Relationship between relatedness satisfaction and vulnerability to depression among healthcare workers in Kiambu level 5 Hospital, Kenya

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Abstract

The mental health of healthcare professionals has become an increasingly pressing concern, particularly in high-stress environments where exposure to traumatic events is frequent. This study aimed to establish the relationship between relatedness satisfaction and vulnerability to depression among healthcare workers in Kiambu Level 5 Hospital, Kenya. Guided by Basic Psychological Needs theory and self-determination theories, a convergent research approach was adopted, employing both ex post facto research design for quantitative data and phenomenological research design for qualitative data. A total of 146 healthcare workers participated in the study. Quantitative data were collected using questionnaires, while qualitative data were gathered through interview schedules. The results indicated a weak positive correlation (r = 0.072, p = 0.389) between relatedness needs satisfaction and levels of depression, suggesting that as the satisfaction of relatedness needs increases, the severity of depression tends to increase slightly. The findings revealed a significant proportion of healthcare workers reported various levels of depressive symptoms, with those dissatisfied with social support being particularly vulnerable. Specifically, 73% of these individuals experienced mild mood disturbances or higher, and none of the participants lacking satisfactory social support reported normal mood fluctuations, indicating a complete absence of emotional stability. The study also highlighted strong negative emotional outcomes among those with inadequate social support and poor interpersonal connections, with higher rates of moderate (38.5%) and severe (7.7%) depression symptoms among those unhappy with their social environment. Conversely, while some participants who experienced good connectedness reported better mood outcomes, a substantial portion still faced various degrees of mood disturbances. Additionally, healthcare workers reporting work-family conflicts exhibited alarming trends in depressive symptoms, with over 80% experiencing mild to severe depressive symptoms and none reporting normal mood fluctuations. This emphasizes the stress that healthcare workers endure in balancing professional and personal responsibilities, leading to heightened emotional distress.

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1. Introduction

This study aimed to explore the relationship between relatedness satisfaction and depression vulnerability among healthcare professionals at Kiambu Level 5 Hospital in Kenya. Healthcare workers are particularly vulnerable to psychological dysfunction and depression due to regular pressures and exposure to traumatic events (Jahnke, Poston, Haddock & Murphy, 2016). There is a widespread perception that individuals possess a natural desire to socialize, characterized by the need to love and care for oneself, as well as the urge to care for others. Engaging in shared activities that foster connectedness not only brings joy but also fulfills the intrinsic motivation for relatedness, allowing individuals to find peer support and collaborate through common interests (Rigby & Ryan, 2011). Participating in routine activities helps address the need for social interaction and provides a shared experience for individuals.

Significantly, doctor-nurse relationships have been identified as one of the five key components that contribute to a positive working environment for nurses (Galletta et al., 2016). These relationships involve collaborative efforts between staff members to manage similar medical issues, enhancing patient outcomes through coordinated tasks such as triage, diagnostic testing, and providing care and support.

Empirical findings reveal complex relationships between relatedness satisfaction, psychological pain, self-control, positive emotions, and depression. Research indicates that psychological distress, anxiety, and depression are positively correlated, while positive affect, autonomy, competence, and relatedness are inversely correlated. Studies also demonstrate that psychological distress fully mediates the effects of relatedness and competence on depression, partially mediating the effect of autonomy. The precise mediation percentages for autonomy, competence, and relatedness were found to be 14.9%, 17.5%, and 18.1%, respectively.

Perceived social support plays a crucial role in individuals' overall well-being and their ability to manage negative psychological traits (Barrera, 1986; Kuru & Piyal, 2018). When individuals feel embraced by others, they benefit from both moral and social support. Research posits that the lack of social support can lead to increased anxiety. Some studies suggest that dependency on acquaintances can considerably decrease fear of missing out (FoMO), while others argue that perceived social support can negatively correlate with anxiety (Hirsch, 2016). A study by Dou et al. (2021) examined the effects of perceived social support and found a partial mediating role for basic psychological needs, emphasizing the significance of addressing FoMO.

Effective collaboration and communication are imperative for nurses and doctors in their professional roles (Livorsi et al., 2016). A breakdown in communication between nurses and doctors is linked to increased medical errors, decreased job satisfaction, poor patient outcomes, and elevated absenteeism or turnover (Dougherty, 2009; Boev & Xia, 2015). Positive interactions between these professionals can strengthen their relationships, improve patient care, and enhance job satisfaction for nurses (Karamanolu, Ozer, & Tugcu, 2009).

Interpersonal relationships are essential for job satisfaction and sustaining a high-quality work environment (Chandrasekar, 2011). Historically, nurses were expected to support doctors passively; however,

advancements in healthcare have allowed registered nurses to gain more autonomy and influence in decision-making processes. Nurse managers are thus encouraged to foster relationships between nurses and physicians to achieve optimal outcomes.

In related studies, Abun et al. (2019) assessed the satisfaction of basic psychological needs, work engagement, and frustration among staff at Divine Word Colleges in the Ilocos Region of the Philippines. Their findings indicated that only relatedness need frustration had significant effects on engagement, reinforcing the connection between meeting basic psychological needs and work involvement. Furthermore, research in Ethiopia by Kabito and Mekonnen (2020) demonstrated that the psychosocial work environment significantly impacts the psychological distress experienced by healthcare personnel. A survey revealed that 44.4% of respondents encountered psychological difficulties at work, with high job pressure and limited workplace control being key factors for female employees' distress.

In Kenya, a study conducted by Tengah and Otieno (2019) examined the factors influencing job satisfaction among nurses in public health institutions across Mombasa, Kwale, and Kilifi counties. Utilizing a standardized questionnaire with 142 respondents, the research identified demographic factors, perceived empowering behaviors from leaders, work environment, and job stress as influential contributors to job satisfaction. Notably, elements such as age, workload, and compensation positively affected the satisfaction of nurses, alongside considerations of personnel and the nurse-physician relationship.

2. Statement of the Problem

Healthcare staff face multiple dangers while managing patients with various health issues, including trauma, accidents, and COVID-19. This exposure can lead to vicarious trauma and depression among frontline professionals at Kiambu Level 5 Hospital. Due to the hospital's strategic location, which serves a densely populated area including Kiambu County and Nairobi, the understaffed personnel experience significant stress, making them susceptible to mental health issues. Previous studies suggest that healthcare workers with their psychosomatic needs met are less likely to experience depression (Vansteenkiste & Ryan, 2013). If mental health issues are not addressed, the hospital could incur high costs associated with recruitment and training, as well as decreased performance and increased employee turnover. Therefore, it is crucial for health facilities to ensure that healthcare workers' relatedness needs are adequately met to enhance motivation, engagement, and overall service quality. However, no research has been conducted in Kenya or specifically at Kiambu Level 5 Hospital to assess the satisfaction of relatedness needs among staff and its impact on their susceptibility to depression. This study aimed to explore the relationship between the relatedness satisfaction and vulnerability to depression among healthcare workers in Kiambu level 5 Hospital, Kenya

3. Methodology

This study employed a quantitative research approach utilizing an ex-post facto design to explore the relationship between psychological demands and the vulnerability of healthcare professionals to depression. This design was instrumental in examining historical data retrospectively, enhancing the understanding of how addressing psychological needs impacts mental health among healthcare workers. The setting for this research

was Kiambu Level 5 Hospital, a primary referral facility in Kiambu County, Kenya. Participants in this study were 144 healthcare workers consisting physicians, clinical officers, nurses, pharmacy technicians, lab technicians, radiology technicians, public health workers, psychologists/social workers, biomedical technologists, and medical record technologists. Beck Depression Inventory (BDI) and Basic Needs Satisfaction in General Scale, originally developed by Chen et al. (2015) were used to measure depression and relatedness satisfaction respectively. This investigation was conducted between 2023 and 2024. Participation in the study was voluntary, with no coercion involved. Respondents were assured of confidentiality and privacy, as they were not required to disclose their names on the instruments.

4. Findings and Discussion

The healthcare sector is a vital component of society, tasked with the critical responsibility of safeguarding the health and well-being of individuals. Healthcare workers are on the front lines, often working in high-pressure environments where they face long hours, emotional strain, and the burden of patient care outcomes. As the demand for healthcare services increases, so too does the importance of understanding relatedness satisfaction influence the vulnerability to depression of these professionals. Relatedness satisfaction is the degree to which individuals feel connected and supported in their personal and professional relationships. Strong interpersonal relationships can act as a buffer against workplace stress, reduce feelings of isolation, and enhance overall job satisfaction. Conversely, a lack of relatedness satisfaction may exacerbate feelings of vulnerability, leading to increased risk for mental health issues, particularly depression. This study focused on the interplay between relatedness satisfaction and vulnerability to depression in a bid to gain valuable insights into how fostering supportive work environments in a hospital set up can mitigate risks and enhance the resilience of healthcare workers. The need to gain this insight gave rise to the fourth objective which was to identify the relationship between relatedness satisfaction and vulnerability to depression among healthcare workers in Kiambu level 5 Hospital, Kenya. Descriptive results are shown in Table 1.

Table 1: Relatedness Satisfaction and Vulnerability to Depression among Healthcare Workers

		Levels of Depression					
		Normal ups and downs	Mild mood disturbance	Borderline clinical depression	Moderate depression	Severe depression	Total
Indicators of Relatedness Needs Satisfaction	Social support Count	0	7	7	10	2	26
	% within Indicators of Relatedness Needs Satisfaction	0.0%	26.9%	26.9%	38.5%	7.7%	100.0%
	Connectedness Count	2	22	38	36	3	101

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		% within Indicators of Relatedness Needs Satisfaction	2.0%	21.8%	37.6%	35.6%	3.0%	100.0%
Work family conflict	Count	0	3	3	9	2	17
	% within Indicators of Relatedness Needs Satisfaction	0.0%	17.6%	17.6%	52.9%	11.8%	100.0%
Total	Count	2	32	48	55	7	144
	% within Indicators of Relatedness Needs Satisfaction	1.4%	22.2%	33.3%	38.2%	4.9%	100.0%

Table 1 shows that among participants who were not satisfied with the social support they were getting, none experienced normal ups and downs, 7 (26.9%) were diagnozed with mild mood disturbance, 7 (26.9%) had borderline clinical depression symptoms, 10 (38.5%) had moderate depression symptoms and 2 (7.7%) had severe depression symptoms. Among participants who complained of poor connections, 2 (2.0%) experienced normal ups and downs, 22 (21.8%) were diagnozed with mild mood disturbance, 38 (37.6%) had borderline clinical depression symptoms, 36 (35.6%) had moderate depression symptoms and 3 (3.0%) had severe depression symptoms. Among participants who complained of experiencing work-family conflicts, none experienced normal ups and downs, 3 (17.6%) were diagnozed with mild mood disturbance, 3 (17.6%) had borderline clinical depression symptoms, 9 (52.9%) had moderate depression symptoms and 2 (11.8%) had severe depression symptoms. In total, 2 (1.4%) experienced normal ups and downs, 32 (22.2%) were diagnosed with mild mood disturbance, 48 (33.3%) had borderline clinical depression symptoms, 55 (38.2%) had moderate depression symptoms and 7 (4.9%) had severe depression symptoms.

The results highlight the significant relationship between social support and depression levels among healthcare workers at Kiambu Level 5 Hospital. There is a concerning trend where participants who reported dissatisfaction with social support and experienced poor social connections were notably more vulnerable to various degrees depression. Among participants unhappy with their social support, none reported experiencing "normal ups and downs" in their mood, suggesting a complete absence of emotional stability. This trend is echoed among participants complaining of work-family conflicts, where again, none experienced this healthy fluctuation in mood. This finding may indicate that inadequate social support leads to a persistent state of emotional imbalance, fostering an environment in which individuals feel trapped in negative emotional states.

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The absence of "normal ups and downs" in mood among those with poor social connections can be contextualized in the framework of doctor-nurse relationships identified by Galletta et al. (2016). Effective communication and working relationships between healthcare workers are considered essential for providing optimal patient care.

Among those dissatisfied with social support, a notable percentage (26.9%) experienced mild mood disturbances, while the rates of borderline clinical depression (26.9%), moderate depression (38.5%), and severe depression (7.7%) reveal a spectrum of depressive symptoms. This demonstrates that the lack of relatedness support is significantly impactful, as nearly 73% of dissatisfied participants exhibited some level of mood disturbance or clinical depression symptoms. The high percentage of moderate depression (38.5%) is particularly concerning, indicating a severe preoccupation with emotional distress. Among participants who complained about poor connections, there were better outcomes, with 2.0% reporting "normal ups and downs." However, a substantial number (62.6%) still suffered from mood disturbances, borderline clinical symptoms, or moderate depression levels.   The initial findings show that individuals dissatisfied with their social support experienced significant emotional distress, which aligns with Rigby and Ryan's (2011) assertion that peer support and interaction in shared activities fulfill the need for relatedness. When healthcare workers are engaged in collaborative practices, they not only enhance their emotional well-being but also strengthen their interpersonal bonds, leading to a more supportive work environment. The absence of such support, as indicated in the results, fosters emotional instability and exacerbates feelings of depression. The findings from Kiambu Level 5 Hospital echo these observations, as they indicate that low levels of perceived social support were linked to increased psychological distress. Studies like those by Barrera (1986) and Al-Gamal et al. (2019) confirm that perceived social support is crucial for enhancing well-being and mitigating negative emotional states. Without strong perceptions of support or connection, healthcare workers may struggle to manage their psychological distress, as indicated by the high percentages of those experiencing moderate to severe depression.

Participants experiencing work-family conflicts showed alarming results: none reported normal mood fluctuations, while over 80% experienced mild to severe depressive symptoms. Specifically, 52.9% reported moderate depression, highlighting the substantial impact that conflicts between work and family obligations can have on mental health. This supports the broader understanding that healthcare workers may struggle to balance their professional and personal lives, creating heightened stress and emotional turmoil as a result of poor communication. Dougherty (2009) and Boev & Xia (2015) demonstrate that poor communication not only exacerbates job dissatisfaction but might also contribute to high rates of anxiety and depression among practitioners. The findings from Kiambu Level 5 Hospital similarly point to the possibility that healthcare workers, when lacking adequate support and facing communication barriers, may experience increased emotional turmoil, heightening their vulnerability to mental health issues.

Table 2 further explains the variances that existed among the 10 statements that pin pointed relatedness satisfaction.

Table 1: Total Variance Explained in Relation to Relatedness Satisfaction

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	2.933	29.329	29.329	2.933	29.329	29.329	2.034	20.342	20.342
2	1.709	17.089	46.417	1.709	17.089	46.417	1.969	19.689	40.031
3	1.175	11.746	58.163	1.175	11.746	58.163	1.791	17.915	57.946
4	1.025	10.250	68.414	1.025	10.250	68.414	1.047	10.468	68.414
5	.861	8.612	77.025						
6	.608	6.078	83.103						
7	.547	5.466	88.569						
8	.450	4.498	93.067						
9	.375	3.749	96.817						
10	.318	3.183	100.000						

Extraction Method: Principal Component Analysis.

Key:

1. I enjoy interacting with everyone I meet.
2. I get along well with most people I meet.
3. Socially, I interact less and prefer being alone
4. My friends are those that I spend time with on a regular basis.
5. People care about my well-being in my life
6. I am close to few persons in my life.
7. I'm not so popular with my acquiantances
8. I normally get along well with people
9. I receive social support from others around me.
10. My presence at work is disrupted by work-family conflict

Table 2 presents Initial Eigen values and it shows that only five components have a total Initial Eigen values exceeding 1. The five components account for 68.414% of the variance. The five components are;

1. I enjoy interacting with everyone I meet.
2. I get along well with most people I meet.
3. Socially, I interact less and prefer being alone
4. My friends are those that I spend time with on a regular basis.
5. People care about my well-being in my life

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From the perspective of Basic Psychological Needs Theory (BPNT), a positive enjoyment of social interactions can enhance feelings of connection to others. When someone finds pleasure in engaging with others, it suggests a well-developed social network that can provide emotional support and foster a sense of belonging. Such interactions likely bolster a person's confidence and competence in social situations, leading to more positive emotional and psychological outcomes. Under BPNT, this enjoyment aligns with the premise that satisfying the need for relatedness contributes to an individual's overall well-being and life satisfaction.

The statement that "I get along well with most people I meet" reflects fulfilling the need for relatedness. Building and sustaining good relationships with others can lead to a more supportive social environment, which provides emotional safety and reinforces one's sense of belonging. According to BPNT, the successful navigation of social interactions can result in feelings of competence, as the individual perceives that they can effectively relate to and connect with others. This competence is beneficial not only in social contexts but extends to professional settings, enhancing collaboration and teamwork.

The statement that "Socially, I interact less and prefer being alone" give a preference for solitude than can indicate a significant challenge in meeting the need for relatedness. While some individuals may genuinely enjoy solitude, consistently preferring to be alone might signal unmet psychological needs, which can lead to feelings of isolation and potential psychological distress. According to BPNT, when relatedness is not satisfied, individuals may struggle with emotional regulation and may be more susceptible to negative outcomes, including anxiety and depression. Thus, if someone frequently opts for solitude, it is essential to explore whether this is a choice aligned with their needs or a sign of underlying issues related to social connectedness and well-being.

From the statement that "My friends are those that I spend time with on a regular basis" emphasis is laid on the importance of consistent social interactions in fulfilling the need for relatedness. Regular engagement with friends fosters stronger connections and provides a supportive network that is crucial for both emotional health and social competence. According to BPNT, the cultivation of these relationships can enhance feelings of support and belonging, positively influencing one's mental health. Regular interactions with close friends can serve as a buffer against stress and can reduce vulnerability to mental health challenges, reinforcing the notion that interpersonal relationships are a key component of psychological health.

The statement "People care about my well-being in my life" demonstrates a feeling of being cared for by others thereby directly addressing the need for relatedness. When individuals perceive that they are valued and supported by others, it contributes to a sense of connectedness that is vital for emotional health. This perception not only satisfies the need for relatedness but also enhances feelings of competence and autonomy by allowing individuals to feel secure enough to pursue their goals and make choices. Feeling cared for can lead to increased motivation, resilience against stressors, and an overall positive outlook on life, thus mitigating risks related to mental health issues.

The interplay of these statements illustrates how social interactions and relationships play a critical role in satisfying the basic psychological needs outlined in BPNT. When individuals feel connected and supported through their interactions, they are more likely to experience enhanced job satisfaction and lower sensitivity to depression, as stated in the theory.

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To better understand the correlation between each of the 10 statements on relatedness satisasfaction and its composite indicators, a rotated component matric analysis was done and the results are presented in Table 3.

Table 2: Rotated Components Matrix

	Component		
	1	2	3
I am close to few persons in my life.	.829		
I'm not so popular with my acquiantances	.757		
Socially, I interact less and prefer being alone	.740		
People care about my well-being in my life		.846	
I receive social support from others around me.		.797	
I normally get along well with people		.656	.448
I get along well with most people I meet.			.856
I enjoy interacting with everyone I meet.	-.355		.765
My friends are those that I spend time with on a regular basis.		.345	.479
My presence at work is disrupted by work-family conflict			

Extraction Method: Principal Component Analysis.

 Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 5 iterations.

Key:
- Component 1 - "**Social support**"
- Component 2 - "**Connectedness**"
- Component 3 – "**Work-family conflict**"

Table 3 shows that the statement "I am close to few persons in my life" is positively correlated (.829) with social support. This strong positive correlation indicates that participants who reported having close relationships also tended to feel a greater sense of social support. Such relationships were likely to provide emotional sustenance and assistance in times of need. The lack of correlation with connectedness and work-family conflict suggests that having a small number of intimate relationships can fulfill the need for social support without necessarily connecting to broader social networks. This might indicate that even a few strong relationships can provide substantial emotional and psychological support while not affecting the individual's connectedness to larger social circles or their work-life balance.

The statement "I'm not so popular with my acquiantances" has positive correlation (.787) with social support but it has no relationship with either connectedness or work-family conflict. Participants who did not have widespread popularity still experienced substantial social support from a small, close network. It suggests that

depth of relationship is more valuable than the quantity of friendship. Once again, the lack of relationship with connectedness and work-family conflict implies that social dynamics can vary. An individual may feel well-supported by a few people regardless of their general popularity, indicating that social support can come from specific, trusted sources without needing a wider circle of acquaintances.

The statement "Socially, I interact less and prefer being alone" is positively correlated (.740) with social support but not with connectedness and work-family conflict. This statement highlights that even those who prefer solitude can still perceive social support from their close relationships, perhaps from family or a few friends. The absence of correlation with connectedness and work-family conflict suggests that solitude does not necessarily equate to a lack of support. It may also imply that the quality of social support matters more than quantity. Individuals who engage less socially might still benefit from strong, supportive connections without engaging in broader social activities.

The statement "People care about my well-being in my life" is positively correlated (.846) with connectedness but it does not have any correlation with socia support and work-family conflict. A strong perception of care from others significantly enhances feelings of connectedness. It indicates a robust emotional and relational foundation where individuals feel valued. The lack of correlation with social support and work-family conflict suggests that this sense of care can emerge from psychological connectedness rather than practical support. It shows that feeling cared for may enrich one's sense of belonging and attachment, contributing positively to emotional well-being.

The statement "I receive social support from others around me" is positively correlated (.797) with connectedness but not with social support or work-family conflict. This suggests that receiving practical support positively impacts feelings of connectedness among individuals. The lack of correlation with social support or work-family conflict indicates that while receiving support enhances feelings of connectedness, it may not alleviate work-family conflict. This may imply that connectedness can derive from support independent of how one manages the interplay of personal and work responsibilities.

The statement "I normally get along well with people' is positively correlated (.656) with connectedness and also positively correlated (.448) with work-family conflict. However, it is not correlated with social support. This moderately positive correlation with connectedness suggests that positive interactions with others foster feelings of belonging. However, the positive correlation with work-family conflict indicates that getting along well with others might also bring about social demands that could complicate one's ability to balance family and work commitments. This duality reflects the complex nature of interpersonal relationships in workplace settings. Positive interactions can enhance workplace cohesion but may also contribute to increased expectations or responsibilities, which can lead to work-family conflict.

The statement "I get along well with most people I meet" is positively correlated (.856) with work-family conflict but is not correlated to either social support or connectedness. A high correlation with work-family conflict indicates that while getting along with others may foster camaraderie, it could also lead to heightened demands or expectations from colleagues, making work-life balance more challenging. This suggests that social dynamics can exert additional pressure, emphasizing the need for boundaries and the importance of managing relationships in a way that does not impede personal life balance.

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The statement "I enjoy interacting with everyone I meet" is negatively correlated (-.355) with social support and it is also positively correlated (.765) with work-family conflict. However, it is correlated with connectedness. The negative correlation with social support suggests that those who broadly enjoy social interactions may not receive genuine support, possibly due to superficial connections. The strong positive correlation with work-family conflict implies that this enjoyment does not necessarily equate to fulfilling social needs and might instead dilute personal time and priorities. This highlights an important distinction between social enjoyment and substantive support. While engaging with many people may feel enjoyable, it can overwhelm individuals and lead to conflicts in personal obligations. It can also indicate that superficial interactions do not provide the support one might expect from deeper relationships.

The statement "My friends are those that I spend time with on a regular basis" is positively correlated (.345) with connectedness and also positively connected (.479) with work-family conflict. But it si not correlated with social support. Regular interaction with friends correlates positively with feelings of connectedness, suggesting these interactions can enhance personal relationships. However, a significant correlation with work-family conflict suggests that the frequency of friends' interactions may also demand time that could lead to conflicts with family commitments. This reflects the potential trade-offs of maintaining friendships that require time and energy, which might detract from family obligations, indicating the challenge of balancing social life with family responsibilities.

The statement "My presence at work is disrupted by work-family conflict" is not correlated with social support, connectedness and work-family conflict. The absence of correlation suggests that this particular statement may represent a distinct concern from the other interpersonal dynamics explored. This isolation from other factors may imply that work-family conflict can be experienced as a standalone issue, distinct from social support and connectedness. It points to the necessity for organizations to individually address work-family conflict dynamics rather than assuming they was mitigated through social connections and support.

Table 4 presents the findings of a correlation analysis on indicators of relatedness needs satisfaction and levels of depression.

Table 3: Correlation between Relatedness Needs Satisfaction and Levels of Depression

		Indicators of Relatedness Needs Satisfaction	Levels of Depression
Indicators of Relatedness Needs Satisfaction	Pearson Correlation	1	.072
	Sig. (2-tailed)		.389
	N	144	144
Levels of Depression	Pearson Correlation	.072	1
	Sig. (2-tailed)	.389	
	N	144	144

Table 54 shows analysis between indicators of relatedness needs satisfaction and levels of depression using

the Pearson Product Moment correlation. The analysis was done with a significance level of 0.05. The Pearson correlation coefficient (0.072) indicates a very weak positive correlation between the indicators of relatedness needs satisfaction and levels of depression suggesting that as satisfaction of relatedness needs increases, severity of depression also tend to increase slightly. The significance value (p-value) (0.389) is above the 0.05 significance level implying that there is no statistically significant correlation between indicators of relatedness needs satisfaction and levels of depression. Therefore, the null hypothesis that there is no statistical significant relationship between relatedness needs satisfaction and vulnerability to depression among healthcare workers in Kiambu level 5 Hospital, Kenya is not rejected. This highlights the complexity of mental health and relatedness dynamics. This suggests that other factors beyond relatedness needs satisfaction such as autonomy or competence needs, environmental stressors, or individual differences in coping mechanisms play more substantial roles in influencing levels of depression. This result indicates that enhancing relatedness needs through social support may not be sufficient to alleviate depression among the health care workers.

5. Conclusion

This study investigated the relationship between relatedness satisfaction and vulnerability to depression among healthcare workers at Kiambu Level 5 Hospital in Kenya. It highlighted the significant impact of personal and professional relationships on the mental health of healthcare professionals. The findings indicated that many workers reported varying levels of depressive symptoms, with those dissatisfied with their social support being particularly vulnerable. A concerning trend emerged, demonstrating that individuals lacking satisfactory social support displayed a complete absence of emotional stability. Furthermore, those expressing dissatisfaction with their social environment showed heightened rates of moderate and severe depression symptoms, while even those with some level of connectedness faced mood disturbances. Additionally, healthcare workers experiencing work-family conflicts showed alarming trends in depressive symptoms, indicating the stress associated with balancing their professional and personal responsibilities.

Interestingly, the correlation analysis revealed a weak positive relationship between relatedness needs satisfaction and levels of depression, suggesting that while relatedness satisfaction is important, it may not be the primary factor driving depressive symptoms. This highlights the potential influence of other factors, such as individual coping mechanisms and external stressors, on mental health outcomes. The research also pointed to the complex dynamics of interpersonal relationships within the workplace, indicating that merely enhancing social support may not sufficiently address mental health needs. Effective strategies for mitigating depression risk among healthcare workers must consider the multifaceted nature of emotional well-being, encompassing a broader spectrum of psychological needs.

6. Acknowledgement

7. References

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