



## **EMPLOYEE SUPPORT MECHANISMS AND ORGANIZATIONAL RESILIENCE IN HOSPITALS**

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### **ABSTRACT**

**Purpose of the Study:** The purpose of this study was to examine the role of employee support mechanisms in enhancing organizational resilience within hospital settings.

**Statement of the Problem:** Hospitals face severe staff, emotional, and financial pressures that threaten employee well-being and stability. Evidence on how combined support mechanisms build resilience in low-resource settings remains limited and fragmented.

**Methodology:** The study adopted a desktop review methodology. Relevant literature was systematically reviewed from academic journals, institutional reports, and documented case studies to evaluate the effectiveness of health and wellness services, mental health support, and financial well-being initiatives in enhancing employee and organizational resilience in hospital settings.

**Findings:** The findings indicate that health and wellness services, mental health support, and financial well-being initiatives play a significant role in strengthening employee resilience and supporting institutional stability. Nonetheless, the reviewed literature remains disjointed, with most studies focusing on isolated mechanisms rather than integrated approaches. There is also a notable absence of longitudinal and intervention-based studies, especially within resource-constrained hospital environments.

**Conclusion:** The study concludes that employee support mechanisms are essential components of organizational resilience in hospitals.

**Recommendations:** The study recommends institutionalizing integrated employee support programs and advancing longitudinal, intervention-based research to strengthen long-term resilience in resource-constrained healthcare settings.

**Keywords:** *Employee support mechanisms, organizational resilience, health and wellness services, mental health support, financial well-being initiatives.*

## BACKGROUND TO THE STUDY

Employee support mechanisms refer to structured organizational programs aimed at promoting employee well-being across physical, psychological, and financial dimensions (Busch *et al.*, 2021; Lovejoy *et al.*, 2021). These mechanisms include health and wellness programs, mental health counseling, financial assistance initiatives, career development opportunities, and work-life balance arrangements (Cohen *et al.*, 2023; Kumar *et al.*, 2021). In healthcare settings, such interventions are intended to reduce stress, burnout, and employee turnover while enhancing job satisfaction and engagement (Shanafelt *et al.*, 2021; Sovold *et al.*, 2021). Empirical studies indicate that well-designed support systems improve morale, productivity, and retention, contributing to positive organizational culture and stability (Busch *et al.*, 2021; Rehder *et al.*, 2021). These mechanisms are particularly critical in hospitals due to long working hours, emotional strain, and high patient volumes (Kumar *et al.*, 2021; Cohen *et al.*, 2023).

Organizational resilience is defined as the capacity of an organization to absorb shocks, adapt to challenges, and recover from disruptions while maintaining core functions (Chen *et al.*, 2021; Vanhaecht *et al.*, 2021). In healthcare, resilience extends beyond operational continuity to include staff adaptability, engagement, and sustained performance under pressure (Werner *et al.*, 2021; Beuren *et al.*, 2022). Healthcare organizations facing workforce shortages and resource constraints increasingly depend on resilience to sustain service delivery (Shanafelt *et al.*, 2021; Cohen *et al.*, 2023). Evidence shows that resilient hospitals demonstrate improved patient outcomes and workforce stability during crises (Beuren *et al.*, 2022; Vanhaecht *et al.*, 2021). As global health threats intensify, organizational resilience has become central to healthcare system sustainability (Chen *et al.*, 2021; Werner *et al.*, 2021).

The relationship between employee support mechanisms and organizational resilience is well established in healthcare research (Busch *et al.*, 2021; Sovold *et al.*, 2021). Employee well-being programs, including mental health support, career development, and work-life balance initiatives, enhance resilience by fostering workforce stability and engagement (Lovejoy *et al.*, 2021; Cohen *et al.*, 2023). Structured support systems reduce burnout and turnover, enabling continuity of care during organizational stress (Shanafelt *et al.*, 2021; Rehder *et al.*, 2021). Studies further indicate that hospitals investing in employee well-being are better positioned to sustain operations during crises (Sovold *et al.*, 2021; Werner *et al.*, 2021). These findings reinforce employee support mechanisms as strategic resources for long-term institutional stability (Busch *et al.*, 2021; Cohen *et al.*, 2023).

Globally, employee support mechanisms have gained prominence as drivers of organizational resilience in healthcare systems (Lovejoy *et al.*, 2021; Werner *et al.*, 2021). Research from high-income countries shows that hospitals prioritizing employee well-being experience lower burnout, higher retention, and improved patient outcomes (Cohen *et al.*, 2023; Shanafelt *et al.*, 2021). During the COVID-19 pandemic, healthcare systems expanded flexible scheduling, psychological support, and career development initiatives to sustain workforce resilience (Sovold *et al.*, 2021; Vanhaecht *et al.*, 2021). Evidence from the United States and Europe demonstrates that institutionalized support mechanisms strengthen system-wide resilience during prolonged crises (Werner *et al.*, 2021; Lovejoy *et al.*, 2021). These global experiences confirm the central role of employee support systems in maintaining healthcare stability and performance (Cohen *et al.*, 2023; Rehder *et al.*, 2021).

In sub-Saharan Africa, the importance of employee support mechanisms in strengthening organizational resilience within healthcare systems has become increasingly acknowledged. However, many African countries face distinct challenges, including inadequate healthcare funding, workforce shortages, and insufficient infrastructure, all of which exacerbate the pressures on healthcare workers (Moller *et al.*, 2024). Despite these challenges, there is a growing recognition of the need to implement comprehensive employee support mechanisms. For example, in countries like Uganda and Malawi, efforts have been made to integrate mental health support, career development programs, and work-life balance strategies into healthcare systems as a means of enhancing workforce resilience (Adjei, 2024). These programs are crucial, particularly in countries that experience high levels of healthcare worker burnout and stress. Studies have shown that when healthcare institutions in Africa implement such programs, employee satisfaction, retention, and resilience are notably improved, contributing to better service delivery outcomes (Rehder *et al.*, 2021). Nonetheless, in many African countries, the sustainability of these interventions remains uncertain, as they are often underfunded and poorly integrated within national healthcare frameworks (Muthuri *et al.*, 2021). Despite these challenges, the regional perspective increasingly supports the need for employee well-being programs as a strategic investment in healthcare system resilience.

In Kenya, the issue of employee support mechanisms in healthcare institutions, particularly in Level 4 and 5 hospitals, is gaining attention as a critical component of building organizational resilience. Kenya's healthcare system, which is characterized by significant resource constraints, workforce shortages, and rising patient demands, has increasingly recognized the importance of supporting its healthcare workers. However, employee support mechanisms

remain fragmented and poorly resourced (Bosire *et al.*, 2021). Initiatives such as financial literacy programs, counseling services, and career development opportunities are sporadically implemented across various hospitals, but they often lack cohesion and sustainability (Muthuri *et al.*, 2021).

Studies in Kenyan hospitals have shown that well-being programs, if effectively implemented, can reduce burnout, improve staff retention, and enhance resilience in times of crisis (Sovold *et al.*, 2021). For example, Kenyatta National Hospital, a Level 5 facility, has seen benefits from career development initiatives and wellness programs, though these programs remain isolated and underfunded (Bosire *et al.*, 2021). Furthermore, the role of organizational culture in moderating the success of employee well-being programs is often overlooked in the Kenyan context (Nabella *et al.*, 2022). There is a growing need for a structured, system-wide approach to employee support, where well-being programs are integrated into long-term resilience strategies to ensure a sustainable and resilient healthcare workforce (Kumar *et al.*, 2021).

### **Statement of the Problem**

The healthcare sector globally is facing significant challenges, with hospitals grappling with increasing patient volumes, resource constraints, and workforce shortages, all of which compromise their operational capacity and overall resilience. According to the World Health Organization (WHO), the global shortage of healthcare workers is expected to reach 18 million by 2030, with sub-Saharan Africa experiencing the most severe deficits (WHO, 2023). This shortage, coupled with inadequate infrastructure, high burnout levels, and insufficient mental health support, significantly impacts the resilience of healthcare systems worldwide (Sovold *et al.*, 2021). The COVID-19 pandemic further highlighted these vulnerabilities, exposing critical weaknesses in workforce readiness and response, and underscoring the need for robust employee support mechanisms to strengthen the capacity of healthcare organizations to adapt and thrive amid ongoing challenges (Shanafelt *et al.*, 2021).

In regions such as sub-Saharan Africa, the challenges are even more pronounced. Countries like Kenya, Uganda, and Tanzania face significant barriers in building resilient healthcare systems, with health worker density far below global recommendations. Kenya, for example, has only 30.14 health workers per 10,000 people, which is well below the WHO's threshold of 44.5 per 10,000 (Okoroafor, 2022). Despite recognition of these issues, employee support mechanisms—such as mental health programs, career development opportunities, and work-life balance initiatives—remain underfunded, fragmented, and poorly integrated into national

healthcare strategies (Muthuri *et al.*, 2021). This fragmentation leads to poor retention rates, low employee engagement, and high turnover, all of which undermine organizational resilience.

The gap in existing research lies in the insufficient empirical evidence on the collective impact of various employee support mechanisms—specifically, how career development, mental health support, and work-life balance initiatives interact to enhance organizational resilience in healthcare settings, particularly in resource-constrained environments like Kenya (Werner *et al.*, 2021). While some studies have focused on isolated interventions, there is limited research that examines how these mechanisms, when combined, can create a sustainable, resilient workforce in healthcare institutions. Moreover, the role of organizational culture, which could either facilitate or hinder the effectiveness of these initiatives, remains underexplored in the context of Kenyan healthcare institutions (Nabella *et al.*, 2022).

This study, therefore, aims to fill these gaps by exploring the role of employee support mechanisms in enhancing organizational resilience in hospitals, focusing on the collective impact of career development, mental health support, and work-life balance programs. Additionally, it will examine the moderating role of organizational culture in enhancing the effectiveness of these support systems, providing a more comprehensive understanding of how workforce well-being can be leveraged to strengthen healthcare resilience.

### **Objectives of the Study**

The study was guided by a general and specific objectives. They are detailed as follows;

#### **General Objective**

The study sought to examine the role of employee support mechanisms in enhancing organizational resilience in hospitals.

#### **Specific Objectives**

- i. To evaluate the influence of health and wellness services on organizational resilience in hospitals.
- ii. To assess the impact of mental health support programs on the resilience of healthcare organizations.
- iii. To determine the role of financial support initiatives in enhancing organizational resilience in hospitals.

## Scope of the Study

The study examined the role of employee support mechanisms—health and wellness services, mental health support, and financial initiatives—in enhancing organizational resilience in hospitals using a desktop review approach. It drew on peer-reviewed articles, institutional reports, policy documents, and case studies to assess how these mechanisms influence workforce resilience and organizational performance. The scope covered global and regional healthcare contexts, with emphasis on environments affected by stress, burnout, and staff turnover. Particular attention was given to resource-constrained settings comparable to Kenya and other sub-Saharan African countries.

## THEORETICAL FRAMEWORK

This study is primarily anchored in the Conservation of Resources (COR) Theory developed by Hobfoll (1989), which provides a robust framework for understanding how individuals manage stress through the acquisition, preservation, and utilization of valuable resources. These resources, which include physical health, psychological stability, financial security, and social support systems, are essential for both individual well-being and organizational performance. According to COR Theory, individuals experience stress when these resources are threatened, lost, or inadequately replenished after being depleted (Hobfoll, 2001). In organizational contexts, particularly in high-stress environments like healthcare, COR Theory explains how the depletion of essential resources over time leads to employee burnout, disengagement, and weakened institutional resilience (Halbesleben *et al.*, 2014; Rehder *et al.*, 2021).

The central tenet of COR Theory is that individuals are motivated to acquire, protect, and invest in resources that help them cope with stress and maintain performance, particularly in environments with high demands such as healthcare (Hobfoll, 2002). When resources are threatened or lost, individuals experience stress that can impair their ability to function and reduce their effectiveness in the workplace (Hobfoll *et al.*, 2018). In contrast, the preservation and enhancement of resources through support mechanisms, such as health and wellness services, mental health support, and financial assistance programs, can help mitigate these effects, sustain workforce engagement, and enhance organizational resilience.

COR Theory is underpinned by four core assumptions. First, individuals are motivated to acquire and conserve resources that are essential for survival and performance, especially in demanding environments like healthcare (Hobfoll, 2002). Second, the psychological impact of

resource loss is greater than the benefits gained from resource acquisition, making resource loss a powerful driver of stress (Hobfoll *et al.*, 2018). Third, individuals invest their existing resources to protect themselves from future losses or to acquire new resources, which reinforces their capacity to cope with stressors (Westman *et al.*, 2004). Fourth, resources accumulate into "resource caravans," where clusters of physical, psychological, and social resources work together to enhance resilience and adaptive capacity (Hobfoll, 2011).

In healthcare settings, employee well-being programs, such as health and wellness services, mental health support, and financial assistance initiatives, are considered key strategies for enhancing and preserving resources. These programs help healthcare workers maintain physical and psychological stability, manage stress, and reduce burnout, all of which are vital for ensuring sustained performance and organizational resilience, especially during crises or periods of heightened demand (Bakker *et al.*, 2005). By strengthening these resources, organizations enable employees to effectively cope with stressors and remain engaged, contributing to the overall resilience of the institution.

A significant strength of COR Theory is its applicability across various sectors, including healthcare, where resource constraints and high demands on the workforce are prevalent. The theory offers valuable insights into how employee support mechanisms function as resource-preserving strategies that enhance resilience and operational capacity in resource-constrained environments (Halbesleben & Buckley, 2004). However, COR Theory does have limitations. Its focus on resource loss as the primary driver of stress may overlook the positive aspects of resource acquisition and growth, which are particularly relevant in dynamic environments like healthcare, where learning and adaptation are essential for overcoming adversity (Salanova *et al.*, 2010). Additionally, the theory's emphasis on individual-level resource management does not fully account for the broader organizational and systemic factors, such as organizational culture, that influence how resources are accessed, distributed, and utilized (Brotheridge & Lee, 2002).

Despite these limitations, COR Theory remains a highly relevant framework for understanding the role of employee support mechanisms in enhancing organizational resilience in healthcare settings. In this study, COR Theory anchors the analysis by conceptualizing employee support mechanisms as essential resources that help healthcare workers mitigate resource loss, preserve their functionality, and sustain resilience under systemic strain. These mechanisms, including health and wellness services, mental health support, and financial assistance, are viewed as

resource-enhancing strategies critical for maintaining workforce engagement and organizational stability, particularly in the face of operational challenges.

### **Empirical Review**

The role of employee support mechanisms—comprising health and wellness services, mental health support, and financial well-being initiatives—has been increasingly recognized as vital for organizational resilience in hospitals. These mechanisms are designed to mitigate stress, reduce burnout, and promote workforce stability, which are essential for maintaining operational continuity and adaptability, especially in high-pressure healthcare environments. However, a closer review of the literature reveals several gaps, limitations, and the need for further exploration into how these interventions collectively enhance resilience in hospital settings.

### **Health and Wellness Services and Organizational Resilience**

The literature examining health and wellness services in hospitals is dominated by cross-sectional, perception-based survey designs, which primarily establish associations rather than causal pathways. Studies such as Munn *et al.* (2021) and Huffman *et al.* (2021) operationalize physical wellness through indicators such as fatigue, staffing adequacy, access to protective equipment, and self-rated physical strain. While these studies consistently report positive correlations between improved physical working conditions and higher perceived resilience, their methodological reliance on single-time-point data limits the ability to determine whether wellness interventions *produce* resilience or merely coexist with it. Wang *et al.* (2024) extend this approach using multilevel modeling, but still rely on observational data that does not isolate intervention effects from contextual workplace factors.

Across the literature, health and wellness services are treated as background conditions rather than strategic interventions, leading to weak theorization of their role in resilience-building. In low-resource settings, this limitation is magnified. Studies such as Poku *et al.* (2021) employ scoping or narrative review methods that identify systemic stressors without disaggregating specific physical wellness inputs. As a result, there is little methodological clarity on *which* wellness interventions matter, *how* they operate, and *over what time horizon* they influence organizational resilience. This creates a fragmented evidence base where physical wellness is acknowledged as important but insufficiently operationalized as a resilience mechanism.



### **Mental Health Support and Organizational Resilience**

Mental health support literature demonstrates greater methodological diversity but limited systemic integration. Quantitative studies typically measure psychological distress, burnout, or emotional exhaustion using validated scales, then relate these outcomes to perceived resilience or engagement (Gottschall *et al.*, 2023). Qualitative and mixed-method studies, such as Vercio *et al.* (2021), provide deeper contextual understanding but remain largely descriptive, focusing on individual coping experiences rather than organizational design. A recurring methodological weakness is the individualization of mental health, where resilience is framed as a personal attribute rather than an organizational outcome shaped by structure, leadership, and policy.

Participatory and intervention-based approaches, exemplified by Brunetto *et al.* (2021), offer stronger methodological leverage by linking program design to observed changes in engagement and resilience. However, such studies are rare and predominantly situated in high-resource environments, limiting their external validity for hospitals operating under financial and staffing constraints. African-focused studies, including Harri *et al.* (2025), largely adopt scoping review methodologies that identify gaps but do not empirically test organizational-level interventions. Consequently, the literature lacks comparative evidence on whether institutionalized mental health frameworks outperform ad hoc or individual-focused interventions in strengthening resilience over time.

### **Financial Well-Being and Organizational Resilience**

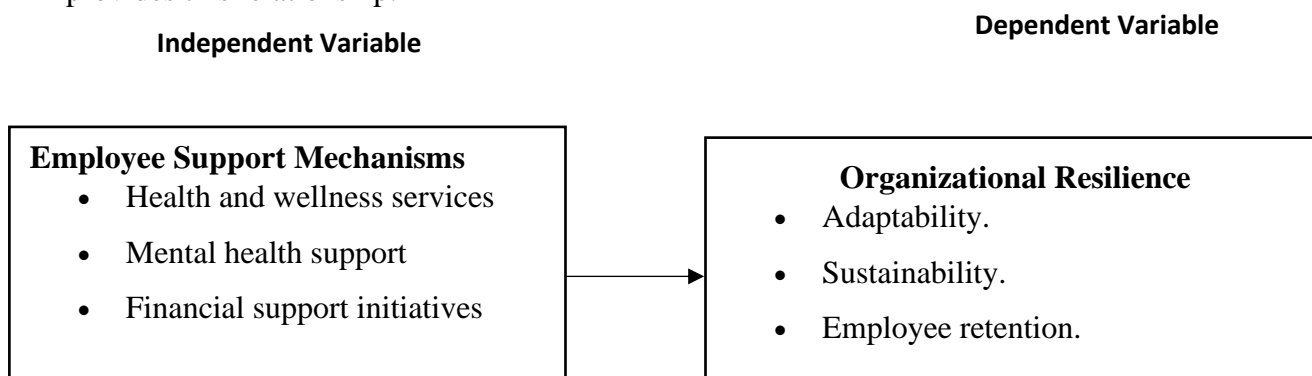
Financial well-being remains the least theoretically and methodologically developed dimension in resilience research within healthcare. Existing studies rely heavily on correlational survey designs that link individual financial security to psychological resilience or work engagement (Geh, 2023; Kashapova, 2022). Even when healthcare populations are included, as in Ozyesil *et al.* (2024), financial well-being is conceptualized as an individual trait rather than an organizational resource. This framing obscures the role of institutional financial support mechanisms—such as structured savings schemes, wage stability policies, or financial literacy programs—in shaping collective resilience.

In sub-Saharan Africa, research on financial well-being is largely sector-adjacent, drawing from NGO or community development studies rather than hospital systems (Kihamba, 2023; Kuuutol *et al.*, 2024). These studies employ descriptive and case-study approaches that lack resilience outcome measures, making it difficult to assess organizational implications.

Methodologically, the absence of longitudinal or intervention-based studies prevents evaluation of whether financial support initiatives produce durable resilience effects or merely buffer short-term stress. As a result, financial well-being remains conceptually acknowledged but empirically marginal in hospital resilience literature.

### Conceptual Framework

A conceptual framework illustrates the relationship among variables in a study. Figure 1 below provides this relationship.



**Figure 1: Conceptual Framework**

Employee support mechanisms, comprising health and wellness services, mental health support, and financial well-being initiatives, are conceptualized as key interventions that provide healthcare workers with the resources necessary to cope with stress, maintain performance, and sustain engagement. Health and wellness services enhance physical capability and reduce strain, mental health support addresses psychological well-being and stress management, and financial well-being initiatives mitigate financial stress and improve workforce stability. Collectively, these mechanisms function as strategic resources that help employees manage both daily demands and extraordinary challenges within hospital settings.

Organizational resilience is positioned as the outcome variable, representing the hospital's ability to absorb shocks, adapt to challenges, and maintain continuity of care during periods of operational stress. Resilience in this context encompasses workforce retention, engagement, adaptability, and the sustained delivery of quality healthcare services.

The framework posits a direct positive relationship between employee support mechanisms and organizational resilience. Effective support systems are expected to reduce burnout, increase employee engagement, and stabilize workforce performance, thereby enhancing the overall resilience of hospitals. The framework also recognizes that these mechanisms do not operate in isolation; their effectiveness may be influenced by contextual factors such as

organizational policies, leadership commitment, and resource availability, which determine how well support initiatives are implemented and sustained.

Overall, the conceptual framework provides a structured lens to examine how investments in employee well-being translate into institutional resilience, emphasizing the strategic importance of integrated support mechanisms in strengthening hospital performance and ensuring continuity of care under varying operational conditions.

## **RESEARCH METHODOLOGY**

The study adopted a desktop review methodology, involving the systematic analysis of existing literature to examine the role of employee support mechanisms in enhancing organizational resilience in hospitals. This approach enabled the collection of secondary data from credible sources, including peer-reviewed journals, institutional reports, and hospital-based case studies, without engaging in primary data collection (Cooper, 2010). The desktop review approach was appropriate for synthesizing evidence across diverse healthcare contexts to assess how health and wellness services, mental health support, and financial well-being initiatives contribute to workforce resilience and institutional stability (Higgins & Green, 2011).

The review focused on literature published between 2013 and 2023 to ensure relevance and currency (Gough *et al.*, 2012). A structured search strategy was applied across major academic databases, including Google Scholar, PubMed, JSTOR, ScienceDirect, and Scopus. Key search terms included *employee support mechanisms, organizational resilience, health and wellness services in hospitals, mental health support in healthcare, and financial well-being in healthcare organizations* (Higgins & Green, 2011). Only studies published in English were considered, while studies outside the healthcare sector or those addressing employee benefits unrelated to the study variables were excluded (Petticrew & Roberts, 2006).

The initial database search yielded 412 records. After removing 96 duplicate studies, 316 articles were screened based on titles and abstracts. During this stage, 214 studies were excluded for lack of relevance to hospital settings, absence of employee support mechanisms, or failure to address organizational resilience. The remaining 102 full-text articles were assessed for eligibility, resulting in the exclusion of 61 studies due to weak methodological quality, insufficient linkage between support mechanisms and resilience outcomes, or non-hospital focus. Consequently, 41 studies *met all* inclusion criteria and were included in the final synthesis, comprising 27 empirical studies, 9 systematic or scoping reviews, and 5 hospital-based case studies.

Inclusion criteria focused on studies that explicitly examined health and wellness services, mental health support, or financial support initiatives within hospital settings. Both high-income and low-income country studies were included to enable comparative analysis across diverse healthcare contexts (Gough *et al.*, 2012). Empirical studies, systematic reviews, and rigorously documented case studies were prioritized, while grey literature and non-peer-reviewed sources were excluded unless published by reputable institutions or international organizations (Snyder, 2019).

Data extraction emphasized key workforce and organizational outcomes, including burnout, engagement, retention, workforce stability, and organizational adaptability (Petticrew, 2006). Each included study was appraised for methodological rigor, with specific attention to research design, data sources, and analytical approaches. Limitations such as reliance on cross-sectional designs and self-reported measures were systematically noted, as these constrained causal inference (Booth *et al.*, 2016). This quality appraisal strengthened the reliability of the synthesized findings.

The study selection process followed the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to enhance transparency, consistency, and replicability of the review process. Since the study relied exclusively on secondary data, no ethical approval or participant consent was required. Nevertheless, ethical standards for academic research were upheld through accurate citation and proper attribution of all reviewed sources (Fink, 2014). The methodology therefore provides a rigorous and transparent foundation for identifying evidence gaps and synthesizing existing knowledge on employee support mechanisms and organizational resilience in hospital settings.

## **FINDINGS**

This section presents the findings of the study. They are structured based on the concepts under the study; health and wellness, mental health support and financial well-being.

### **Health and Wellness Services and Organizational Resilience**

The review of existing literature highlights the significant role that health and wellness services play in enhancing organizational resilience within healthcare settings. These services include physical health interventions such as ergonomic improvements, protective equipment, medical care access, and general wellness programs. Studies suggest a positive relationship between the provision of health and wellness services and the well-being and resilience of employees. Munn *et al.* (2021) demonstrated that inadequate staffing, poor ergonomics, and insufficient

protective equipment lead to deteriorating physical health, resulting in reduced resilience and productivity. These findings are consistent with Huffman *et al.* (2021), who identified a direct link between better access to protective equipment and rest management and improved employee resilience in healthcare environments. However, while these studies underscore the importance of physical health in maintaining workforce resilience, the majority of the evidence remains limited to cross-sectional surveys, which fail to establish causal relationships (Munn *et al.*, 2021).

The absence of longitudinal studies or intervention-based research presents a significant gap, particularly in low-resource environments such as those in sub-Saharan Africa. For instance, Wang *et al.* (2024) explored the association between physical wellness and organizational commitment among Chinese nurses but failed to isolate the impact of physical strain, such as fatigue and musculoskeletal issues, on resilience. This suggests a need for more focused research that isolates physical wellness as a direct variable in organizational resilience, particularly in hospitals where physical strain is prevalent.

The African context reveals similar challenges, with studies such as Poku *et al.* (2021) and Kibiriti (2024) acknowledging systemic stressors but not focusing specifically on physical wellness interventions as a direct factor. Poku *et al.* (2021) examined resilience in Ghanaian nurses but did not assess the impact of physical wellness programs, while Kibiriti (2024) noted improvements in staff conditions in Kenyan hospitals but emphasized patient-facing outcomes rather than healthcare worker wellness. These studies underscore the fragmented nature of the evidence base in Africa and highlight a critical gap in context-specific studies on the direct impact of physical wellness interventions in resource-constrained hospital settings.

The findings from the literature emphasize the importance of investing in physical health interventions in hospitals as part of a comprehensive approach to fostering workforce resilience. However, the absence of longitudinal studies and the lack of focus on physical wellness as a direct factor in resilience point to the need for more rigorous, intervention-based research that isolates the impact of these wellness programs on long-term employee engagement and resilience. For hospitals in resource-constrained settings, such as those in Africa, this research would help tailor context-specific interventions that address the unique challenges of the healthcare workforce in these regions. The findings suggest that health and wellness services should not only be seen as peripheral welfare programs but as critical components of resilience-building strategies that contribute directly to employee well-being and organizational continuity.

In summary, the literature suggests that health and wellness services play an important role in fostering resilience, but more comprehensive and contextually relevant studies are needed to fully understand their impact. Specifically, intervention-based and longitudinal research is necessary to evaluate the direct and long-term effects of physical wellness programs in healthcare settings, especially in low-resource environments.

### **Mental Health Support and Organizational Resilience**

Mental health support has increasingly been recognized as a critical factor in enhancing organizational resilience within healthcare settings. Employees in healthcare environments, particularly those exposed to high levels of stress, emotional strain, and trauma, require structured mental health support to maintain their well-being and sustain their performance. The literature review highlights that mental health support interventions, such as counseling services, stress management programs, and psychosocial safety initiatives, are vital for improving the psychological resilience of healthcare workers and, consequently, the overall resilience of healthcare organizations.

Several studies emphasize the need for integrating mental health support programs into the organizational culture. Vercio *et al.* (2021) argued that healthcare institutions often focus on individual-level mental health interventions, such as one-on-one counseling, without embedding these initiatives into the broader organizational framework. While such individual interventions can help, they do not address systemic issues within the organization that contribute to stress and burnout. This limitation is echoed by Gottschall *et al.* (2023), who identified psychosocial safety and fairness as key predictors of mental health outcomes, demonstrating that organizational factors, including leadership and reward systems, significantly influence the mental well-being of healthcare employees. However, Gottschall *et al.*'s study, focused on military personnel, may not fully translate to healthcare settings, especially in low-resource environments. This raises questions about the transferability of findings across sectors and geographical contexts.

In the African context, mental health support remains fragmented and often underdeveloped. Harri *et al.* (2025) highlighted that many mental health interventions in African healthcare settings are individualized and fail to address systemic factors such as workload, leadership challenges, and organizational culture. For example, in Kenya, mental health interventions for healthcare workers tend to focus on short-term counseling rather than integrated, long-term strategies that align with the broader organizational culture and resilience objectives. These

findings suggest that while mental health support is a recognized need, there is a significant gap in institutionalized mental health programs that are embedded within the organizational culture and aligned with broader resilience strategies.

Brunetto *et al.* (2021) provided an important methodological insight by demonstrating that co-designed mental health programs—where employees are actively involved in the design and implementation of the interventions—lead to stronger engagement and enhanced resilience. This participatory approach fosters a sense of ownership among employees and has been shown to improve the overall effectiveness of mental health programs. However, the contextual relevance of these findings is limited, as Brunetto *et al.* conducted their study in a high-resource setting (Australia), where there are more resources and greater institutional support for such initiatives. This raises concerns about the applicability of these findings to low-resource healthcare environments, where institutional support and resources for mental health programs may be scarce.

The findings underscore the need for healthcare organizations to integrate mental health support programs into their organizational frameworks, rather than relying solely on individual-level interventions. The literature suggests that mental health interventions must be aligned with organizational culture and resilience strategies to be truly effective. In resource-constrained settings, like those found in many African countries, the lack of institutionalized mental health support presents a significant challenge. Therefore, long-term, systemic mental health interventions that consider organizational culture, workload, and leadership are critical for enhancing the resilience of healthcare workers and ensuring organizational stability.

The findings also imply that participatory, co-designed mental health programs may offer a promising approach to enhancing employee engagement and psychological resilience. However, for such programs to be effective in low-resource settings, they need to be tailored to the specific challenges faced by healthcare workers in these environments. This includes ensuring that interventions are not only affordable but also sustainable, with a focus on organizational-level support rather than solely individual coping strategies.

In summary, while mental health support programs are crucial for improving organizational resilience, their effectiveness is contingent upon their integration into the organizational culture and alignment with broader resilience-building strategies. The existing literature highlights the need for institutionalized, systemic mental health interventions that are specifically designed to address the challenges of low-resource healthcare settings.

## Financial Well-Being and Organizational Resilience

Financial well-being initiatives, while less extensively studied in the context of organizational resilience, play a crucial role in maintaining workforce stability and adaptability, particularly in healthcare settings where employees are often exposed to significant levels of stress and financial insecurity. The review of existing literature reveals a growing recognition of the importance of financial stability in enhancing resilience, with a clear connection between financial well-being and workforce engagement. Studies such as Geh (2023) and Kashapova (2022) have established that financial security is positively associated with resilience, demonstrating that employees who are financially stable are better equipped to cope with stress, remain engaged in their work, and adapt to changing organizational conditions.

However, many of these studies focus on non-healthcare sectors, limiting the applicability of their findings to hospital settings. For instance, Geh (2023) and Kashapova (2022) found that financial stability improved resilience among corporate employees and older adults, but did not specifically examine healthcare workers or organizational settings like hospitals. Ozyesil *et al.* (2024), in a study of healthcare professionals in Turkey, found a significant link between financial stability and resilience, emphasizing that financial well-being enables healthcare workers to cope better with the demands of their work. Despite this, the focus of the research remains on individual financial behaviors, such as savings and debt management, rather than institutional interventions aimed at supporting financial well-being at the organizational level. This highlights a gap in the literature, as institutional financial support mechanisms, such as employee financial literacy programs, savings schemes, and debt management services, are rarely explored as components of broader resilience strategies in hospitals.

In the African context, including Kenya, there is limited research on financial well-being interventions in healthcare settings. Kihamba (2023) explored financial planning and transparent budgeting in the NGO sector, noting the importance of organizational financial practices in enhancing institutional resilience. However, Kihamba's work did not address employee-level financial interventions, such as savings programs, financial education, or debt management, which are vital for enhancing individual resilience and reducing financial stress. Similarly, Kuuutol *et al.* (2024) examined financial literacy in rural Ghana but did not connect these individual-level interventions to broader organizational resilience outcomes. The absence of studies that systematically assess the role of financial well-being programs within healthcare organizations, particularly in Kenya, represents a significant empirical and practical gap in understanding how financial security can be integrated into resilience-building strategies.



A critical limitation of the existing literature is the over-reliance on cross-sectional surveys and self-reported data, which introduces bias and limits the ability to draw causal conclusions about the impact of financial well-being initiatives on resilience. Studies like Ozyesil *et al.* (2024) and Geh (2023) provide valuable insights into the relationship between financial stability and resilience, but their findings are based on correlational data, which does not establish a cause-and-effect relationship. The lack of longitudinal studies or intervention-based research in healthcare settings makes it difficult to assess the long-term impact of financial well-being programs on workforce resilience.

The findings highlight the need for financial well-being interventions to be more systematically integrated into hospital settings as part of a comprehensive resilience-building strategy. Given the positive relationship between financial stability and resilience, healthcare organizations should consider implementing institutional financial support programs, such as savings initiatives, financial literacy training, and debt management services, as part of their broader employee well-being programs. These interventions would help reduce financial stress, improve employee engagement, and enhance overall organizational resilience, particularly in low-resource settings.

Furthermore, the literature suggests that financial well-being programs should not be limited to individual financial behaviors but should be integrated at the institutional level to create a more sustainable and resilient workforce. Hospitals can benefit from institutionalized financial support mechanisms that directly contribute to both individual and organizational resilience. In resource-constrained healthcare environments, such programs could alleviate financial stress and enhance workforce stability, which is essential for maintaining service delivery during times of crisis.

## **CONCLUSION**

The reviewed literature confirms that employee support mechanisms—health and wellness services, mental health support, and financial well-being initiatives—are essential for organizational resilience in hospitals. Nonetheless, existing evidence is fragmented, largely cross-sectional, and focused on isolated interventions, limiting causal inference. Research on low-resource healthcare settings remains scarce despite pronounced workforce challenges. These gaps highlight the need for integrated, institutionalized support systems aligned with resilience strategies. This study addresses these gaps by providing a context-specific synthesis to inform resilience-building in resource-constrained healthcare environments.

## RECOMMENDATION

Based on the study findings, hospitals should institutionalize integrated employee support mechanisms that combine health and wellness services, mental health support, and financial well-being initiatives within their resilience strategies. Mental health programs should move beyond individualized counseling to organization-wide, co-designed frameworks that address workload and cultural factors. Financial support initiatives, including financial literacy and savings programs, are essential for reducing workforce stress, particularly in resource-constrained settings. Further longitudinal and intervention-based research is needed to establish causal links between support mechanisms and organizational resilience. Policymakers and hospital management should prioritize employee well-being as a core operational investment to sustain workforce stability and quality healthcare delivery.

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