The Contribution of Self-Awareness to the Psychological Wellbeing of Cancer Patients in Meru County, Kenya

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ABSTRACT

The diagnosis and treatment of cancer present profound emotional challenges that significantly impact patients' psychological wellbeing. Emotional intelligence, particularly the component of self-awareness, has been identified as a critical internal resource for navigating this distress. This study evaluated the contribution of self-awareness to the psychological wellbeing of cancer patients in Meru County, Kenya, an area where psychosocial oncology research is limited. The study was theoretically grounded in Self-Determination Theory, which suggests that fulfilling the basic psychological needs for autonomy and competence enhances wellbeing. A mixed-methods correlational research design was utilized, gathering quantitative data from 169 cancer patients through structured questionnaires and qualitative data from 17 professional caregivers via semi-structured interviews. Self-awareness was measured using a validated seven-item scale, and psychological wellbeing was assessed with Ryff's Psychological Wellbeing Scale. The findings revealed that a majority of patients (68.0%) exhibited high levels of self-awareness. A strong, statistically significant positive correlation was found between self-awareness and psychological wellbeing ($\rho = .674$, $p < .001$). This study concludes that self-awareness is a substantive contributor to the psychological adjustment and emotional resilience of cancer patients in Meru County. The findings support the integration of interventions aimed at enhancing self-awareness into standard cancer care to foster a more empowered and resilient patient population.

Keywords: self-awareness, psychological wellbeing, emotional intelligence, cancer patients, psychosocial oncology, Self-Determination Theory, Kenya

INTRODUCTION

A cancer diagnosis is a life-altering event that extends beyond physical health, profoundly impacting the emotional and psychological state of individuals. Patients often navigate a complex landscape of fear, uncertainty, anxiety, and grief, which can significantly diminish their quality of life. In response, the field of psychosocial oncology has increasingly emphasized the importance of internal psychological resources that can help patients cope with this distress. Among these resources, emotional intelligence has emerged as a critical factor, with self-awareness standing out as a foundational component for adaptive psychological functioning. Self-awareness involves the ability to recognize and understand one's own emotions, thoughts, and behaviors, and how these internal states influence one's experience and interactions (Parnas & Isobel, 2019).

In the context of cancer care, self-awareness is not an abstract concept but a practical skill that can lead to improved patient outcomes. Patients who are more attuned to their internal states are better positioned to communicate their needs to healthcare providers, engage in effective self-care practices, and make informed decisions about their treatment (Purtzer & Hermansen-Kobulnicky, 2016). Research suggests that greater awareness can lead to earlier detection of symptoms and more proactive health behaviors, which are essential for managing the disease (Lee et al., 2021). For healthcare providers, having a plan that includes self-awareness is also crucial, as it has been shown to improve the quality of patient care (Sanchez-Reilly et al., 2013).

While the benefits of self-awareness are increasingly recognized, much of the existing research has been conducted in high-resource Western contexts. There is a significant gap in understanding how this psychological construct functions within diverse sociocultural settings, particularly in regions like sub-Saharan

Africa. In Kenya, and specifically in Meru County, cancer represents a growing public health challenge (Kobia et al., 2019). Patients in this region face unique stressors, including limited access to healthcare resources and a lack of localized psychosocial support systems. Understanding the role that an internal resource like self-awareness plays in this specific context is critical for developing effective, culturally relevant interventions. Therefore, this study aimed to evaluate the contribution of self-awareness to the psychological wellbeing of cancer patients in Meru County, Kenya, to provide empirical evidence that can inform the development of targeted psychosocial support programs.

A cancer diagnosis initiates a profound psychological and emotional journey that significantly impacts an individual's wellbeing. Patients are often confronted with intense emotional distress, anxiety about the future, and existential concerns, which underscores the necessity of psychosocial support as a core component of comprehensive cancer care (Wondimagegnehu et al., 2021). Beyond the external support provided by healthcare systems and social networks, a patient's internal psychological resources are paramount in their ability to navigate this challenging experience. Within this domain, emotional intelligence, which encompasses the ability to perceive, understand, and manage one's own emotions and those of others, has been identified as a critical factor in promoting adaptive coping and psychological health among cancer patients (Hashim & Khalil, 2018). A foundational element of emotional intelligence is self-awareness, which can be defined as the capacity to recognize and reflect upon one's own thoughts, emotions, bodily sensations, and behaviors (Parnas & Isobel, 2019). For individuals living with cancer, cultivating self-awareness is not merely an abstract exercise; it is a practical skill that can lead to more effective engagement with care, improved health outcomes, and enhanced psychological resilience. This review explores the existing literature on the role of self-awareness in cancer care and anchors the present study within the theoretical framework of Self-Determination Theory.

The Role of Self-Awareness in Cancer Care

In the context of cancer treatment, self-awareness empowers patients to monitor their internal states, a process that is fundamental for effective self-management and wellbeing. Patients who possess a higher degree of self-awareness are more likely to engage in crucial self-care practices, such as performing self-examinations and monitoring for new or changing symptoms, which are vital for early detection and the successful management of their disease (Purtzer & Hermansen-Kobulnicky, 2016). Research has consistently demonstrated that greater awareness and knowledge of a specific cancer can lead to increased patient presentation for screening and earlier detection, which is directly associated with more favorable prognoses (Zachar et al., 2020). The act of being aware enables patients to recognize subtle changes in their bodies, thereby promoting appropriate self-care behaviors and potentially improving their treatment outcomes (Lee et al., 2021). Furthermore, the importance of self-awareness extends to healthcare providers themselves; physicians who engage in dedicated self-care and self-awareness practices have been shown to provide a higher quality of patient care, underscoring its systemic importance within the oncology setting (Sanchez-Reilly et al., 2013).

International research provides a broad perspective on the implementation and benefits of interventions aimed at enhancing self-awareness. In Denmark, studies have explored the effectiveness of self-help workbooks and web-based self-management interventions designed to reduce distress and enhance self-efficacy in cancer patients, reflecting a strategy centered on providing patients with tools to improve their own self-awareness and coping mechanisms (Takano et al., 2021). However, these studies also highlight contextual challenges, such as the barrier that a lack of digital access can pose for some survivors and the observation that socially disadvantaged patients may experience "disjunctive feelings" about their bodies that can impede self-awareness (Høybye et al., 2010; Merrild & Andersen, 2019). In Uruguay, a different approach has focused on educational interventions, social marketing strategies, and community-based campaigns to promote cancer symptom awareness and encourage early presentation (Athey et al., 2011; Smith et al., 2022). Research from this context has shown that interventions focused on self-efficacy and self-management are effective in enhancing patients' quality of life and their adherence to treatment (Hao, 2024; Liu et al., 2021).

Efforts in African contexts also emphasize the critical role of self-awareness, though often with a primary focus on symptom recognition and screening behaviors. In Ethiopia, for example, breast self-examination is

promoted as a cost-effective method for cancer screening in a resource-limited setting (Yeshitila et al., 2021). However, studies have also found that the actual practice of breast self-examination remains low, suggesting that simply promoting awareness of a technique is insufficient without also encouraging a deeper, more consistent practice of bodily self-awareness (Workineh et al., 2021). Consequently, promoting general "breast lump awareness" has been suggested as a more effective strategy to encourage women to seek prompt medical advice when they notice changes (Dye et al., 2012). Similarly, in Kenya, a variety of interventions have been implemented to enhance self-awareness, including community health worker-led initiatives for prostate cancer screening (Mbugua et al., 2022) and nursing interventions designed to promote the self-management of cancer pain (Makena et al., 2023). These programs have demonstrated effectiveness in improving patient knowledge, increasing screening uptake, and enhancing self-management of symptoms (Diala et al., 2021; Kisuya et al., 2015). While much of this important work focuses on the awareness of physical symptoms, it establishes the broader principle that enhancing a patient's awareness is a cornerstone of effective cancer care. The current study builds upon this foundation by shifting the focus from physical symptom awareness to the deeper, internal awareness of one's own emotional landscape and its direct relationship with psychological wellbeing.

Theoretical Framework: Self-Determination Theory

To understand the underlying mechanism through which self-awareness contributes to psychological wellbeing, this study is grounded in Self-Determination Theory (SDT), a comprehensive theory of human motivation and personality developed by Edward Deci and Richard Ryan (1985). SDT proposes that all individuals, regardless of culture, have three innate and universal psychological needs: autonomy, competence, and relatedness. According to the theory, the satisfaction of these three needs is essential for fostering intrinsic motivation, personal growth, and psychological wellbeing. When an individual's social environment supports these needs, they are likely to thrive; conversely, when these needs are thwarted, motivation and wellbeing are likely to decline (Reshvanloo, 2023). SDT provides an exceptionally well-suited framework for explaining how an internal process like self-awareness can translate into tangible improvements in the psychological state of a cancer patient. Self-awareness functions as a critical facilitator for the satisfaction of the needs for autonomy and competence, and can also indirectly support the need for relatedness.

The need for autonomy is the desire to feel a sense of volition, choice, and psychological freedom in one's own actions. For a cancer patient, whose life can often feel dictated by the disease, medical appointments, and treatment side effects, the satisfaction of this need is particularly crucial for maintaining a sense of self. Self-awareness directly fosters autonomy by empowering patients to better understand their internal states. When patients can accurately recognize their emotions and identify the specific triggers for those emotions, they are better positioned to make conscious, value-congruent choices about how to respond, rather than feeling controlled by reactive feelings (Kirchner, 2018). Research has demonstrated that individuals with higher self-awareness report greater satisfaction of their psychological needs, which in turn leads to better emotional health (Wilson et al., 2003). By understanding the "why" behind their feelings, patients can reclaim a sense of agency over their internal world, which is a powerful and necessary expression of autonomy in the face of illness.

The need for competence involves feeling effective, capable, and able to master significant challenges. The cancer experience is replete with challenges, and feelings of helplessness are a common source of psychological distress. Self-awareness enhances a patient's sense of competence by providing the insight required for effective self-regulation. When patients understand how their emotions influence their thoughts and behaviors, they can develop a sense of mastery over their psychological responses, which is essential for coping with the chronic stress of cancer (Arsa, 2021). This feeling of control and mastery helps individuals adapt to difficult situations and build resilience. By successfully navigating their internal emotional landscape, patients cultivate a greater sense of self-efficacy and competence in managing the multifaceted demands of their illness, which is a key contributor to their overall psychological wellbeing.

Finally, while not a direct focus of the self-awareness scale used in this study, the construct can also indirectly support the need for relatedness, which is the desire to feel connected to, understood by, and cared for by others. When patients are aware of how their emotions are influencing their interpersonal interactions and are able to express their feelings appropriately and clearly, they are in a much better position to build and maintain

strong, supportive relationships with their family, friends, and healthcare team. This capacity for emotionally intelligent communication strengthens the social support networks that are indispensable for psychological resilience during a long and difficult illness. By examining the contribution of self-awareness to psychological wellbeing through the comprehensive lens of SDT, this study seeks to not only establish a statistical correlation but also to illuminate the underlying psychological processes that make self-awareness such a vital internal resource for cancer patients.

METHODOLOGY

Research Design

A correlational research design utilizing a mixed-methods approach was employed for this study. This design was selected to quantitatively assess the strength and direction of the association between self-awareness and psychological wellbeing. The integration of qualitative data from professional caregivers was intended to provide deeper contextual insights into the lived experiences of patients, thereby enriching the interpretation of the quantitative results.

Study Setting and Participants

The research was conducted in Meru County, Kenya, a region characterized by a rising incidence of cancer and limited psychosocial support infrastructure. The study population comprised adult cancer patients receiving care at Meru Teaching and Referral Hospital and Meru Hospice. A final sample of 169 cancer patients participated in the quantitative part of the study, achieving a response rate of 62.4%. The qualitative component involved semi-structured interviews with 17 professional caregivers, which corresponded to a 68.0% response rate.

Research Instruments

Quantitative data were collected using a structured questionnaire that included two key scales. Self-awareness was measured using a seven-item scale developed for this study. This scale assessed various facets of self-awareness, including emotional recognition, identification of triggers, reflection, and understanding the impact of emotions on thoughts and behaviors, using a five-point Likert scale. Psychological wellbeing was measured using Ryff's Psychological Wellbeing (PWB) Scale, a widely recognized instrument that assesses multiple dimensions of positive psychological functioning. Qualitative data were collected using a semi-structured interview schedule designed to elicit caregivers' perspectives on patients' emotional intelligence and its impact on their ability to cope.

The research instruments underwent a rigorous validation process to ensure their psychometric soundness. Expert review by faculty at Chuka University was used to establish content validity. A pilot study was conducted to assess construct validity and reliability. Explanatory Factor Analysis confirmed the unidimensional structure of the self-awareness scale. The internal consistency was found to be excellent, with a Cronbach’s alpha coefficient of .939 for the self-awareness scale and .977 for the psychological wellbeing scale. These high alpha values indicate that the scales are reliable and measure their intended constructs consistently.

Data Collection and Analysis

Prior to data collection, ethical approval was granted by the Research and Ethics Committee at Chuka University, and a research permit was obtained from the National Commission for Science, Technology, and Innovation (NACOSTI). All participants provided informed consent. The quantitative data were analyzed using SPSS version 27.0. Descriptive statistics were used to summarize participant characteristics and responses on the self-awareness scale. Spearman’s rank-order correlation was used to test the relationship between self-awareness and psychological wellbeing. The qualitative data from caregiver interviews were transcribed and subjected to thematic analysis to identify recurring themes and patterns.

RESULTS

Participant Characteristics

The demographic profile of the 169 cancer patients revealed a sample that was predominantly female (55.6%), older (37.3% were 51 years and above), married (62.1%), and had attained a primary level of education (76.3%). The clinical data showed that most patients (53.3%) had been living with their diagnosis for 1 to 3 years. A concerning number of patients were diagnosed at advanced stages, with 27.8% at Stage IV and 26.6% at Stage III.

Table 1: Demographic and Clinical Characteristics of Cancer Patients

Characteristic	**Category**	**Frequency**	**%**
Age	31–35 years	5	3.0%
	36–40 years	27	16.0%
	41–45 years	31	18.3%
	46–50 years	43	25.4%
	51 years and above	63	37.3%
Gender	Male	75	44.4%
	Female	94	55.6%
Marital Status	Single	12	7.1%
	Married	105	62.1%
	Widowed	50	29.6%
	Separated	2	1.2%
Education Level	No formal education	22	13.0%
	Primary	129	76.3%
	Secondary	18	10.7%
Characteristic	**Category**	**Frequency**	**%**
Duration Since Diagnosis	Less than 1 year	55	32.5%
	1–3 years	90	53.3%
	3–5 years	19	11.2%
	More than 5 years	5	3.0%
Reaction After Diagnosis	Anxious	30	17.8%
	Angry	25	14.8%
	Confused	37	21.9%
	Sad	37	21.9%
	Disbelief	40	23.7%
Psychosocial Problems Before Diagnosis	Anxiety or excessive worry	11	6.5%
	Depression or persistent sadness	13	7.7%
	Stress (work or personal life)	17	10.1%
	Relationship difficulties	17	10.1%
	Social isolation or withdrawal	21	12.4%
	Low self-esteem or self-worth	22	13.0%
	Grief or loss	20	11.8%
	None of the above	48	28.4%
Stage of Cancer	Stage I	15	8.9%
	Stage II	25	14.8%
	Stage III	45	26.6%

	Stage IV	47	27.8%
	I am not aware	37	21.9%
Treatment Modalities	Chemotherapy	29	17.2%
	Radiotherapy	26	15.4%
	Immunotherapy	20	11.8%
	Clinical trials	18	10.7%
	Medication	76	45.0%

Descriptive Findings on Self-Awareness

Patients' self-reported levels of self-awareness indicated a relatively high degree of emotional insight. A significant majority of respondents, 71.6%, agreed or strongly agreed with the statement, “I am more aware of my emotions and understand why I feel the way I do.” Similarly, 67.5% of patients reported that they could accurately identify their emotional triggers. However, the practice of active emotional reflection was less common. Only 50.9% of patients indicated that they reflect on their emotional responses to different situations, with this item recording the highest level of neutrality (34.3%). Patients also showed a moderate understanding of the connection between their emotions and their internal and external worlds. A total of 61.6% understood how their emotions affect their thoughts, and 61.0% understood how their emotions affect their behaviors. Furthermore, a majority reported a high level of interpersonal emotional awareness, with 65.0% being aware of how their emotions influence their interactions with others and 66.9% feeling they could express their emotions appropriately in different situations.

Table 2: Patients’ Responses to Self-awareness Items in % (N = 169)

Statement	**SD**	**D**	**N**	**A**	**SA**	**Total**
I am more aware of my emotions and understand why I feel the way I do	1.2	9.5	17.8	51.5	20.1	100
I can identify my emotional triggers accurately	1.2	7.7	23.7	50.9	16.6	100
I reflect on my emotional responses to different situations	—	14.8	34.3	41.4	9.5	100
I understand how my emotions affect my thoughts	—	10.1	28.4	45.0	16.6	100
I understand how my emotions affect my behaviors	—	12.4	26.6	44.4	16.6	100
I am aware of how my emotions influence my interactions with others	—	8.9	26.0	46.7	18.3	100
I can express my emotions appropriately in different situations	—	10.1	23.1	50.9	16.0	100

When the responses were aggregated to form a composite score for self-awareness, the results showed that a majority of the patients, 68.0% (n = 115), were categorized as having high self-awareness. An additional 20.7% (n = 35) demonstrated moderate self-awareness, while a smaller group of 11.2% (n = 19) exhibited low self-awareness. This distribution suggests that most cancer patients in this sample possess a strong foundation of emotional self-awareness.

Table 3: Distribution of Self-Awareness Levels Among Participants (N = 169)

Level of Self-Awareness	**Frequency (N)**	**Percentage (%)**
Low Self-awareness	19	11.2
Moderate Self-awareness	35	20.7
High Self-awareness	115	68.0
Total	**169**	**100.0**

Qualitative Findings from Professional Caregivers

The qualitative data from professional caregivers provided rich, contextual insights that strongly corroborated the quantitative findings. Caregivers consistently linked higher levels of patient self-awareness to more

adaptive coping and better overall functioning. They observed that patients who understood their emotions were better able to manage the immense stress of treatment. One caregiver noted,

“Patients who understand their emotions manage treatment stress better. They cope, reflect, and adjust” (CG1).

Caregivers also highlighted the practical benefits of self-awareness in clinical interactions. Patients with greater emotional insight were perceived as being more engaged and communicative. As one caregiver stated,

“Self-awareness helps patients communicate needs and engage meaningfully with their care” (CG2).

The ability to identify emotional triggers was also seen as a crucial skill. One caregiver described how this capacity acts as a

“psychological buffer,” allowing patients to “distinguish between facts and fears, which reduces panic and enhances decision-making” (CG7).

The practice of emotional reflection, which was identified as a weaker area in the quantitative data, was described by caregivers as highly beneficial when present. One caregiver shared,

“When patients are more self-aware, they manage stress better. Some keep journals or practice reflection, and say it helps them cope more calmly with treatment and its effects” (CG11).

This suggests that while not universally practiced, emotional reflection is a powerful tool for those who engage in it. Overall, the caregivers' narratives painted a clear picture of self-awareness as a functional asset that empowers patients, improves communication, and fosters psychological resilience.

Hypothesis Testing

The study tested the null hypothesis (H03): There is no statistically significant contribution of self-awareness to the psychological wellbeing of cancer patients in Meru County, Kenya. A Spearman’s rank-order correlation analysis was performed to evaluate this hypothesis. The results indicated a strong, positive, and statistically significant correlation between self-awareness and psychological wellbeing ($\rho = .674$, $p < .001$, $N = 169$). This finding demonstrates that as patients' levels of self-awareness increase, their psychological wellbeing also tends to increase significantly. The p-value of less than .001 provides robust statistical evidence to reject the null hypothesis. This confirms that self-awareness makes a substantial and meaningful contribution to the psychological wellbeing of cancer patients in this population.

Table 4: Correlation Between Self-Awareness and Psychological Wellbeing

			SA	**PWB**
Spearman's rho	SA	Correlation Coefficient	1.000	.674**
		Sig. (2-tailed)	.	.000
		N	169	169
	PWB	Correlation Coefficient	.674**	1.000
		Sig. (2-tailed)	.000	.
		N	169	169
**. Correlation is significant at the 0.01 level (2-tailed). Key; SA – Self-Awareness, PWB – Psychological Wellbeing				

DISCUSSION OF FINDINGS

This study evaluated the contribution of self-awareness to the psychological wellbeing of cancer patients in Meru County, Kenya, and found a strong, statistically significant positive relationship between the two variables. The correlation coefficient of .674 ($p < .001$) provides compelling evidence that self-awareness is not

merely an incidental characteristic but a substantive factor in the psychological adjustment and resilience of patients navigating a cancer diagnosis. This finding aligns with and extends the existing literature by providing robust empirical data from a previously under-researched, resource-limited setting.

The descriptive findings revealed that a majority of patients in Meru County (68.0%) reported high levels of self-awareness. They demonstrated a strong general understanding of their emotional states and an ability to connect those emotions to their thoughts, behaviors, and social interactions. This high prevalence of emotional insight is a significant finding, as it suggests that patients possess a foundational internal resource that can be leveraged to enhance their coping capacities. This is consistent with international research that highlights the universality of self-awareness as a protective factor for psychological wellbeing in chronic illness (Lee et al., 2021).

However, the study also identified a notable nuance: while general awareness was high, the practice of active emotional reflection was comparatively low, with only 50.9% of patients regularly engaging in it. This discrepancy is critical. It suggests a gap between passively recognizing an emotion and actively processing its meaning and implications. The qualitative insights from caregivers underscored the importance of this active reflection, linking practices like journaling to improved stress management and calmness. This finding points to a specific and actionable area for psychosocial interventions. Programs designed to teach and encourage reflective practices could help patients move from a state of simple awareness to one of deeper emotional understanding and integration, thereby further enhancing their wellbeing.

The strong positive correlation between self-awareness and psychological wellbeing is well-explained by Self-Determination Theory (Deci & Ryan, 1985). The findings of this study demonstrate how self-awareness serves as a catalyst for satisfying the fundamental psychological needs for autonomy and competence. When patients are aware of their emotions and their triggers, they gain a greater sense of control over their internal experiences. This fosters a sense of autonomy, as they are able to make conscious choices about how to respond to their feelings rather than being driven by them. As one caregiver noted, this allows patients to “distinguish between facts and fears,” which is a powerful exercise of personal agency.

Furthermore, understanding how emotions influence thoughts and behaviors enhances a patient's sense of competence. By recognizing these connections, patients can develop a sense of mastery over their psychological responses, which is crucial for coping with the chronic stress of cancer (Arsa, 2021). Caregivers observed that this competence translates into tangible behaviors, such as asking more informed questions and maintaining treatment adherence. By satisfying these needs for autonomy and competence, self-awareness directly contributes to the enhancement of psychological wellbeing, providing a clear theoretical pathway for the observed empirical relationship.

This study is subject to certain limitations that should be considered when interpreting the findings. The primary limitation is its correlational design, which, while effective at establishing a relationship between self-awareness and psychological wellbeing, cannot determine causality. It is possible that higher psychological wellbeing leads to greater self-awareness, or that a third, unmeasured variable influences both. Additionally, the data were collected through self-report measures, which may be influenced by social desirability bias or the subjective emotional state of the patient at the time of completion. The inclusion of qualitative data from caregivers helped to mitigate this by providing an external perspective, but future research using longitudinal designs could more definitively explore the causal dynamics.

CONCLUSION AND RECOMMENDATIONS

This study concludes that self-awareness is a significant and substantive contributor to the psychological wellbeing of cancer patients in Meru County, Kenya. The strong positive correlation found between these two variables, enriched by the contextual insights of professional caregivers and supported by Self-Determination Theory, provides a compelling case for recognizing self-awareness as a key component of psychological resilience in oncology. Based on these conclusions, several recommendations are proposed. Given the strong

link between self-awareness and wellbeing, psychosocial support programs for cancer patients should explicitly integrate self-awareness skills training, which could involve workshops or individual counseling sessions focused on mindfulness, emotional literacy, and identifying emotional triggers. To address the identified gap between general awareness and active reflection, interventions should also promote emotional reflection practices by providing patients with practical tools and encouragement to engage in activities such as guided journaling, mindfulness exercises, or structured opportunities to process their emotional experiences with trained facilitators. Furthermore, healthcare providers should be trained to leverage self-awareness to enhance patient autonomy by recognizing and supporting this skill, encouraging patients to articulate their emotional needs and values, and involving them as active partners in decision-making processes related to their care. By implementing these recommendations, healthcare systems in Meru County can better support the development of this crucial internal resource, helping to foster a more emotionally resilient and empowered patient population capable of navigating the profound challenges of a cancer diagnosis with greater psychological wellbeing.

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