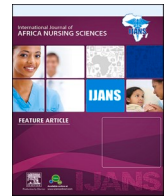




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## Exploring coping mechanisms of nurses against burnout in a psychiatric hospital in Botswana

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## ABSTRACT

**Background:** Nurses are in the forefront of the health care force and nursing is one of the most draining occupations causing emotional and physical exhaustion. Literature has shown that nurses working in a psychiatric hospital experience burnout more than those working in general hospitals. Even though nurses experience burnout in the workplace, they use different mechanisms to cope to improve nursing care. The study aims at exploring how they cope with burnout in the workplace.

**Objective:** To explore and describe the coping mechanisms that nurses use to improve coping with burnout in a psychiatric hospital in Botswana.

**Setting and Sampling:** Purposive sampling selected 10 nurses who were working in a certain psychiatric hospital in Botswana.

**Methods:** The study used a qualitative research design with explorative and descriptive approaches. Data collection was conducted by telephone due to the Covid-19 restrictions and a semi-structured guiding tool was utilised. Data was analysed using thematic analysis.

**Results:** Four main themes emerged from the study namely, coping with burnout in a psychiatric hospital, factors contributing to burnout among nurses, manifestations of burnout and suggestions to improve burnout. Some of the coping sub-themes were debriefing with friends and colleagues, engaging in activities outside work and lastly playing board games with patients.

**Conclusion:** The study has shown that nurses use different coping mechanisms to deal with burnout including social support mechanisms.

## 1. Introduction

Research on burnout has taken place since 1974, when first coined by Freudenberg (Dall'Ora, Ball, Reinius, & Griffiths, 2020). The author has further indicated that burnout has developed into a phenomenon of notable significance worldwide. Burnout can seriously impair the worker's quality of life, leading to mental and physical health issues (Chemali, Ezzeddine, Gelaye, Dosset, Salameh, Bozri, Dubale, & Fricchione, 2020). The ill health that occurs because of burnout results in poor nursing outcomes due to absenteeism and sick leave. Literature has shown that the most common factors that contribute to burnout include, among others, interpersonal conflicts, high work demands and shortage of staff (Maslach & Leiter, 2016). The dimensions of burnout include feelings of cynicism and detachment from the job, overwhelming exhaustion, a sense of vanity and lack of accomplishment (Maslach & Leiter, 2016). Burnout is a global phenomenon and equally

affects both high- and low-income countries, for instance, studies in the United States, Canada, England, Scotland, and Germany, which included 43,000 nurses in 700 hospitals, concluded that 30–40 % of nurses have been affected by burnout (Alqhatani, Al-Otaibi, & Zafaar, 2020). Literature revealed the factors that contribute to burnout, as well as numbers of nurses affected by burnout and how nurses cope with burnout in these hospitals. The authors further indicate that Saudi Arabia has a very serious shortage of qualified nurses and this leads to high prevalence of burnout among nurses. It is therefore necessary to explore the coping mechanisms of nurses against burnout. The findings of the present study could reduce overwhelming exhaustion and lack of accomplishment, amongst others, as reported by Maslach and Leiter (2016).

A systematic review conducted in Sub-Saharan Africa revealed that healthcare workers (HCWs) are one of the high-risk populations experiencing burnout, and the rate has been increasing in the past years (Dubale et al., 2019). Ribeiro, Ferreira, Valenti, Ferreira, Carlos, Abreu,

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Dias de Carvalho, Xavier, Filho, Gregory, Riberio, Francisco, and Ferreira (2014), further steered a cross sectional quantitative study and opined that prevalence of burnout is predominantly high in healthcare workers and amongst those nurses, who have been subjected to studies because they work directly with patients and suffer differently. Burnout occurs because of work-related stressors among nurses working in psychiatric hospitals (Yang, Mereith, & Khan, 2015). In Ethiopia, Biksegn, Kenfe, Matiwos, and Eshetu (2016) discovered that HCWs working with psychiatric patients declare that increased cases of patients and female gender were causes of high levels of burnout in psychiatric hospitals. Yang et al. (2015), who studied mental health professionals in Singapore, concurs with Biksegn et al. (2016) that nurses working in psychiatric wards showed higher levels of depersonalisation as well as emotional exhaustion when compared to nurses in other wards. The studies found in literature focused on burnout status of nurses working in an academic hospital, and measured the level of burnout on physicians, nurses, medical doctors as well as medical and student nurses (Biksegn et al., 2016 & Ribeiro et al., 2014). The studies further explored the prevalence of burnout of nurses working in the surgical clinic and the extent of stress and burnout experienced by nurses working in a mental health setting (Dubale et al., 2019; Yang et al., 2015). In this regard, the studies conducted by Biksegn et al. (2016), Ribeiro et al. (2014); Dubale et al., 2019; Yang et al. (2015) demonstrate a knowledge gap in literature regarding studies that explored coping mechanisms of nurses against burnout in African countries. Hence the current study focuses on describing how nurses cope with burnout in a psychiatric hospital in Botswana.

Anecdotal evidence revealed that although nurses were exposed to unfavorable working conditions, they were able to cope with burnout even though there was limited support from the employer. The researcher observed that social support strategies, such as support from friends and colleagues, were one of the coping mechanisms used by nurses. Maroto and Aparicio-Zaldivar (2017) also concurred that social support, engagement coping, resilience and support coping were the tools that could be used to cope with burnout among nurses. In South Africa, a study conducted by Khamisa et al. (2015) suggested support from colleagues and supervisors can decrease the effect of burnout on mental and physical health of nurses. This support is achievable through different strategies, including staff support programmes and credit for decent work. In Zimbabwe, Muchando et al. (2019) revealed that, the training of more professional caregivers can help with improving burnout. The recommendations of the study by Maphangela (2015) were that, staff motivation and reducing work overload among nurses working in clinics in Botswana can reduce stress and burnout. However, the study did not explore the coping mechanisms of nurses against burnout, hence the current study focused on exploring and describing coping mechanisms of burnout among nurses in a psychiatric hospital in Botswana.

## 2. Research methodology

This study's research methodology consists of the design and methods discussed below.

### 2.1. Research design

This study used a qualitative research design, executing an explorative and descriptive approach to address how nurses cope with burnout in a psychiatric hospital in Botswana.

### 2.2. Research methods

The research methods include the setting, population, sampling, data collection and data analysis (Polit & Beck, 2017).

#### 2.2.1. Setting

The setting included a town in the south-east of Botswana where the only psychiatric hospital is situated. The hospital has a bed capacity of 300 with 180 nurses. The psychiatric hospital functions as an academic hospital for both medical students and student nurses on clinical attachment (Olashore, Akanni, & Ogundipe, 2018).

#### 2.2.2. Population and sampling

The population included all nursing categories registered with the Nursing and Midwifery Council of Botswana, working in the designated hospital. The hospital has a total of 180 which include all nurses of which 31 are psychiatric nurses. Purposive sampling method was used to select the nurses for participation. This sampling method included nurses who had been working in the hospital for at least two years. The reaching of data saturation was at seven participants, but the researcher decided to continue to 10 participants to ensure there were no new themes generated.

#### 2.2.3. Data collection

The collection of the data from the semi-structured interviews occurred from 25th January to 2nd March 2021 by the first author. Data collection was via the telephone and was digitally recorded due to the Covid-19 restrictions. The participants suggested the suitable time for data collection. The participants were informed that the interview would be recorded, and consent was obtained from each participant. The interview lasted between 40 and 50 min for all the participants. The researcher formulated an interview guide, which consisted of four open-ended questions. The interview guide was used for all participants and included the following questions:

- What do you understand about burnout?
- What are your experiences of burnout?
- How did you cope with burnout?
- What are your suggestions for improving burnout?

All the participants used the same interview guide to ensure consistency of the study. During the interview, the researcher introduced the topic to the participants and reminded them that participation was voluntary and that they could still withdraw from the study at any given time. The first interview was a trial run. The data from the trial run was included as it was relevant to the study. Data saturation was at seven participants, and three more participants were interviewed to have 10 in total.

#### 2.2.4. Data analysis

The recorded interviews were transcribed verbatim and the six steps of process of thematic analysis, as described by Braun and Clarke (2006), cited in Crowe, Inder, and Porter (2015) were adopted. The researcher engaged a co-coder to analyse data independently and they both read the transcribed interviews and reached consensus on the themes and sub-themes. Therefore, common themes arose from the codes and those with same meanings grouped together; the sub-themes were also generated under each theme. The process continued until there were no new themes emerging from the transcriptions (Braun and Clarke (2006), cited in Crowe, Inder, and Porter (2015). Literature integration occurred to correlate findings with existing literature and also identify unique findings (Snyder, 2019).

### 2.3. Trustworthiness

Criteria of trustworthiness, as described by Lincoln and Guba in 1985, were applied: credibility, dependability, confirmability and transferability (Polit & Beck, 2017). Credibility or truth value was ensured by member checking and triangulation, whereby semi-structured interviews were audio recorded and taking of notes if there was any change of voice. The supervisors, experienced in qualitative

research, guided the researcher. The participants had enough time to narrate how they coped with burnout. An independent co-coder validated the findings. The recorded interviews and transcribed notes were useful evidence of data collected and the scientific literature validated what the participants narrated. The ensuring of transferability was through dense description of the study setting and participants, as well as the inclusion of verbatim quotations throughout the discussion.

Dependability ensures that the findings of the study are consistent and are repeatable (Kumar, 2016); this occurred by reaching consensus with the co-coder. Certifying confirmability is through an audit trail, which entails the researcher clearly detailing the process of data collection, analysis and interpretation. The recorded interviews, which were raw data, allowed an audit trail to be drawn from the analysis of the results.

2.4. Ethical considerations

The researcher ensured protection of human rights by first obtaining ethical clearance from North West University (Reference no NWU-00390-20-A1). After this, the researcher sought and obtained permission from the Ministry of Health and Wellness in Botswana and from the selected hospital. The informed consent was obtained verbally by the mediator and signed with the researcher through a WhatsApp video call. During data collection, participants received information once again about the purpose of the study, confidentiality in the study, the timing of the interview, the recording of the interview, and that they were free to withdraw from the study anytime they wished to do so. Participants' names were not used, instead they were coded as participant 1 up to participant 10 to ensure anonymity. This was all in line with the three principles of the Belmont Report, that is justice, beneficence and respect for human dignity. At the end of each interview, the participants were asked how they felt to identify any possibility of emotional harm so that they could be referred to the psychologist. None of the participants expressed any emotional or psychological breakdown.

**Table 1**  
Demographic information of participants.

No	Age	Gender	No of years working	Designation	Salary scale	Number of years in the scale
1	47	Female	23	Principal registered nurse	C1	12
2	30	Male	8	Nursing officer II	C1	3
3	33	Male	10	Principal registered nurse	C1	5
4	47	Female	22	Principal registered nurse	C1	11
5	50	Female	25	Nursing officer II	C1	23
6	47	Female	22	Principal registered nurse	C1	13
7	48	Female	24	Principal registered nurse	C1	11
8	50	Male	25	Principal registered nurse	C1	13
9	50	Male	27	Chief registered nurse	D4	2
10	49	Female	23	Nursing officer II	C1	12

3. Research findings and discussion of results

Table 1 presents the demographic information of the participants. Ten nurses participated in the study - six females and four males. The nurses ranged between the ages of 30 to 50 and their salary scale was C1, which has a minimum salary of P11656. 00 except for one who was in D4 scale which has minimum salary of P15041.00 this participant had stayed for more than 10 years in C1 scale. C1 scale is for middle managers and the participants verbalised that this is where nurses stagnate before they can move to D4 scale. Participant 2 only had 8 years of work experience and was already in the same scale with participant 5 who had 25 years' experience. Seven of the participants were registered nurses (had a diploma qualification) and three were nursing officers (degree qualification).

Table 2 presents the data analysis as revealed in four broad themes with sub-themes.

A discussion with the main and sub-themes follows, with direct quotes from participants and an integration with existing literature.

Theme 1: Factors contributing to burnout

During data collection, the participants reported several factors that contributed to burnout among nurses in a psychiatric hospital. The participants expressed factors that included shortage of staff, lack of promotion and stagnation as well as lack of support from the management and the government.

Shortage of staff

The participants reported that shortage of staff which leads to work overload, was one of the key factors that could result in burnout in a psychiatric hospital. Participants felt that shortage of staff contributed to their burnout as narrated below:

*"One of the challenges that we are facing is lack of staffing." P2.*  
*"I can cite the nurse patient ratio or the workload at work. Sometimes it can be so hectic that you feel that no, this is really too much of work to handle, like maybe in a setting like a ward, there would be a lot of patients, probably fifty patients cared by two nurses per shift." P3.*

Burnout can have adverse effects on the mental and physical health of nurses in a psychiatric hospital, as shown by this study. Participants indicated that shortage of staff hinders job performance, and this can ultimately result in nurses' physical and mental wellbeing due to higher job demands. This finding is in line with that reported by Gichara (2017), that lack of adequate staffing has shown to increase depersonalisation, emotional exhaustion, and job dissatisfaction. Furthermore,

**Table 2**  
Themes and sub-themes.

Themes	Sub-themes
Factors contributing to burnout in nurses	Shortage of staff Lack of promotion and stagnation Lack of support from management and the government
Manifestations of burnout among nurses	Emotional exhaustion Feelings of demotivation Hopelessness
Coping with burnout	Debriefing with friends and colleagues Engaging in activities outside work e.g. gym, football, socializing Nurses occupying themselves and patients with board games
Suggestions to improve burnout	Improving staff welfare issues. Conducting staff meetings Recognition/support by management and government Increase in staff

Shah, Gandrakota, Cimiotti, Ghose, Moore, and Ali (2021), attest that understaffing of nurses in New York was associated with increased burnout amidst high numbers of patients and anxiety related to Covid-19 pandemic. Previous researchers have also found high levels of burnout among individuals who have excessive workloads due to shortage of staff.

#### Lack of promotion and stagnation

In this study, the participants identified lack of promotion and stagnation as factors that led to burnout. The following quotes support this statement:

*"I have been there for the past 22 years and I have been in the same position for twelve years. No promotion, you end up having that burnout."* P1.

*"Some of us have been on the same scale for almost 12 years, we are stuck on the same scale, no promotion."* P8

In addition to shortage of staff, lack of promotions and stagnation were two of the drivers of burnout among nurses in a psychiatric hospital. The nurses ended up being demotivated and demoralised because of being in one position. This challenge needs addressing as it has negative implications on the outcomes of nursing care. Nurses suffering from burnout is directly attributable to a mismatch between numbers of years working and their positions at work. Therefore, one can argue that being in one position for a long time is fuelling burnout in nurses. Setona, Sehularo, and Mokgaola (2020), concur with the findings of the study that promotions were one of the challenges of the mental health nurses; promotion would reduce their challenges. These findings were comparable with those of Angadi (2020), that lack of promotion is associated with increased levels of burnout in the workplace.

#### Lack of support from management and government

The findings of the study have revealed that lack of support from the management and government could result in burnout. Therefore, support from management and government could ease the burden carried by nurses in health-care settings and could lead to improvement in suboptimal patient care. In this study, the participants reported the opposite, as supported by the following narratives:

*"If management was taking care of our emotions or complaints or whatever, we wouldn't be experiencing that kind of sick offs."* P2

*"Some other things that also give up burnout in the workplace is when we feel our issues or our complaints either concerning our daily performance or our social welfare when we feel the management is not really taking care of our wellness as staff."* P7.

Lack of support from the management and government plays a major role in nurses' burnout. The management that supports the nursing practice results in positive nursing outcomes. The study findings indicated that the management of the hospital was not supportive, and this was one of the factors that resulted in their burnout. These results were comparable with those of Molehabangwe Sehularo, and Pienaar (2018) who showed that nurses in mental health-care facilities need management to motivate and support them in order to be devoted to their job and perform well in the workplace when providing care. Moreover, Shah et al. (2021) attest that lack of support from leadership is one of the factors that contribute to burnout among nurses working in the US. This is also in line with the views reported by nurses working in a psychiatric hospital in Botswana.

#### Theme 2: Manifestations of burnout among nurses

The participants expressed different emotions that were due to burnout. The following sub-themes express these manifestations:

##### Emotional exhaustion

Nurses felt stressed and frustrated due to burnout in the workplace, as reflected in the following narratives:

*"I would just say that we are overwhelmed because most of the psych patients are in our ward are not stable, we are experiencing a lot of stress."* P2

*"I am frustrated."* P4.

In addition, nurses experience emotional exhaustion due to burnout. The participants verbalised feelings of frustration and stress due to the environment in which they worked. Alenazi, BinDhim, Alenazi, Tamin, Almagrabi, Aljohani, Basyouni, Almubark, Althumiri, and Alqhahtani (2020) conducted a study in mental health nurses in Saudi Arabia, which also discovered high-levels of emotional exhaustion; a study by Konstantinou et al. (2018), among nurses working in a mental institution in Greece, revealed the same results. Results of both studies were congruent with those of this study, which has shown emotional exhaustion among nurses working in a psychiatric hospital in Botswana.

##### Feelings of demotivation

Demotivation was one of those feelings that the participants experienced and supported by the quotes below:

*"Not being promoted makes you demotivated, makes you feel like not going to work."* P3

*"Very frustrating, you think about all those issues you know sometimes you lose motivation to go to work."* P8

The participants in this study expressed that they are demotivated and hopeless due to burnout. According to Garcia-Campayo, Puebla-Guedera, Herrera-Mercadal, and Dauden (2016), burnout can cause demotivation or severe decrease in performance. This corroborates with what the participants narrated that they come to work just for the love of their patients and because they have families to feed. These statements clearly indicate demotivation of the participants. In addition to that, a workplace that does not provide hope for its workers can be considered toxic and not good for their mental health. The employers should ensure healthy and happy employees to prevent burnout, but this is not the case with the participants as they mentioned unsatisfactory working conditions leading to feelings of demotivation.

##### Hopelessness

Feelings of hopeless emerged as one of the manifestations of burnout, as demonstrated by the following:

*"Maybe it can reduce this feeling of hopelessness and the morale can improve."* P3

*"These things at the end of the day you feel emotionally drained and hopeless."* P7

Cynicism is one of the dimensions of burnout and the nurses experienced it. Cynicism is 'negative attitudes that an employee develops about his/her organisation' (Eryeşil & Öztürk, 2016). The findings of this study have shown that nurses felt hopeless and had negative attitude which is congruent with the study by Maslach and Leiter (2016), that burnout reduces opportunities for positive experiences at work, which is associated with hopelessness and decreased job satisfaction.

#### Theme 3: Coping with burnout

Even though nurses experienced burnout, they used different mechanisms to cope with it, which included the subsequent subthemes:

##### Debriefing with friends and colleagues

The participants acknowledged that debriefing with friends and colleagues assist them to cope. This response was supported by the following quotes from participants:

*"We discuss issues at work, that's one of the support systems that we are giving each other." P2.*

*"Honestly life has to go on. Sometimes we talk about it at work. The most living and active coping mechanism is talking about it." P3.*

Since the study explored the coping mechanisms of nurses against burnout and also involved proposing guidelines on what can be done to improve burnout, the strategies for coping have two main goals which include trying to change the problem or control emotional response to this problem (Martinez et al., 2020). In this study nurses used active coping strategies like exercising or sharing feelings with friends and colleagues. The nurses who presented with burnout controlled their emotional response by debriefing with friends and colleagues as a way of coping. This strategy is congruent with those related to Martinez et al. (2020) that sharing feelings with friends and family members can improve coping with burnout. Studies have shown that debriefing is very useful among healthcare workers even though it's underutilized.

#### Engaging in activities outside of work

Nurses also engage in self-care strategies which include activities outside their work like gym, football, socialising and listening to music. environment in order to cope. This is highlighted by the following quotes:

*"By so doing I do relax and interact with my teammate and after football when I go back home, I would be much relaxed and ready for the following day." P4.*

*"Yes, sometimes I go to the gym, we listen to the radio, Watch TV, visit my friends." P5.*

Health and fitness can greatly impact positively on the nurse's ability to work effectively and to choose health promoting activities. Activities outside work such as football, gym and socializing were also used as a coping mechanism. This mechanism is in line with the preceding results described by Allen (2019) that physical activity increases one's well-being resulting in reduction of stress and burnout. Literature further indicates that cardiovascular exercises decreased emotional exhaustion which is one of the dimensions of burnout. Furthermore, exercise training contributed to improved sleep which give rise to decreased emotional exhaustion. Even though exercises didn't directly influence the working conditions of the participants, it has shown to improve burnout leading to good patient care.

In addition to that, music has a significant impact in reduction of burnout. The findings in this study were similar to those of Kacem et al. (2020) who noted a reduction in emotional exhaustion and increased professional achievement when listening to music. Another study found that music should be played while working due to its benefits such as mood enhancement and relaxation. Socializing with friends is essential for one's health in the workplace as it is a health promoting activity. These aligned with what participants has verbalized that chill sessions and adventure improved burnout.

#### Nurses occupying themselves and patients with board games

Those who participated verbalised that occupying patients assists them to cope and this is supported by the narratives below:

*"I bought few things, I bought cards, I bought chess, and those are the kind of things that keep us busy with my clients." P2.*

*"We also do have some games of which we do engage the patients, games like monopoly." P4.*

Playing board games was another coping mechanism while the nurses were at work and they played games with patients to cope during

working time. Play reduced stress and burnout and can activate the release of endorphins which makes an individual to feel good and also promote the sense of well-being. It has also been noted that board games are a form of stress management and also boosts social networks (Nakao et al., 2019). Furthermore, Gichara, 2017 illustrated those strategies that focus on positive reinterpretation of emotions, personal engagement, support programs and engagement in other social activities such as, joining clubs and participating in games may help decrease burnout in nurses.

#### Theme 4: Suggestions to improve burnout

Despite the mechanisms that the nurses employ to cope, they still believe that the management and the government can implement some strategies that can improve their coping. This is attested by the following sub-themes.

##### Improving staff welfare issues

Participants narrated that improving staff welfare issues like accommodation, workshops, promotions, retreats can improve coping with burnout. This was confirmed by the subsequent quotes:

*"The most important thing is for management to invest a lot on staff welfare issues." P6.*

*"And then the other thing is accommodation for staff, it can also boost the morale of the staff." P7.*

The other objective was to propose guidelines on how nurses can cope with burnout. Staff welfare issues can demoralize nurses and cause burnout if not attended to. Accommodation, promotions and retreats were one of the recommendations that can improve nurses' burnout. Retreats and getaways have been reported to improve burnout among nurses. This is similar to a study led by Ndawula (2012) who stated that, after retreat nurses in the United States exhibited 25 % increase in job satisfaction. In addition to that, promotion at work can decrease burnout and this means elevation in status. This study has revealed that taking too long in one scale continued to be an eye sore across all nurses in the hospital. This result strengthens the findings of Setona et al. (2020) that challenges of mental health nurses could decrease if they can be promoted.

##### Conducting staff meetings

Data collected from participants revealed that conducting staff meeting can assist in improving burnout. Staff meetings is a platform where nurses can raise their grievances. So, if there can be regular staff meetings where staff can raise their concerns to the management, they believe their burnout can be improved. This was confirmed by the following statements:

*"The management maybe to sort the meeting date or give us a platform to raise our complaints through general staff meeting." P2.*  
*"First of all, our management should hold regular meetings with us." P8.*

Working in a conducive environment can also improve burnout. A suitable working environment reduces burnout and yield good quality care; therefore, maintenance of the hospital is very vital. The results of the study also indicate that if management and the government can recognize and motivate the nurses, their burnout can decrease. Management should conduct meetings in order for the nurses to have a platform for their grievances. Shortage of staff is also influenced by management. The management has the authority to advocate for more staffing. Without recognition by management and government the nurses would continue to have burnout.

##### Recognition/support by management and government

The participants raised that if there can be recognised by the management and the government their burnout can improve. Lack of recognition demoralised the participant and resulted in burnout. The concern was supported by the following quotes:

“So, at least the government should recognize that this person has been in the service and been a hard worker.” P1.

“I think we need to have maximum support from the management,” P4.

In this study, the nurses proposed guidelines on how nurses can improve coping with burnout and recognition by management and government can be included in the guidelines. As the findings demonstrate, nurses suggested that if they can be recognized, feelings of burnout can be enhanced. These result supports the findings of [Mudallal et al. \(2017\)](#) among Jordanian nurses which suggested that policy makers and nurse managers should make nurse work conditions conducive by employing strategies like providing professional development opportunities, improve nurse’s leadership skills as well as improving communication channels.

#### Increase in staff

Shortage of staff which results in work overload also increased burnout and staff recommended that if there can be some guidelines on how the hospital should be staffed, this can assist in improving burnout. This suggestion is highlighted by the narrative below:

“Yes, and the other thing is to increase staff in this psychiatric hospital so that we can manage the patients very well.” P5.

“If they can hire more staff maybe that could help also.” P8.

Shortage of health care providers is a major concern globally particularly of nurses ([Mudallal et al., 2017](#)). This nursing shortage has strengthened feelings of burnout. The results of this study have revealed that if the number of nurses can be increased in the hospital, burnout can be improved among nurses. These findings are consistent with those of [Mudallal et al. \(2017\)](#) who reported that reducing nurse’s workload through appropriate staffing can reduce burnout.

## 4. Conclusion

The study aimed at exploring how nurses cope with burnout in a psychiatric hospital and a conducive workplace enables nurses to provide good quality care hence reduce the workplace burnout. The results of the study have proved that poor working conditions have resulted in burnout and nurses employed different mechanisms to cope. Mostly nurses used individual focused interventions like gym and playing music as a way of coping. Literature has also confirmed that the coping mechanisms that the nurses have used has been effective in other areas as [Xiu-jie et al. \(2020\)](#) concurs that debriefing sessions have been reported to reduce burnout among nurses and physicians. The results of this study can be of great value to the management of the psychiatric hospital and can assist in improving burnout in the workplace since this is the first of its kind to be conducted in a psychiatric hospital in Botswana.

## 5. Recommendations

Based on the findings of this research, it is very clear that recommendations are needed for nursing practice, nursing research and nursing education. The education providers should include some life skills in the psychiatric nursing curricula so as to strengthen the coping mechanisms of nurses in psychiatric hospital. The education providers can also develop some tools that can be used to determine the level of burnout among nurses. In addition to that, the management of the hospital should be in a position to act if there is poor nursing care due to burnout since they can influence practice. If nurses are unsatisfied, there

can be negative outcomes in the hospital and the management that takes care of its staff members, have workers that are happy can produce positive results in the workplace. It is important for the hospital management to implement the findings of the study so as to improve burnout among nurses. The management should ensure a functional wellness program for staff and ensure that it is followed as scheduled. Furthermore, policy makers should develop guidelines for promotions for deserving nurses to avoid the current situation. In addition to that there should also be a transfer policy where it clearly stipulates when nurses should be transferred from one facility to another rather than just staying in one facility for so many years.

## Authors contributions

Aobakwe Masoloko was the first author of the manuscript. She started with the proposal up until the end of the manuscript. Prof Magdalena Koen was the supervisor and Dr Maserapelo Serapelwane as the Co-supervisor. Both supervisors played a vital role in assisting with the completion of the manuscript.

## CRediT authorship contribution statement

**Aobakwe Masoloko:** Writing – original draft. **Magdalena:** Supervision. **P. Koen:** Supervision. **Maserapelo:** Supervision. **G. Serapelwane:** Supervision.

## Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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