

Title: “There’s a lot on my shoulders” - occupational therapists’ experience of stress and burnout in mental healthcare settings in Gauteng, South Africa

Abstract

Introduction: South African occupational therapists, working in the field of mental healthcare, are exposed to chronic stress in varying degrees, this can lead to their experiencing symptoms of burnout. There has been a call for research to explore the relative experiences of stress and burnout that occupational therapists encounter whilst working in a variety of contexts, and this article presents findings from a study focused on the field of mental healthcare in Gauteng, South Africa. **Methods:** Thirteen occupational therapists participated in the study using qualitative and descriptive methods. The study sample was selected using purposive and snowball sampling. Data were collected via online focus group discussions and underwent thematic analysis according to open coding. **Findings:** This article presents the findings of theme one, as part of a greater dissemination of findings, where the participants described their encounter with stress and burnout as a personal psychological experience. This involved the experience of emotional burden, strained interpersonal relationships and feelings of failure. The participants expressed that they perceived their stress as a fluctuating experience and, a portion of the participants, felt that they had experienced burnout. **Conclusion:** The negative personal psychological impact of stress and burnout on occupational therapists working in South Africa, in the field of mental healthcare, has been well indicated in the study.

Keywords:

Burnout; Mental healthcare; Occupational therapists; Stress.

INTRODUCTION

The demands placed on occupational therapists working in the field of mental healthcare are multi-dimensional and, in practice, occupational therapists can become engrossed in their clients' reality when addressing the sensitive nature of their clients' experiences (Alers, 2014). This often occurs in time-constrained contexts (Wressle and Samuelsson, 2014), where occupational therapists work within large multidisciplinary teams, oftentimes misinterpreting their roles (Gupta et al., 2011). This results in occupational therapists experiencing chronic stress and, where insufficient coping strategies are employed, may result in their experiencing symptoms of burnout (Du Plessis et al., 2014; Gupta et al., 2011; Delos Reyes, 2018).

Despite these findings, there has been limited research conducted on stress and burnout in the field of occupational therapy in South Africa, and, where literature does exist, it is generally directed at highlighting the prevalence of burnout amongst practitioners (Du Plessis et al., 2014) rather than exploring its causes and studying the subjective experience itself. The little research that has been done has identified that occupational therapists, working in the field of mental healthcare, have been experiencing chronic stress and exhibiting symptoms of burnout for decades (Scanlan et al., 2013; Jahrami, 2009; Sturges and Poulsen, 1983) but there is limited understanding of the nature and causes of their experiences.

LITERATURE REVIEW

Occupational therapists' experience of stress is gaining ground as a topic of interest (Bruschini et al., 2018; Clarke, 2016). A study conducted by Lexén et al. (2020) found that Swedish occupational therapists are unable to maintain occupational balance leading to their experiencing varying levels of stress. Factors contributing to this were identified as: high workloads and having insufficient time in a day to complete their assigned work tasks (Lexén et al., 2020). A South African study, which explored the work-related stress of occupational therapists working in a physical rehabilitation setting, identified that the study participants experienced increased stress levels when confronted with high workloads (Clarke, 2016). Furthermore, that study indicated that organisational expectations of high levels of service excellence contributed towards an increase in the occupational therapists' stress levels (Clarke, 2016). There are studies which have explored occupational therapists working in the field of mental health, however such studies have been conducted in specific contexts or developed countries (Bruschini et al., 2018; Lexén et al., 2020).

In line with the focus on stress amongst healthcare professionals, an interest in researching the prevalence of, and the outcomes associated with, occupational therapists' experience of burnout has come about. Burnout has been defined as a psychological syndrome which occurs as a result of prolonged exposure to occupational stress (Maslach and Leiter, 2016). In its initial formulation, burnout was defined as consisting of three elements: increased emotional exhaustion, increased depersonalisation, and reduced personal accomplishment (Maslach and Leiter, 2016). Emotional exhaustion reflects the "state of being depleted of one's emotional resources" (Awa et al. 2010:184). Depersonalization represents a negative change in interaction with one's client's (Maslach and Leiter, 2016); and, finally, the reduced personal accomplishment element refers to "low self-efficacy and negative feelings towards one's self" (Awa et al. 2010:184).

Studies exploring the cause and effect of burnout across the different fields of occupational therapy have been conducted in various countries with research targeting burnout in the field of mental healthcare having concentrated on the prevalence and severity of burnout amongst healthcare practitioners (Moleboge, 2014; Jahrami, 2009). Studies have also noted that occupational therapists can suffer from burnout (Delos Reyes, 2018; Gupta et al., 2011) an example of which was conducted by Delos Reyes, (2018), to investigate burnout amongst Filipino occupational therapists, using the Maslach Burnout Inventory, and in-depth interviews, together with focus group discussions. That study found that Filipino occupational therapists experience moderate degrees of burnout and factors contributing to their burnout experience included: being aged between 24 and 29 years; having limited occupational therapy experience and enduring longer working hours (Delos Reyes, 2018). Qualitative data from that study revealed that occupational therapists feel the need to meet the expectations of their clients and communities, often to the detriment of their own wellbeing (Delos Reyes, 2018). The occupational therapists reported feeling as though they did not have enough time to meet internal demands (becoming competent occupational therapists) and/or external demands (such as workload and clinical factors) placed on them which resulted in feelings of reduced personal accomplishment (Delos Reyes, 2018).

A study conducted by Gupta et al. (2011), which followed a mixed-method approach, evaluated Canadian occupational therapists' experience of burnout (using the Maslach Burnout Inventory) and the consequent coping strategies applied in response to their burnout. With respect to the quantitative burnout component of that study, the findings indicated that the participants' levels of burnout fell within the average range of burnout, as far as personal accomplishment and emotional exhaustion were concerned, and, for depersonalisation, in the higher range (Gupta et al., 2011). In terms of the qualitative findings concerning burnout, that study identified four practice issues as predictors of burnout: time demands (related to workload; case prioritisation and perceived unrealistic duty demands); autonomy limitations (difficulty in adapting to changing organisational structure and limitations imposed due to policies of the workplace); conflict in the workplace (related to value differences between occupational therapists and related organisation as well as having limited practice resources) and lack of respect (needing to justify occupational therapy services and not being respected as a member of the multidisciplinary team) (Gupta et al., 2011).

Within the South African context, studies have tended to concentrate on investigating the stress and burnout experiences of occupational therapy students (Govender et al., 2015; de Witt et al., 2019) and newly-qualified occupational therapists (Bruce et al., 2022; Struwig and van Stormbroek, 2023), but, to date, there exist no studies centred on the specific context of occupational therapists working in mental healthcare. Of the literature that does exist, a study conducted by Du Plessis et al. (2014) is frequently cited, which evaluated the prevalence of burnout amongst therapists (permanently employed physiotherapists, speech and language therapists, occupational therapists, social workers, psychologists, therapy assistants and dieticians) working across six private physical rehabilitation units, using the Maslach Burnout Inventory. That study included 14 occupational therapists, 64.3% of whom presented with high levels of emotional exhaustion, however that study provided limited evaluation of the respective overall levels of burnout or the causes thereof, preferring, rather, to present overall findings with respect to all therapists involved in the sample (Du Plessis et al., 2014).

The study from which the findings of this article originated, aimed to explore and describe the stress and burnout experiences encountered by South African occupational therapists when working in the field of mental healthcare and the coping strategies that they apply in response to their stress and burnout symptoms. This article will only present the findings of theme one, which addresses the specific study objective: to describe how occupational therapists experience stress and burnout in the field of mental healthcare.

METHOD

This study was conducted to fulfil the requirements of the first author's master's degree in occupational therapy. Ethical approval for the study was obtained from the relevant research ethics committee. A qualitative research approach was used in the study, applying a descriptive research design. This design's descriptive nature allowed the study to describe the occupational therapists' experiences of stress and burnout in the defined context of mental healthcare. The study took place in the Gauteng province of South Africa.

PARTICIPANTS

The study used purposive sampling to select participants. The study also incorporated snowball sampling where participants from the first focus group assisted the authors to identify additional appropriate participants for the study (Moser and Korstjens, 2018). The following criteria were used to assist the application of purposive sampling:

Inclusion criteria:

It was necessary for each participant to:

- Be a qualified, registered occupational therapist, practicing in the field of mental healthcare in Gauteng, South Africa
- Have more than a year's experience (post community-service) in the field of mental healthcare
- Be practicing in acute and/or chronic mental healthcare settings, in the private/public sector at the time of the study

Exclusion criteria:

No participant should be:

- An occupational therapist who engaged in work of any nature outside of the field of mental healthcare
- A University lecturer

The overall research study aimed to answer the research question: how do occupational therapists working in the field of mental healthcare in Gauteng experience stress and burnout and what coping strategies do they employ in response to these phenomena? Therefore, the inclusion and exclusion criteria ensured that only occupational therapists working in this field, in both sectors of healthcare, were recruited to describe such experiences in as much detail as possible. The authors recognised the potential participant bias that existed in that occupational therapists experiencing higher degrees of stress and potential symptoms of burnout may have been drawn to participate in the study, however because the study aimed to explore the experiences of occupational therapists rather than quantifying levels of stress and burnout across the population, this was acceptable.

When recruiting occupational therapists for inclusion in the above-described sample, the researcher made contact with occupational therapists working in the field of mental healthcare through accessing the Occupational Therapy Association of South Africa (OTASA) networking channels as well as through networking with colleagues. Initial contact was made two weeks before the first focus group discussion.

Background questionnaires (to gather demographic data) and informed consent forms were distributed to the interested occupational therapists. The informed consent form included clear descriptions of the nature of the study to ensure ethical considerations related to participation were upheld. The researcher then sorted the potential participants into groups based on their background questionnaire responses to ensure that each focus group had participants with varied experience in different settings to gather rich data. The study size evolved over time according to the search for data saturation (Creswell and Creswell, 2018). According to this process, three focus groups were used to collect data. The focus groups, which were made up of four or five participants, were deliberately kept compact in nature in order to offer an opportunity for participants to share their experiences in an in-depth manner (Moser and Korstjens, 2018; Greeff, 2011). The eventual sample numbered thirteen occupational therapists working in mental healthcare settings in both the private (privately owned and funded) and public (government owned and funded) sectors in Gauteng.

The demographic details of the participants are outlined in table 1 below showing that the participants had varying levels of experience with the most frequent category being those with 1- to 5-years' experience. The distribution of participants by sector reveals that the participants consisted of occupational therapists working in the private (9 participants; 69.23%) and the public sector (4 participants; 30.77%). Most participants in this study provided mental healthcare services within the private sector, which aligned with the demographic trends of the occupational therapy profession in South Africa at the time of the study (Ned et al., 2020).

Table 1: Demographic data of study participants

Demographic information	Gender	Age (in years)	Years of experience in mental healthcare
Frequency of participants	Female= 13 Male= 0	21-25 = 3 26-30= 5 31-35= 2 36-40= 2 41-45= 0 46-50= 1	1-5 years = 6 6-10 years= 4 10-15 years= 3

PROCEDURE

The study made use of three, 90-minute, focus group discussions, held on separate dates between September and November 2020. Due to the Coronavirus Disease of 2019 (COVID-19) pandemic, the focus groups were held on a secure online platform as a means of adhering to social distancing and lockdown measures enforced in South Africa at the time, in order to minimise participants' risk of exposure to the virus. This online platform allowed for audio and video recording. The content of the focus group questions was centred on the research aim, encompassing the topics of stress, symptoms of burnout and the use of coping strategies. The questions were posed in an open-ended manner in

order to give priority to the experiences of the participants and to allow the participants to openly express their opinions without being guided by any preconceived ideas of the researcher.

DATA ANALYSIS

Following each focus group discussion, the first author accessed the recordings and manually transcribed them verbatim. Following the transcription of all three focus groups, data were thematically analysed with the use of open coding (Creswell and Creswell, 2018) which employs a process of code-creation whilst undertaking the data analysis procedure.

Following initial analysis, an independent co-coder was consulted to establish intercoder agreement to assist with trustworthiness. The co-coder analysed the data applying open coding, using ATLAS-ti software. The co-coder then submitted the themes generated, as well as the codes from which they were derived, to the researcher on Atlas-ti. These themes were then compared with the researchers’ manually coded themes and consensus of themes was reached. In addition to this, and after data analysis, the emergent themes were presented, via e-mail, to the participants to allow for member-checking, to ensure that the themes accurately reflected their responses. All participants in the study responded during the member-checking process, i.e., 100% response rate was obtained. During the member-checking process, the participants said that they agreed with the themes identified and asked for clarification and adjustment of the terms used to describe subthemes and these were then reviewed, and the final themes were formulated.

FINDINGS

The findings reflected that study participants felt that their stress and burnout experiences have had a negative impact on their personal and psychological functioning. The participants made clear that their work contributed to their experiencing emotional strain (subtheme 1), which, resultantly, has had a negative impact on their interpersonal relationships (subtheme 2). Over time, the personal impact thereof resulted in feelings of failure and negative self-evaluation (subtheme 3). Each participant’s experience of stress and burnout, as it relates to them, was expressed from a personal point of view, and, consequently, subtheme 4 depicts how the participants interpreted their individual stress and burnout experiences in terms of the level and severity of same. A visual representation of the theme and the subthemes supporting its formulation is presented in table 2 below:

Table 2: Occupational therapists personal psychological experience of stress and burnout

Theme 1: Personal psychological experience of stress and burnout			
Subtheme 1	Subtheme 2	Subtheme 3	Subtheme 4
Personal emotional burden	Strained interpersonal relationships	Feelings of failure	Interpretation of stress and burnout

Subtheme 1: Personal emotional burden

This subtheme expands on the emotional strain that the participants expressed and presents the personal emotional burden of working as an occupational therapist, in mental healthcare, as a process. The process emerges due to the nature of the work that occupational therapists execute in this field,

resulting in their initial feelings of being emotionally drained. Participants expressed this experience as:

"...I feel that there's a lot on my shoulders." [participant 8; 6 years of experience; private practice]

"...I feel like that it's taking a lot emotionally from me." [participant 11; 9 years of experience; private practice]

The participants indicated that feeling emotionally drained began to have an impact on their ability to regulate their emotions. Participants reported being emotionally triggered by the information shared by their clients in therapy and that this was difficult for them to regulate at times. The participants indicated that poor emotional regulation occurred when engaging with their clients:

"...it's quite triggering sometimes; I find it difficult not to want to burst into tears in the group myself." [participant 1; 3 years of experience; private practice]

"...the point is that when I'm emotionally drained it's very hard to regulate myself." [participant 2; 1 year and 8 months of experience; public healthcare]

The participants voiced their concerns that the combination of their feeling emotionally drained, and having impaired emotional regulation, resulted in their needing to utilise more effort and energy to engage in treatment sessions. However, the participants expressed that, in doing so, they experienced an aftermath of care which negatively affected their personal lives and overall functioning:

"...I pull the little bit of energy that is left, and I put it into my interactions with my patients but then when I get home, I crash and burn." [participant 8; 6 years of experience; private practice]

"But I think when I really realized that it was a problem [beginning to feel burned out] was when it really affected my personal life as well. So, I wasn't sleeping, as I, you know I didn't have a healthy sleeping pattern, which is very out of character for me." [participant 2; 1 year and 8 months of experience; public healthcare]

This process was focused on the occupational therapists themselves and related to their personal experience of their emotional burden. However, the participants indicated that their stress and burnout experiences did not only affect them personally, but it also affected their engagement with those around them, resulting in the formulation of subtheme 2.

Subtheme 2: Strained interpersonal relationships

Expanding on the above, subtheme 2 presents the outward effect of stress and burnout on the occupational therapists' interactions within their interpersonal relationships. The participants stated that their personal emotional strain was being projected onto their peers, their therapeutic relationships with their clients and their interaction with loved ones.

Firstly, the participants shared the insight that their stress and burnout experiences negatively impacted their interactions with their peers. The participants voiced their opinion that this is often the origin of their interpersonal difficulties:

"...I think that I also find myself being very easily, very irritable, uhm with uhm it usually starts with my colleagues..." [participant 2; 1 year and 8 months of experience; public healthcare]

The participants expressed this experience as being multidimensional; as having an impact on their interaction with their occupational therapy colleagues; the students they supervise as well as their multi-disciplinary team (MDT) members:

"...It can also impact my interactions with my colleagues. So, at the moment we have a student with us and she's really struggling and if she walks into my office to ask a question, I think she can see in my face that I'm like 'please leave me alone, like I cannot deal with another question right now'." [participant 4; 1 year and 8 months of experience; public healthcare]

From such engagements with colleagues, the participants identified that their emotional state also had an impact on their engagement with their clients. The participants held that this began to affect their therapeutic relationships:

"...when I get irritated, then I just kind of shut off a little bit, it's very easy for me to just ignore the person uhm and I know the feeling of being ignored and now I'm doing it to my patients." [participant 7; 1 year and 8 months of experience; private practice]

The participants expressed that this also influenced their ability to handle the challenging behaviour that their clients present with:

"...I knew I was a bit short with my clients and I, especially the more demanding clients with the behavioural issues and stuff I was a lot more firm than what I needed to be uhm, less tolerant of their emotional uhm you know issues..." [participant 13; 5 years of experience; public healthcare]

Finally, the participants identified that their experience within the work context had begun to have a negative impact on their interactions with their loved ones. The participants also identified that their loved ones noticed the changes in their behaviour:

"Family and friends told me that I'm more impatient (laughs), and that they could pick it up or that I socially withdraw..." [participant 12; 10 years of experience; private practice]

The participants also identified that there was consequent conflict occurring in their interactions with their loved ones as a direct result of their work circumstances:

"You know I was having conflict about silly things in my relationships, my personal relationships so uhm when it really started influencing my personal life and there wasn't something else that was causing it, it was just everything at work..." [participant 2; 1 year and 8 months of experience; public healthcare]

The participants explained that the above experiences – their personal, emotional burden and the impact it has on their interpersonal relationships – also led to a change in how they perceived themselves.

Subtheme 3: Feelings of failure

Such perceptions are described in subtheme 3 where participants expressed how they experienced feelings of failure. The participants held that this arose as a result of their self-perceived lack of personal resilience and reduced personal achievement.

When expressing their feelings of failure, the participants identified that their stress and burnout experiences made them feel as though they lacked resilience. The participants spoke of their perception of their decreased emotional resilience leading to a feeling of being overwhelmed:

"I would actually just say that my stress makes me feel less resilient than what I actually am, it just lowers my resilience actually uh in terms of emotional resilience." [participant 13; 5 years of experience; public healthcare]

"...I'm feeling completely overwhelmed and feeling like I'm not coping..." [participant 4; 1 year and 8 months of experience; public healthcare]

As these feelings deepened in the participants, they expressed feelings of reduced personal achievement. The participants expressed a distrust in their own skills and knowledge as an occupational therapist:

"...it's almost like not trusting my skill and not trusting that I've got this or I will reach the goal..." [participant 13; 5 years of experience; public healthcare]

Furthermore, the participants expressed the notion that the effort they were putting into their work was not translating into achievement:

"I think what I do experience I hinted at it earlier is the sense that not accomplishing, this feeling that for all my effort and time I'm not really achieving the objectives I'm not getting the to do list done." [participant 6; 10 years of experience; private practice]

Subtheme 4: Personal interpretation of stress and burnout

The culmination of the participants' perceptions of their stress and burnout experiences was gained through the enquiry into the participants' opinions of their current levels of stress and burnout. This led to the development of the final subtheme of the participants personal interpretation of their stress and burnout experiences. In describing same, the participants voiced their belief that they perceived their stress as a fluctuating experience and, a portion of the participants, felt that they had experienced burnout.

The participants described their stress experiences as ever-changing, where stress was described as "coming in bursts" in an unpredictable manner. This stress experiences therefore varied from being "well-maintained" to being "overwhelming":

"...I think I would probably say if I had to give it [the stress] a score out of 10 now probably a 4 or 5 uhm during the course of the last few months there has been a let's go with a week where I would maybe go with an 8 or a 9 where it's sort of felt like it's been overwhelming..." [participant 6; 10 years of experience; private practice]

The participants elaborated further on the effect that their application of coping strategies had on their experience of their stress:

"For me it also comes in bursts where sometimes it's high and next moment its more well-maintained, for me at the moment my stress levels are well-maintained but it's because I'm trying very hard." [participant 5; 6 years of experience; private practice]

Although the levels of stress were described as being of a fluctuating nature, some participants expressed the feeling that they had the interpretation that they have experienced burnout. One of the

participants expressed the direct correlation between their significant levels of stress and their experience of burnout:

"I would say my current level of stress as significant; I would say that I am burned out completely." [participant 9; 9 years of experience; public healthcare]

Furthermore, one of the participants made the point that their perceived burnout experience was not an isolated one, and that they had experienced burnout on two occasions:

"...I have only been practicing for 7 years, I'm a young OT [occupational therapist] and how twice in one year did I go through a burnout?" [participant 13; 5 years of experience; public healthcare]

DISCUSSION AND IMPLICATIONS

The article reflects on the overall achievement of the research objective by describing how occupational therapists perceived their stress and burnout experiences associated with working in the field of mental healthcare in Gauteng, South Africa. The participants expressed that providing treatment in this field can leave them feeling emotionally drained and can have lasting impacts on their social interactions and their perception of themselves.

The occupational therapists described their emotional experiences of working in the field of mental healthcare as a burden that they carry. The participants reflected that having to manage the sensitive nature of information shared by their clients, in therapy, as a stressful experience which can be triggering for them and evoke strong emotions which requires additional energy to regulate. The occupational therapists expressed that being emotionally drained caused impairments in their emotional regulatory skills which resulted in the carryover of negative feelings and experiences into their personal lives, causing the experience of an aftermath of care. Feeling emotionally drained is a well-referenced experience of occupational therapists in response to the work demands they encounter (Delos Reyes, 2018; Poulsen et al., 2014). Studies that have explored the burnout experience of occupational therapists revealed that occupational therapists tend to present with high scores in the emotional exhaustion dimension of burnout (Escudero-Escudero et al., 2020; Du Plessis et al., 2014; Bruschini et al., 2018; Janus et al., 2018). A study conducted by Delos Reyes (2018) described Filipino occupational therapists as feeling mentally drained which resulted in both physical and emotional manifestations. Similarly, Poulsen et al. (2014) presented findings that Australian occupational therapists have difficulty in detaching themselves from their work and therefore they experience emotional exhaustion.

Another pertinent finding from the study theme was that the participants felt that they often put the last of their physical and emotional energy into their treatment of their clients, leaving them feeling depleted. One participant identified a direct link between her feeling emotionally drained at work and her engagement in her personal life. This experience aligns with the findings of Allen et al. (2020) in their description of the emotional cost of caring that practitioners experience in mental healthcare settings, consisting of burdensome emotions of self-blame and guilt which result in individuals taking their work stress and negative emotions home with them. The aftermath of care that occupational therapists described in the present study highlight the personal cost of providing care in the field of mental healthcare and identify causes for the taking of action to preserve the wellbeing of

occupational therapists. This finding presents an opportunity for future research in exploring how occupational therapists can be supported in the workplace to better manage their stress in response to the nature of their work, particularly in mental healthcare settings.

An interesting finding of the study is reflected in the participants' expression of the impact that their work engagement had on their interactions with their loved ones, peers, and their therapeutic relationships with their clients. It encompasses the changes in the occupational therapists' interpersonal behaviour, originating in the workplace, towards their colleagues and clients and then extending into their personal/home/family relationships. Such changes reflect the burnout dimension of depersonalisation (Maslach and Leiter, 2016). Depersonalisation is defined as the development of cynical feelings towards one's clients (Maslach and Leiter, 2016). This finding contradicts previous studies as the majority of the participants in this study (10 of the 13) had been practising for less than 10 years and previous studies have found that occupational therapists who have practised for shorter periods of time in the field tend to score lower in the dimension of depersonalisation (i.e. preserve the ability to remain compassionate towards their clients) (Janus et al., 2018). The timeframe in which the study took place could have contributed to these unexpected findings as the study took place after the first peak of the COVID-19 pandemic in South Africa. The pandemic resulted in the increased prevalence of psychological distress globally (Torales et al., 2020). Within the South African context, research reported that the pandemic resulted in increased levels of stress and anxiety amongst the general population (Kim et al., 2020; Lentoer and Maepa, 2021) and devastating effects on the wellbeing of healthcare workers (Curran et al., 2021; Naidoo et al., 2020).

Limitations

The study from which the findings were sourced was not directed at determining the occupational therapists' level of burnout but rather took the qualitative approach of describing participants' psychological stress and burnout experiences. However, this approach does present limitations in comparing such experiences amongst occupational therapists, as literature on the topic is often quantitative in nature, evaluating occupational therapists' levels of burnout (Reis et al., 2018; Poulsen et al., 2014; Escudero-Escudero et al., 2020) using standardised measures such as the Maslach Burnout Inventory (Maslach and Leiter, 2016), Oldenburg Burnout Inventory (Demerouti and Bakker, 2008) or the Copenhagen Burnout Inventory (Kristensen et al., 2005). It may be beneficial for future researchers in this field to apply a mixed method approach to further explore burnout and to provide a comprehensive view of occupational therapists' experiences of stress and burnout in a variety of settings.

Another observed limitation relates to the study context and the study participants. Due to the study occurring during the COVID-19 global pandemic, the focus groups were held via a secure online platform. Therefore, the opportunity to incorporate occupational therapists from different parts of South Africa rather than only the province of Gauteng was presented, however overlooked by the authors. Furthermore, the study sample was aligned with the demographic profile of occupational therapists working in South Africa (Ned et al., 2020), however the authors failed to recruit male participants, presenting a limitation. Therefore, the incorporation of occupational therapists from all nine South African provinces and the inclusion of male participants may provide richer data for future researchers.

Conclusion

The research study has added to the limited evidence base of how occupational therapists experience and respond to stress and symptoms of burnout when working in the field of mental healthcare by using a qualitative methodology. This article presents the findings of the first theme of the study which answered the research objective to explore and describe the stress and burnout experiences of occupational therapists working in mental healthcare settings in Gauteng, South Africa. The findings present how occupational therapists describe the provision of services in this field as personally impacting their psychological functioning related to their experience of emotional, interpersonal and intrapersonal difficulties. Overall, the research study highlights how providing treatment in this field can be emotionally burdensome for occupational therapists and can have far-reaching impacts on their relationships with loved ones, peers and colleagues and the development of feelings of failure when evaluating their professional abilities.

Key findings for occupational therapy:

- The study highlights on how occupational therapists, working in the field of mental healthcare in South Africa, describe their experience of stress and symptoms of burnout. The study, therefore, contributes to the improved awareness of such experiences amongst occupational therapists in this field, their clinical teams and their management.

What the study has added

- The study provides additional insight into, and increased awareness of, the experiences of occupational therapists working in the field of mental healthcare, highlighting their experiences of stress and burnout and their knock-on effects on the personal and psychological functioning of the therapists.

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