarce.

This gap is critical. The unique socio-cultural and economic realities of Nyeri County, with its specific healthcare system pressures, likely shape how self-care is perceived, practiced, and its subsequent effectiveness. For instance, financial constraints may limit access to gyms or healthy food options, and cultural norms around stoicism may discourage help-seeking behaviors. Understanding these localized factors is essential for developing culturally congruent and practical self-care interventions that are feasible for emergency unit staff in this specific region.

The empirical literature robustly supports the premise that self-care practices are a significant positive influence on the psychological well-being of healthcare workers. They function as a critical protective factor against burnout, compassion fatigue, and psychological distress by building physiological, emotional, and professional resilience. However, their efficacy is heavily contingent on individual adoption and, crucially, on a supportive organizational environment that facilitates such practices. The current research gap regarding the specific nature, barriers, and impact of self-care among emergency unit HCWs in Nyeri County presents a compelling justification for this study. By investigating this relationship, the research will generate context-specific evidence to inform tailored strategies that empower healthcare workers to safeguard their well-being, thereby enhancing both individual health and the overall quality of emergency care in the region.

3.0 Methodology

The study adopted a mixed–method research approach 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 (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 Self-Care Practices on Psychological Well-Being

Descriptive statistics were calculated for the items measuring Self-Care Practices. Participants responded on a 5-point Likert scale, where higher scores indicate stronger agreement or more frequent engagement. The responses provide insight into the reported self-care practices among the healthcare workers. The descriptive statistics for the Self-Care Practices items are presented in Table 1.

Table 1: Descriptive Statistics for Influence of Self-Care Practices on Psychological Well-Being

Statement	SD	D	NS	A	SA	Mean	Std. Dev.
I prioritize getting adequate sleep to recover from my shifts.	15	30	45	88	20	3.45	1.15
I engage in regular physical activity (e.g., walking, gym) outside of work.	55	60	40	35	8	2.51	1.30
I make conscious efforts to eat balanced and nutritious meals.	10	25	38	95	30	3.73	1.09
I engage in hobbies or activities I enjoy during my time off.	20	35	50	70	23	3.33	1.19
I practice mindfulness or relaxation techniques (e.g., prayer, meditation).	5	10	20	103	60	4.04	0.95
I set clear boundaries between my work life and my personal life.	45	55	48	30	20	2.76	1.38
I seekstress management from family and friends when feeling stressed.	30	40	52	60	16	3.11	1.28

SD = Disagree Strongly, D = Disagree, NS = Not Sure, A = Agree, SA = Strongly Agree

Source: Field Data, 2025

Table 1 presents descriptive statistics on the self-reported engagement in various self-care practices by healthcare workers. The results reflect differing levels of engagement across several dimensions of self-care.

The statement "I practice mindfulness or relaxation techniques (e.g., prayer, meditation)" recorded the highest mean score (M = 4.04, SD = 0.95), indicating that spiritual and relaxation practices are the most frequently utilized form of self-care among respondents. This finding underscores the importance of accessible, internal coping mechanisms in high-pressure environments.

The second highest mean was for "I make conscious efforts to eat balanced and nutritious meals" (M = 3.73, SD = 1.09), suggesting a relatively high awareness of the role of nutrition in maintaining energy and health.

In contrast, statements such as "I engage in regular physical activity outside of work" (M = 2.51, SD = 1.30) and "I set clear boundaries between my work life and my personal life" (M = 2.76, SD = 1.38) received lower mean scores. This implies that more time-intensive and structurally challenging self-care practices are not widely adopted, likely due to fatigue and the demanding nature of emergency work.

Overall, the mean scores across all items ranged from 2.51 to 4.04, with standard deviations indicating moderate variability. These findings suggest that while some low-effort self-care

mechanisms are common, there is a significant gap in the consistent practice of comprehensive self-care among emergency healthcare workers.

Table 2: Frequency Questions on Influence of Self-Care Practices

Statement	N	R	S	O	A	Mean	Std. Dev.
How often do you engage in self-care activities?	25	35	65	58	15	3.03	1.23
How frequently do you feel too tired or busy from work to practice self-care?	30	40	60	55	13	2.96	1.21
How regularly do you believe self-care improves your ability to cope at work?	20	30	55	68	25	3.30	1.26

N = Never, R = Rarely, S = Sometimes, O = Often, A = Always

Source: Field Data, 2025

Table 2 presents frequency-based responses on engagement with self-care. The highest reported frequency was for the statement *"How regularly do you believe self-care improves your ability to cope at work?"* with a mean of M = 3.30 (SD = 1.26). This implies that respondents recognize the value of self-care.

However, the items *"How often do you engage in self-care activities?"* (M = 3.03, SD = 1.23) and *"How frequently do you feel too tired or busy from work to practice self-care?"* (M = 2.96, SD = 1.21) suggest that overall consistency in these behaviors remains moderate, with significant barriers of fatigue and time constraints.

To examine the relationship between self-care practices and psychological well-being, Pearson correlation analysis was conducted. The results are presented in Table 3.

Table 3: Pearson Correlation between Self-Care Practices and Psychological Well-being

Variable	*Psychological Well-being*
Self-Care Practices	0.52**
*** p < 0.01 (2-tailed)*	

Source: Field Data, 2025

The correlation analysis revealed a statistically significant positive correlation between Self-Care Practices and Psychological Well-being ($r = 0.52$, $p < 0.001$). This indicates that healthcare workers who reported higher engagement in self-care practices also reported higher levels of psychological well-being. Further analysis using simple linear regression was performed to assess the predictive power of Self-Care Practices on Psychological Well-being.

Table 4: Summary of Simple Linear Regression Analysis Predicting Psychological Well-being from Self-Care Practices

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.52	0.27	0.26	0.62

Predictors: (Constant), Self-Care Practices

Dependent Variable: Psychological Well-being

Source: Field Data, 2025

Table 4 shows that Self-Care Practices accounted for 27% of the variance in Psychological Well-being ($R^2 = 0.27$, Adjusted $R^2 = 0.26$). The ANOVA results ($F(1, 196) = 72.15$, $p < 0.001$) indicated that the regression model is statistically significant.

The regression coefficients show that Self-Care Practices significantly and positively predicted Psychological Well-being ($\beta=0.49$, $t = 8.49$, $p < 0.001$). This implies that for every one-unit increase in the Self-Care Practices score, the Psychological Well-being score increases by 0.49 units.

4.2 Qualitative Findings on the Influence of Self-Care Practices on Psychological Well-Being

Focus group discussions provided deeper insights into the healthcare workers' experiences with self-care. Several key themes emerged:

The Primacy of Rest and Recovery

Participants consistently identified sleep as the most critical, yet often elusive, form of self-care. The physical exhaustion from long shifts was a universal experience.

> *"After a 24-hour shift, you are a zombie. The best self-care is just to sleep, but sometimes even that is difficult because your mind is still in the unit." (Participant 4, FGD 1).*

Spiritual and Mindfulness Practices as a Coping Anchor

Many participants highlighted prayer, meditation, and personal reflection as vital tools for managing stress and finding mental peace, corroborating the high quantitative scores for this item.

> *"Before I start my shift, I pray for strength. It helps me to center myself and remember that I am not alone in this." (Participant 11, FGD 3).*

The Struggle for Work-Life Boundaries

A dominant theme was the extreme difficulty in disconnecting from work, leading to the neglect of social and recreational self-care.

"The hospital is always calling. Even on your day off, you are thinking about that patient you handed over. It's hard to be fully present with your family." (Participant 7, FGD 2).

Systemic Barriers to Self-Care

Participants cited structural issues like understaffing, high patient loads, and a lack of designated break spaces as major impediments to practicing self-care.

"How can you talk about going to the gym when you are doing the work of three people? The system doesn't allow for self-care." (Participant 2, FGD 1).

These qualitative findings underscore the practical challenges healthcare workers face in prioritizing self-care and highlight a clear desire for a more supportive work environment that enables these practices.

4.3 Discussion on the Influence of Self-Care Practices on Healthcare Workers' Psychological Well-Being

The findings from this study provide strong evidence that self-care practices 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 positive correlation ($r = 0.52$) between self-care practices and psychological well-being, indicating that as engagement in self-care increases, so does psychological well-being. The regression analysis further supports this, demonstrating that self-care practices are a significant positive predictor of psychological well-being, explaining a notable portion (27%) of its variance.

The qualitative data enriched these findings by providing context on the *how* and *why* of self-care in this demanding environment. The reliance on spiritual and mindfulness practices aligns with the literature on their effectiveness in reducing stress and improving emotional regulation (Shapiro et al., 2005). The challenges related to fatigue and the struggle to maintain boundaries offer a localized perspective on barriers to self-care, consistent with findings on workplace stressors in healthcare (Hall et al., 2016). This suggests that while the *practice* of self-care is linked to better well-being, the *opportunity* to do so is heavily constrained by systemic and occupational factors.

Linking these findings to the theoretical frameworks, the results support both the Resilience Theory and the Transactional Model of Stress and Coping. From the perspective of Resilience Theory, self-care practices act as protective factors that build the physical and emotional resources necessary to withstand adversity. Healthcare workers who prioritize self-care are actively maintaining their personal resource pool, enhancing their resilience and, by extension, their AQ.

The Transactional Model of Stress and Coping provides a framework for understanding the process. Engaging in self-care enhances physical and emotional resources, strengthening an individual's capacity to appraise stressors as less threatening (primary appraisal) and employ

more effective coping responses (secondary appraisal). For example, adequate sleep improves cognitive function, making it easier to appraise a complex emergency as a challenge rather than a threat.

The finding that setting boundaries is a major challenge aligns with research identifying the "always-on" culture of healthcare as a key contributor to burnout (West et al., 2016). However, the reported high use of mindfulness techniques suggests a potential area for strength-based interventions.

The significant results provided empirical evidence that self-care practices are indeed significantly related to the psychological well-being of healthcare workers in emergency units in Nyeri County. These findings underscore the importance of not only encouraging individual self-care but also implementing organizational changes—such as ensuring adequate staffing, respecting time off, and creating rest spaces—to facilitate these essential practices.

5.0 Summary, Conclusion and recommendations

5.1 Summary

self-care practices also showed a significant positive correlation with psychological well-being ($r = 0.52$, $p < 0.001$), accounting for 27% of its variance. Spirituality and mindfulness were the most common practices, while more demanding activities like physical exercise and setting work-life boundaries were less frequent. Qualitative data emphasized the critical yet elusive nature of adequate rest and identified systemic barriers like understaffing and high workloads as major impediments to consistent self-care.

5.2 Conclusion

The findings align with and are well-explained by the theoretical frameworks of Resilience Theory and the Transactional Model of Stress and Coping. The results demonstrate that psychological well-being in this high-stress environment is not a matter of chance but is significantly bolstered by a combination of internal resources (e.g., intrinsic coping, stress management) and external supports (e.g., peer networks, proactive organizational culture). The single-session intervention further proves that even brief, focused support can yield meaningful benefits.

5.3 Recommendations

For Healthcare Leadership and Practitioners: Develop and integrate targeted, practical training programs into professional development. These should focus on building the strongest predictors of well-being identified in this study: intrinsic coping skills (e.g., cognitive reframing, emotion regulation) and proactive strategies (e.g., adaptive problem-solving). The success of the single-session intervention suggests these should be offered as brief, regular workshops that are feasible for staff to attend.

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