

Anxiety Levels and Coping Strategies as Predictors of Psychological Well-Being Among Health Workers in Gboko Local Government Area, Benue State, Nigeria

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<https://doi.org/10.56201/ijssmr.vol.12no9.2026.pg702.716>

Abstract

This study investigated anxiety levels and coping strategies as predictors of psychological well-being among health workers in Gboko Local Government Area of Benue state. The study adopted a cross-sectional survey research design where 184 participants were used. The participants were 34 males (18.5%) and 150 females (81.5%) who were randomly selected for the study through simple random technique. The Ryff's Psychological Well-being Scale, the State Trait Anxiety Inventory Forms X-1 and X-2 and the Coping Strategies Inventory were used for data collection. Two research questions were raised to guide the study while two hypotheses were formulated and tested. Data analysis involved the use of Pearson Product Moment Correlation and Multiple Linear Regression. Results revealed that, there was a significant relationship between anxiety levels, coping strategies and psychological well-being among health workers in Gboko Local Government Area. Result also showed that, anxiety levels, and coping strategies significantly and jointly influenced psychological well-being of health workers in Gboko. It was concluded that, anxiety levels, and coping strategies are strong determinants of psychological well-being among health workers in Gboko Local Government Area. The study recommended that, government, non-governmental organizations, and health institutions should frequently organize symposiums to educate health workers more on anxiety management approaches as well as coping strategies should be made an integral part of health awareness by health institutions in Gboko Local Government Area to help in designing evidence-based interventions and updating preventive strategies.

Keywords: *Anxiety levels, coping strategies, psychological well-being, and health workers*

Introduction

Psychological well-being is a multidimensional construct focused on optimal human functioning and thriving. It encompasses positive emotions, a sense of life purpose, social connections, and the adaptive capacity to handle life's challenges (APA, 2024; WHO, 2021). Psychological well-being is felt in continuous growth, environmental mastery, and positive interpersonal relationships. High psychological well-being is strongly associated with strong social support and lower levels of anxiety, stress, and depression (Encyclopedia of Pharmacy

Practice and Clinical Pharmacy, 2019). Given the exceptionally high-stress nature of the healthcare profession compared to many other occupations, maintaining psychological well-being is highly relevant for enabling health workers to realize their potential, manage workplace pressures, work productively, and contribute effectively to their communities (Bamfort et al., 2023; WHO, 2021). Anxiety severely undermines psychological well-being by causing social withdrawal and isolation, which damages relationships across personal and professional spheres, while simultaneously disrupting vital physical functions such as blood circulation, immune response, and digestion (WHO, 2023). As one of the most widespread clinical issues, anxiety manifests both in everyday situational apprehension such as during exams, athletic events, or presentations and in long-term worries about future endeavours. When acute anxiety occurs, it directly impairs performance and self-expression, leading to cognitive freezes, physical missteps, or compromised speech. Anxiety is considered as more future oriented and global, referring to the state in which an individual is inordinately apprehensive, tense and uneasy about the prospect of something terrible happening. It is from this basis that the World Health Organization (2023) defined anxiety as feeling of fear, dread and uneasiness. Anxiety becomes a source of clinical concern when it reaches such an intense level that interferes with the ability to function normally in daily life as a person enters a maladaptive state characterized by extreme physical and psychological reactions. In 2017, 4.9 million Nigerians (2.7%) had anxiety disorders (NLM). Anxiety levels are typically classified by the level of disorders and impairment experienced into four categories, "mild anxiety, moderate anxiety, severe anxiety and panic level anxiety". Luca & Rosella (2019) asserted that worry (anxiety) is negatively related to psychological well-being of individuals. It causes both physical and psychological symptoms, which can be very distressing. Effective stress management improves physical, psychological, and operational performance (Team, 2021). Unlike unconscious defense mechanisms, coping strategies consist of conscious thoughts and direct actions aimed at managing or altering responses to stressful situations (Stallman et al., 2021). The selection and success of a given coping strategy depend heavily on contextual factors, including the individual's personality, the social environment, and the specific nature of the stressor (Stephenson & DeLongis, 2020). Consequently, no single coping strategy is universally adaptive or maladaptive across all contexts. Health workers in Gboko Local Government Area and across Nigeria face severe professional and personal pressures compounded by underfunded, overcrowded, and unsanitary medical facilities, alongside low remuneration and critical staffing shortages. Despite their indispensable role in sustaining societal health and national development, their psychological well-being is widely neglected due to the false assumption that healthcare givers are inherently self-actualized and immune to survival anxieties. Because health workers remain inextricably tied to their systemic environment, the interplay between their inherent personality traits, professional challenges, and anxiety directly impacts their psychological well-being, highlighting an urgent need to address their neglected mental health needs.

Statement of the Problem

Health workers in Gboko Local Government Area suffer from systemic neglect regarding their psychological well-being. They battle with societal misconceptions that they are naturally secure, however contend with severe stressors ranging from poor remuneration, excessive workloads, sleep deprivation, inadequate social support, and lacking medical facilities without adequate coping mechanisms. This deterioration of their mental health directly fuels the "japa syndrome" (brain-drain), as health workers migrate abroad for better conditions. Given the scarcity of localized research on Gboko's healthcare staff, identifying and implementing effective coping strategies alongside anxiety management is critical to stabilizing their

psychological health, retaining vital manpower, and ensuring quality public healthcare delivery. It is on this basis that this research is designed to determine whether anxiety levels and coping strategies predict the psychological well-being of health workers in Gboko Local Government Area of Benue state.

Empirical Review

Tabur et al. (2022) conducted a study on "anxiety, burnout, depression and, psychological well-being as predictors of health care professionals' turnover during the COVID-19 pandemic: Study in a pandemic hospital". They explored the impacts of emotional well-being of health care professionals as their intention to quit their jobs. A cross-sectional survey design was used for their study. The respondents were selected based on simple random sampling. In total, 345 questionnaires were returned and used for the analysis. Respondents were health care professionals (nurses, doctors, midwives, technicians, etcetera) working in a pandemic hospital in Turkey. Multivariate logistic regression model was used to predict the emotions that encouraged the respondents to tend to quit their jobs. Emotions including anxiety, burnout, and depression were measured using validated scales. The study found that the COVID-19 situation increased the turnover intensity, especially among doctors and nurses (Nurses' or nurse/midwife=22.28 (2.78-41.25), $P=0.01$, OR doctors=18.13 (2.22-2.27), $P=0.01$), indicating the emotional pressure it was putting them under. Anxiety related to work pressure and burnout were the main emotional predictors of turnover intention. The more severe the anxiety was, the more professionals considered quitting (OR moderate =18.96(6.75-137.69), $P=0.005$, OR severe=37.94(2.46-107.40), $P=0.016$). Only severe burnout, however engendered such an intention among them (OR severe=13.05(1.10-33.48), $P=0.000$). Anxiety and work burnout have always been highlighted as causes of emotional exhaustion that can hinder health care providers' performance. The study is significant to the present study because of its detail analysis about anxiety which is one of the notable variables of interest in this study. However, the study did not provide lucid approaches of controlling anxiety, and burnout in order to improve health professionals (workers) psychological well-being. In this regard, this present research intervened through the coping strategies techniques. Turkey and Tunc (2020) conducted a study on "anxiety and psychological well-being levels of faculty of sports science students". The aim of the study was to examine the anxiety and psychological well-being levels of the students of the sports sciences. The study is a relational screening model. 210 university students participated in the study with simple random sampling method. Collection of data included anxiety as assessment scale and psychological well-being scale were used. Information was collected from the participants about gender, whether they do active sports or not, and income level. Data analysis was done with SPSS 22 package programme. Skewness and Kurtosis values are in normal distribution. Independent sample t-test was used in the binary comparisons and ANOVA tests were used in more than two comparisons. Pearson correlation test was also used in the correlation analysis. The significance level for all tests is 0.05. Participants have moderate anxiety. According to gender, women's anxiety level was higher than men. There was a significant difference in anxiety psychic subscale and total score. In anxiety, somatic sub-dimension, and psychological well-being, no significant difference was found in terms of gender ($P>0.05$). According to the economic level, significant differentiation was found in anxiety, somatic sub-dimension, and total score. Those with bad income were found to have high anxiety and low psychological well-being, than those with good and moderate levels ($P<0.05$). The research is relevant to this present study in that, it provides more insight about anxiety and psychological well-being which are some of the variables this research is investigating. However, the study differs from this current study on the targeted population. The study also did not give headway to improve the psychological well-being of

the population they studied. Khan and Sultana (2020) conducted a study on the “impact of anxiety on psychological well-being: a cross-sectional study during COVID-19 pandemic among 384 patients (both males and females) across hospitals in Pakistan. The aim was to investigate how heightened anxiety negatively impacted psychological well-being. This study adapted online tracking of participants during the pandemic lockdown. Data were collected using the Generalized Anxiety Disorder-7 and Ryff’s Psychological Well-being Scale. Convenience sampling method was used. The results found that, higher levels of anxiety negatively impacted psychological well-being of COVID-19 patients with significant correlations between anxiety symptoms and reduced mental health. The researchers also found that, chronic anxiety led to prolong mental health challenges, whereas short-term anxiety had less severe effects. Results also indicated that, younger adults and women reported higher anxiety levels and greater declines in psychological well-being compared to older adults and men. Recommendations were that, the need for mental health interventions (example, therapy, stress management programmes) during crises, and the need to improve mental health support systems suggested measures to buffer psychological well-being. The weakness of the study is the doubtfulness that it was actually COVID-19 patients that responded to the questionnaire hence it was online survey. The study is relevant to this present study in that, both studies sought to ferret the impact of anxiety on psychological well-being and as well proffer measures to improve the psychological well-being of the population under study.

Hypotheses

The following hypotheses were postulated to address the research questions:

- i. There will be a significant relationship between anxiety levels, coping strategies, and psychological well-being among health workers in Gboko Local Government Area.
- ii. Anxiety levels and coping strategies will significantly, jointly predict psychological well-being among health workers in Gboko Local Government Area.

Method

Design

The researcher used the cross-sectional survey research design. A cross-sectional survey design involves the collection of data from a population or a representative subset at a single point in time, with the primary aim of examining relationships between variables and identifying patterns or prevalence of specific features. This design is particularly suitable for the study titled, “Anxiety levels, and coping strategies as predictors of psychological well-being among health workers in Gboko Local Government Area” because it allows the researcher to assess the current level of anxiety levels, and coping strategies, and psychological well-being simultaneously within the same group of health workers.

Participants

Participants for this study were one hundred and eighty-four (184) health workers (nurses, doctors, pharmacists, laboratory scientists, and community health workers) who were randomly selected among the population of three hundred and forty one (341) health workers. Their age ranges from 18-65 years, mean age of 1.05(SD=.02) Participants within the age range of 18-34, were 176 (95.7%) and participants between 35-65 age range were 8 (4.3%). In terms of qualification, 9 were doctors (4.9%), 46 nurses (25.0%), 19 laboratory scientists (10.3), 97 community health workers (52.7%), 13 pharmacists (7.1). The participants were 34 males (18.5%) and 150 females (81.5%). The participants were from different ethnic groups which include; 107 (58.2%) Tiv, 46 (25.0%) Idoma, 12 (6.5%) Igede, 11 (6.0%) Igbo and 8 (4.3%)

others. The years in service of participants were; 1-10 years, 40 (21.7%), 11-20 years, 57 (31.0%), 21-30 years, 55 (29.9%), and 31 years above, 32 (17.4%) respectively.

Sampling

This study adopted the simple random sampling technique to select participants, ensuring that every participant has an equal chance of being selected. Simple random sampling is the procedure which ensures that every participant has equal chance of being selected (Meng, 2013). For example, in order to ensure that every health worker has an equal chance of being selected, participants who agreed to be part of the study were allowed to choose a ballot which was inscribed “Yes” or “No”. Choosing “Yes” gave one an authentic qualification to participate in the study. The sample size was however, estimated based on this frame of reference.

Sample Size Determination: The researcher in order to determine the sample size for this study used Taro Yamene formula for sample size. Yamene (1967) (as cited by Shindi, 2017) provided a simplified formula to calculate sample size. This formula is presented below:

$$n = \frac{N}{1 + N(e)^2}$$

$$N = \frac{341}{1 + 341 = (0.05)^2}$$

$$n = \frac{341}{1 + 341 \times 0.0025}$$

$$n = \frac{341}{1 + 0.85 = 1.85}$$

$$n = \frac{341}{1.85} = 184$$

Therefore, the participants for this study were 184 health workers in Gboko Local Government Area

Instruments

Psychological Well-Being Scale: The Psychological well-being Scale was developed in 1989 by Carol. The test is meant for adults and can be administered within the duration of 3 to 5 minutes (18-items) to 8 minutes (42-items). The reading level is between 6th - 8th grades. The test was developed to measure aspects of well-being and happiness; autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance (Ryff et al., 2007). Researchers have used both the 42-item PWB scale and a shortened 18-item version (Ryff & Keyes, 1995) with adults of all ages including those from low-income background (Ryff & Keyes, 1995, Curban et al., 2014). The 18-item has also been used with Latinx College students (Gloria, Castellanos, Scull & Villegas, 2009), African-Americans living in New York, and Mexicans- Americans living in Chicago (Ryff, Keyes & Hughes, 2003). Psychological well-being scale was used in Nigeria by Mabekoje (2003) of Olabisi Onabanjo University of Ogun state to test how the well-being of today's teachers affects the society tomorrow. Analysis by discrimination function revealed self-esteem, social support, and agreeableness, were significant predictors of teachers' psychological well-being. ($X = .412$; $F(3,262) = 125.065$; $p < .05$). Neither extraversion nor self-efficacy was predictive. Over 90% of cases were correctly classified, 97.7% of teachers with low psychological well-being and 87.7% of teachers with high psychological well-being were correctly classified.

State Trait Anxiety Inventory (STAI X-1 and X-2): The state trait anxiety inventory was developed by Spielberger et al., (1968) to measure anxiety as a state, a transitory experience as well as a more stable personality disposition or trait. It encompasses subjective feelings of

worry, tension, and apprehension as well as the concomitant physiological reactions that result from the arousal of the autonomic nervous system. The A-state anxiety is evoked by a stimulus or situation that is interpreted by a person as threatening to him or her. The person will try to reduce discomfort by calling upon one or more defense mechanisms such as avoidance, denial, repression, or projection. The validation data for STAI-X-1 demonstrated high internal consistency and construct validity, with scores shown to fluctuate significantly between 0.83 to 0.92 depending on the level of situational stress an individual is facing (example, test taking or medical procedure) range from 20 to 80. For STAI-X-2, results yielded high test-retest reliability (with coefficients often ranging from 0.65 to 0.86) and good internal consistency. Scores similarly range from 20 to 80. Norms, reliability, and validity have been variously determined and published. State anxiety items include; "I am tensed; I am worried" and "I feel calm; I feel secure". Trait anxiety items include; "I worry too much over something that really doesn't matter" and "I am content; I am a steady person". All items are rated on a 4-point scale (example, from "Almost Never" to "Almost Always"). Higher scores indicate greater anxiety. Internal consistency coefficients for the scale have ranged from .86 to .95; test-retest reliability coefficients have ranged from .65 to .75 over a 2-month interval (Spielberger et al., 1983).

Coping Strategies Inventory: The 32-item questionnaire is based on the coping strategy inventory, developed by Tobin et al. (1986) and later adapted and validated by Cano et al., (2007). The CSI-SF is a self-report measure used to assess individual's coping strategies in response to stressful situations. The coping strategy inventory has eight primary scales, four secondary scales and two tertiary scales (hierarchically organized). The primary scales are; problem-solving, cognitive restructuring, social support, express-emotions, problem-avoidance, wishful thinking, social-withdrawal and self-criticism. The secondary scales include; problem-focused engagement and emotion-focused engagement, problem-focused disengagement and emotion-focused disengagement. The tertiary has to do with engagement and disengagement. The coping strategy inventory can be used in various settings including healthcare (mental health professionals), counseling and researchers to understand how people cope with stress and identify potential areas for intervention. Internal consistency (Cronbach's alpha), test-retest reliability coefficient-ICC and Bland-Altman plot), and minimal detectable change were examined among 50 people with (LBP in rural and urban Nigerian populations. Construct validity was determined by assessing the correlations between the adapted CSQ and measures of disability, pain intensity, fear avoidance beliefs, and illness perceptions using Spearman's correlation analysis with 200 adults with CLBP in rural Nigeria.

Procedure

The researcher obtained a letter of introduction from the Head of the Department of psychology, Fr Moses Orshio Adasu University, Makurdi. The researcher proceeded to Hospitals Management Board, Makurdi, Gboko Local Government Health Authority and got approvals for data collection on this study. One hundred and fifty-six (156) items questionnaire were administered individually to the participants by the researcher and two research assistants face to face. The purpose of the study was explained to the participants and informed consent obtained. Anonymity and confidentiality were guaranteed. A total of one hundred and eighty-four (184) copies of the questionnaire were distributed to the participants with the instruction to tick the best answer that sought to describe their feelings. The entire questionnaire was collected after the period stated. Participants were approached in offices (hospitals and clinics) for the administration of the questionnaire. The questionnaire was then scored and the data generated was subjected to statistical analysis. The same procedure was adopted for pilot study.

Data Analysis

The Pearson product moment correlation was used to test hypothesis one, while the multiple linear regression was used to test hypotheses two respectively. Descriptive statistics such as mean, range and standard deviation were used to describe the demographic characteristics of participants. Also, frequencies and percentages were used to give the data a meaning.

Results

Hypotheses I: This hypothesis stated that, there will be a significant relationship between anxiety levels, coping strategies and psychological well-being among health workers in Gboko Local Government Area. Pearson product moment correlation was used to test for the significance of this hypothesis and the result is presented in table1.

Table 1 Summary of Pearson Product Moment Correlation showing relationship between anxiety levels, coping strategies and psychological well-being among health workers in Gboko Local Government Area

S/N	Variables	1	2	3	4	5	6	7	8	9	10	11	12	13
1.	Psychological Well-being -													
2.	Apprehension	.806**	-											
3.	Worry	.795**	.642**	-										
4.	Tension	.791**	.646**	.707**	-									
5.	General Distress	.818**	.666**	.712**	.720**	-								
6.	Problem Solving	.123	.669**	.733**	.738**	.758**	-							
7.	Cognitive Restructuring	.100	.641**	.727**	.744**	.756**	.772**	-						
8.	Social Support	.416**	.659**	.716**	.731**	.736**	.667**	.496**	-					
9.	Express Emotion	.489**	.665**	.941**	.939**	.973**	.588**	.408**	.933**	-				
10.	Wishful Thinking	.446**	.627**	.627**	.652**	.756**	.622**	.357**	.737**	.707**	-			
11.	Social Withdrawal	.515**	.401**	.401**	.407**	.419**	.384**	.536**	.382**	.407**	.670**	-		
12.	Self-Criticism	.458**	.480**	.480**	.488**	.490**	.465**	.704**	.410**	.379**	.592**	.863**	-	
13.	Problem Avoidance	.015	.018	.018	.035	.027	.019	.922**	.899**	.213**	.253**	.282**	.315**	-

Table 1 presents the Pearson Product Moment Correlation analysis showing the relationships among anxiety levels, coping strategies, and psychological well-being among health workers in Gboko Local Government Area. Psychological well-being also showed strong and significant positive relationships with all the dimensions of anxiety, including apprehensions ($r = .806, p < .01$), worry ($r = .795, p < .01$), tension ($r = .791, p < .01$), and general distress ($r = .818, p < .01$). This suggests that psychological well-being is strongly associated with anxiety, indicating that decrease in psychological well-being are accompanied by increased anxiety levels among health workers in Gboko Local Government Area. Furthermore, psychological well-being had significant positive relationships with several coping strategies, including social support ($r = .416, p < .01$), express emotion ($r = .489, p < .01$), wishful thinking ($r = .446, p < .01$), social withdrawal ($r = .515, p < .01$), and self-criticism ($r = .458, p < .01$). However, Psychological well-being did not significantly correlate with problem-solving ($r = .123, p > .05$), cognitive restructuring ($r = .100, p > .05$), and problem avoidance ($r = .015, p > .05$), indicating that psychological well-being is not strongly associated with these coping strategies. The dimensions of anxiety also showed very strong and significant positive intercorrelations. Apprehension was strongly related to worry ($r = .941, p < .01$), tension ($r = .939, p < .01$), and general distress ($r = .960, p < .01$). Similarly, worry was highly correlated with tension ($r = .993, p < .01$) and general distress ($r = .973, p < .01$), while tension also correlated strongly with general distress ($r = .966, p < .01$). This indicates that the emotional distress constructs are highly interconnected and may reflect a single underlying dimension of psychological distress. With respect to coping strategies, problem-solving showed weak but significant positive relationships with extraversion ($r = .171, p < .05$), neuroticism ($r = .184, p < .05$), conscientiousness ($r = .179, p < .05$), openness ($r = .171, p < .05$), and agreeableness ($r = .172, p < .05$). Cognitive restructuring also showed weak positive relationships with neuroticism ($r = .148, p < .05$) and conscientiousness ($r = .146, p < .05$), while social support, express emotion, wishful thinking, social withdrawal, and self-criticism all showed moderate to strong positive relationships with personality traits and emotional distress variables. Problem avoidance was significantly and strongly related to problem-solving ($r = .922, p < .01$) and cognitive restructuring ($r = .899, p < .01$), indicating a very strong association between adaptive and maladaptive coping strategies. However, it had weak and non-significant relationships with most personality traits.

Hypotheses II: This hypothesis stated that, anxiety levels, and coping strategies will significantly, jointly predict psychological well-being among health workers in Gboko Local Government Area. Multiple linear regression was used to test for the significance of this hypothesis and the results is presented in table 2.

Table 2: Summary of Multiple Linear Regression Showing significantly and joint influence of Personality Traits, Anxiety Levels and Coping Strategies on Psychological Well-being Among Health Workers In Gboko Local Government Area

Predictor Variable	R	R ²	df	F	β	T	Sig
Constant	.818	.669	3	121.436		3.240	.001
Anxiety levels					.760	12.240	.000
Coping Strategies					-.062	-1.225	.222

$R = .818, R^2 = .669, \text{Adjusted } R = .664$

The results presented in Table 2 showed that, there was a significant joint influence of anxiety levels, and coping strategies on psychological well-being among health workers in Gboko Local Government Area, $R = .818, R^2 = .669, F(3, 180) = 121.436, P < .01$. This result showed that anxiety levels and coping strategies significantly and jointly made a contribution of 66.9%

to the total variance in the psychological well-being of health workers in Gboko Local Government Area. This hypothesis was confirmed. This implied that, health workers who jointly scored high on anxiety levels, and coping strategies had high (good) psychological well-being, while those who scored low on anxiety levels and coping strategies had low (poor) psychological well-being. Furthermore, the results indicated that independently, anxiety levels ($\beta = .760$, $P > .01$) made significant positive contribution to psychological well-being among health workers in Gboko Local Government Area as shown above. Meanwhile coping strategies ($\beta = -.062$, $P > .01$) did not make significant contribution to the psychological well-being among health workers in Gboko Local Government Area. Based on this result the hypothesis is therefore confirmed. This implied that, measures of enhancing personality of health workers in Gboko Local Government Area, measures of mitigating anxiety and the use of positive coping strategies should be used as holistic measures to improving the psychological well-being of health workers in Gboko Local Government Area.

Discussion

This hypothesis sought to find out if there would be a significant relationship between anxiety levels, coping strategies and psychological well-being among health workers in Gboko Local Government Area. Findings indicated a significant relationship between anxiety levels, coping strategies and psychological well-being among health workers in Gboko Local Government Area. Psychological well-being indicated strong and significant positive relationships with all the dimensions of anxiety, including apprehensions, worry, tension, and general distress. This implies that psychological well-being is strongly associated with anxiety, indicating that decrease in psychological well-being are accompanied by increased anxiety levels among health workers in Gboko Local Government Area. This indicates that the emotional distress constructs are highly interconnected and may reflect a single underlying dimension of psychological distress. With respect to coping strategies, problem-solving showed weak but significant positive relationships with extraversion, neuroticism, conscientiousness, openness, and agreeableness. Cognitive restructuring also showed weak positive relationships with neuroticism and conscientiousness, while social support, express emotion, wishful thinking, social withdrawal, and self-criticism all showed moderate to strong positive relationships with personality traits and emotional distress variables. Problem avoidance was significantly and strongly related to problem-solving and cognitive restructuring, indicating a very strong association between adaptive and maladaptive coping strategies. However, it had weak and non-significant relationships with most personality traits. The findings revealed that all the study variables are significantly interrelated either positively or weakly, suggesting that anxiety levels, coping strategies and psychological well-being are strongly interconnected psychological constructs among health workers in Gboko Local Government Area. The result of this study is in line with other studies related to the variables under study in this research. Individuals (health workers) utilizing maladaptive coping strategies experience amplified anxiety levels, leading to a poorer state of psychological well-being. Conversely, those who employ adaptive coping strategies buffer themselves against stress, maintaining high levels of psychological functioning despite adverse circumstances (Anton-Ruiz et al., 2025, Compas, et al., 2017). Contemporary network analyses highlight that coping strategies act as a mediator in this relationship. An individual's personality does not doom them to anxiety or poor well-being, rather, it biases them toward specific coping habits. Because coping strategies are highly malleable, they represent a key target for clinical and preventive mental health programmes (Gok et al., 2023). Hypothesis two was tested to see if coping strategies would significantly and jointly predict psychological well-being among health workers in Gboko Local Government Area. Result showed that there was a significant joint influence of anxiety levels

and coping strategies on psychological well-being among health workers in Gboko Local Government Area. This implied that, psychological well-being of health workers in Gboko Local Government is determined by their anxiety levels and coping strategies. In line with the findings of this study, empirical reviews consistently showed that, anxiety levels and coping strategies are significant predictors of psychological well-being among health workers, often associated with intertwined effects (Nikeeric et al., 2021). Anxiety levels are also found to predict psychological well-being. Health workers particularly during crises like the COVID-19 pandemic reported high levels of anxiety and psychological distress (Nikeeric et al., 2021). Higher anxiety levels are strongly associated with lower psychological well-being and often link to the use of negative coping strategies. Factors such as fear of infecting family members, inadequate protective equipment, and high workloads significantly predicted increased anxiety among health workers. Coping strategies also play a crucial role in the relationship between personality traits/stressors and psychological well-being, they do not just act independently but explain how personality traits influences mental health outcomes (Leszko & Jarzebinska, 2020; Boameh, 2015). Active/positive coping (example, problem-solving, seeking instrumental or emotional support, planning, humor, religious coping) is a critical pathway to enhanced psychological well-being and reduced anxiety. Negative coping (example, avoidance, denial, self-blame, substance use, behavioural disengagement) exacerbates stress and anxiety and is linked to poorer mental health outcomes. Empirical studies suggest an asymmetry in mediation effects where positive coping is at diminishing. The implication is that, anxiety levels and coping strategies should be considered holistic in trying to put in place measures to improving psychological well-being of health workers in Gboko Local Government Area.

Conclusion

This study revealed the extent in which health workers in Gboko Local Government Area experienced anxiety levels and coping mechanisms that are related and act as important predictors of psychological well-being. The study established certain relational and expressive coping strategies (like seeking social support and expressing emotion) show strong positive associations with health workers' psychological well-being, other aspects of anxiety, such as apprehension, worry, tension, and general distress, are strongly linked to declines in psychological well-being. In order to promote long-term psychological well-being and protect the larger healthcare delivery system, healthcare institutions, legislators, and clinical interventions in Gboko Local Government Area must adopt a comprehensive framework that will concurrently addresses individual personality predispositions, reduces systemic anxiety drivers, and fosters constructive coping strategies.

Recommendations

The following recommendations were made to help in improving the management approaches of anxiety levels and as well encourage the use of positive coping strategies for enhanced psychological well-being of health workers in Gboko Local Government Area in order to reposition them for better or happy professional life.

- i. Government, non-governmental organizations as well as health institutions (hospitals and clinics) should frequently organize symposiums to educate health workers more on anxiety management approaches in order to actualize their psychological well-being.
- ii. Coping strategies should be made an integral part of health awareness and a routine by health institutions (hospitals and clinics). This will help to put health workers on track in terms of improving their psychological well-being. Health workers should be inculcated positive coping strategies.
- iii. Family members, and spouses should be supportive, appreciative, and complement the

efforts of health workers in ensuring health care provision for the teaming population of patients in Gboko Local Government Area so as to facilitate their peace, happiness, self-actualization and psychological well-being.

iv. The government and private health sector should provide adequate medical equipment, conducive working environment, and welfare packages for health workers. In addition, health workers should be recruited quarterly to boost manpower in the hospitals and clinics in Gboko Local Government Area.

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