

Challenging Effects of Work Overload on Mental Health Practitioners in Nigeria's Psychiatric Hospitals

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Abstract

This study examined work overload among mental health practitioners, the challenging circumstances and unique effects of these experiences on practitioners in mental health settings, as well as ways of reducing these devastating and discomfoting situations to enable a conducive atmosphere for practitioners and their patients. The study created a comprehensive understanding of the practitioners' experiences, using a phenomenological design on 28 participants from three mental health settings in Nigeria. Data was transcribed word for word, analyzed, and then displayed using a matrix, quotations, and causal networks. Findings from the study indicated that work overload was in the form of numerous patients and prescriptions, long working hours, talking a lot with patients, and long periods of standing/sitting. Consequently, practitioners experienced diagnostic & prescription errors, failure to get rest/lunch breaks, illness conditions, aggression, fatigue, mental pressure, reduced concentration and brain function, inadequate performance and constant feelings of dissatisfaction and poor wellbeing. Work overload leads to discomfoting experiences that are capable of causing stress and affecting the practitioners' ability to handle their patients and other duties. Nevertheless, situations of excessive workload in psychiatric hospitals could be minimized by training the practitioners to have a positive mindset, encouraging teamwork, taking time to relax and lunch, and using a reliable duty roster. Also, more practitioners should be recruited, and adequate attention should be given to mental health hospitals, such as funding, establishing more facilities, and improving service conditions to enable practitioners to perform adequately.

Keywords: mental health practitioners; work overload, unique effects, discomfoting experiences, psychiatric hospitals

Introduction

One of the disturbing challenges in psychiatric hospitals is work overload (Clementino et al.,

2018). Practitioners in this setting handle different duties apart from providing treatment and care to patients who are sometimes highly agitated and difficult to calm (Freeman et al., 2022). They experience much work, which sometimes leads to discomforting situations that affect service delivery in their practice environment (Etim et al., 2017; Souza et al., 2015). Mental health practitioners working in these environments face a lot of work stemming from the nature of the environment they practice, which encompasses the type of patients they handle and the services they require in an environment that is characterized by emergencies and fear (Widar et al., 2021; Yao et al., 2023).

However, this work environment receives little or no attention from the government due to the low importance attached to this area of medicine. Given that, upcoming practitioner refuse to specialize in psychiatry due to their own experiences during internship at the psychiatric hospitals. Moreover, the fewer facilities and staff, unequal practitioner-patient ratio, and overcrowded environment result in work overload, affecting the practitioners' ability to adequately perform their duties (Alves et al., 2018; Van Assche et al., 2022). In addition, there is a high patient influx to these facilities due to an increase in mental illness resulting from substance abuse, accidents, biological factors, poverty, and conflicts within and around communities. Therefore, the overcrowded nature of psychiatric hospitals means that there is much work for the few practitioners working in such environments (Alves et al., 2018). Hence, there is a need to address work overload issues in psychiatric hospitals.

Global Experience of Work Overload

Globally, work overload is a disturbing issue in the mental health setting characterized by burnout, secondary traumatic stress, and turnover intention, resulting in feelings of dissatisfaction and inability to perform (Aminihajibashi et al., 2024). Mainly, work overload and relationships with patients are the psychiatric work environment factors that affect mental health practitioners, thereby resulting in burnout and affecting service delivery in the mental health setting in Ireland (O'Connor et al., 2018). In Sweden, a heavy workload in the mental health setting results from being responsible for everything, getting everything to work according to plan and monitoring the unit service structure. Insufficient knowledge to fulfil given responsibilities regarding unfamiliar issues and attending to patients and other demanding work tasks leads to task conflicts. Thus, the practitioners experience challenging work tasks and difficulty handling their patients and face heavy workloads that increase quantitatively and qualitatively, leading to stress crises in their practice environment (Widar et al., 2021). Similarly, the demand for leadership and other duties in the psychiatric work environment results in a heavy workload. That being so, practitioners revealed that leading with feelings of responsibility entails handling the patients adequately and other tasks in the psychiatric hospital. However, this is challenging and demonstrates that practitioners experience heavy workloads in Sweden (Sundberg et al., 2022).

Moreover, knowledge of staff, direct exhortations and careful descriptions of how to perform duties in psychiatric hospitals seem troublesome to practitioners. In the same way, attending to complex needs of care places high demands on nurse practitioners since they sometimes lack knowledge and need support in handling their patients. Consequently, their exposure to challenging and complex tasks during patient care negatively affects their work. Also, they are constrained by time due to a large patient load and, as such, cannot meet patients' needs, resulting in a large backlog to deal with (Sundberg et al., 2022). Furthermore, Mental health nurses' experience of heavy workloads in the mental health setting leads to stress, anxiety, depression, job dissatisfaction and reduced organizational loyalty, and affects patient treatment and care in Taiwan (Hsieh et al., 2021). Additionally, issues of burnout and inadequate rest to recover and restore balance in the Canadian mental health setting resulted from work overload experience (Maslach & Leiter, 2016).

In the developing world, larger number of patients and long working hours have been identified as indicators of work overload, resulting in medical disturbances among mental health practitioners in China. However, it is necessary to reduce work overload and medical disturbances to optimize healthcare resources and practitioner-patient relationships (Luo et al., 2021).

Accordingly, work overload leads to stress in the work setting (Fortes et al., 2020) and is associated with burnout, which leads to leaving for another job. However, in Kenya, improving social support and performance reduces the challenges of work overload (Ndetel et al., 2008). Besides, increased workload is due to inadequate staff, increased time and frequency of duty, shortage of resources and equipment and, resulting in stress and burnout among mental health nurses in West Africa (Awosika & Adeniyi, 2023). Many mental health practitioners in Namibia at one time considered leaving the profession because they felt overworked, fatigued, experienced forgetfulness, insomnia, anxiety, depression, loss of appetite and mood swings and frequent illness conditions; as such, they did not enjoy their job anymore, which resulted to poor quality of patient care and high burnout (Lukolo et al., 2021).

Particular experiences in Nigeria show that work overload is a primary issue militating against adequate service delivery in the mental health setting and has been identified as a psychosocial hazard in Nigeria's mental health settings (Okefor & Alamina, 2018). Work overload among health practitioners in Benin City arises from inadequate staffing and a heavy workload. Consequently, excess workload results in stress and affects the timely response to health challenges, emergencies, and practitioners' ability to function. Therefore, work overload leads to poor quality of service delivery in the health setting. Nevertheless, the study recommended recruiting more health practitioners and supervising interns/resident health practitioners to reduce work overload on the existing health practitioners (Enabunene & Chukwuemeka, 2024).

Similarly, health practitioners in Cross River identified work overload as a major factor leading to stress and inadequate health service delivery to patients. The practitioners' experiences with excess workload lead to dissatisfaction, uncomfortable feelings, and an inability to work beyond their strength and the resources provided (Etim et al., 2017). Furthermore, the prevalence of work overload in healthcare settings stands at 67.72 % in Nigeria (Onigbogi & Banerjee, 2019). Work overload triggers psychological distress due to a shortage of health practitioners and inadequate resources in the health setting (Bello et al., 2019) and negatively influences the functional ability of health practitioners (Chinwuba, 2022). In addition, work overload in psychiatric hospitals includes inadequate staff strength and excess workload, resulting in hazards, long working hours, body pain, stress and other psychological problems. Therefore, recruiting more mental health practitioners was recommended to reduce work overload in the mental health setting (Umoh & Iwok, 2021).

Causes and Effects of Work Overload

An exploration of psychiatric nurses' work environment in Korea found work overload as a disturbing experience that includes a lack of direct care time and much administrative and paperwork. Thus, heavy workloads due to inadequate staff, lack of nurse competency, lack of support systems for development, and irrational duty assignments lead to stress (Kim, 2015). Accordingly, a higher caseload indicates lower care quality or inadequate patient care, leading to higher levels of job stress among mental health practitioners (Fukui et al., 2021). Work overload indicators such as intensive workload (frequency of what needs to be done, patient care, writing physician's letters), time pressure (insufficient time to finish tasks), documentation, high sense of responsibility towards patients and colleagues, especially during complex procedures, unclear responsibility, processing of several tasks simultaneously, inadequate social support, lack of staff to handle severe cases of patients can result in the burden of too much work for health practitioners (Worringer et al., 2020). Additionally, work overload results in dissatisfaction among mental health practitioners, leading to fatigue and Stress (Oliveira et al., 2019). The major causes of work overload are the absence of team members, insufficient human material and economic resources, relationship problems and difficulty in teamwork, leading to practitioners' inability to function adequately. Nevertheless, improving their working conditions reduces the impact of excess workload (Pascoal et al., 2021).

Theory of Work Overload

The demand-resources-support model by Karasek (1979) focuses on developing workers' welfare by referring to the relationship between the demands faced in the job and workers' sense of

having control. The model indicated that high demands while lacking control engender work overload and its associated negative psychosomatic consequences. The demand-resources-support model assumes that employees' negative impacts result from a huge work overload and a low sense of control arising from insufficient competencies and a lack of decision-making ability. Therefore, the negative implications of high demands and little or no control affect the worker's physical and mental health (Karasek 1979). Hence, work overload results from the excessive workload and inadequacies that the practitioners cannot handle; such experiences as large patient load, shortage of staff, and facilities in the mental health setting lead to stress, poor functioning and dissatisfaction among mental health practitioners.

Nevertheless, the demand-resource-support model was postulated merely on the general male working population in Sweden and the USA. This model was conclusive in its outcomes, yet the work overload experience in the African and Nigerian contexts would differ given that every setting, specifically the mental health hospital, has unique experiences. Given that this model did not provide contextual explanations, it prompted the need for this study.

Research Question

1. How does work overload influence mental health practitioners in psychiatric hospitals in Nigeria?

Methods

This study utilized a phenomenological research design and purposively sampled 28 participants (doctors, nurses, pharmacists, psychologists, social workers, and occupational therapists) who undertook an in-depth interview regarding their experiences in their practice environment. These were mental health practitioners who have interacted with the patients and who have treated and cared for the mentally ill patients in psychiatric hospitals in Nigeria.

Interviews were conducted using an interview guide (with the following sample questions: Please tell me how work overload occurs in the mental health setting. How do you encounter work overload in this setting? Kindly share with me a scenario where work overload influenced you in this setting?) and an audio recorder. The authors carefully listened to these audios and transcribed word for word to ensure accuracy in the data-gathering process. Case and content analysis, data display methods, problem/cause and solution methods, direct quotations, and thematic analysis were done using the ideas of Braun and Clarke (2006). We familiarized ourselves with the data, generated initial codes, searched for themes, reviewed themes, defined and named themes, and produced reports. Additionally, we used data display methods, such as quotation, matrix and causal network (Miles & Huberman, 1994), in this work.

The study obtained ethical approval from the data collection locations with reference numbers PH/A.864/Vol.XVII/133 for Benin, FNPH/HTR/REA/VOL.11/482 for Enugu, and FNPH/122020/REC062 for Maiduguri federal neuropsychiatric hospitals. We informed participants of the study's purpose, and participation was voluntary; thus, they had the right to refuse participation at any interview point. Participants then consented before the commencement of the in-depth interviews and were assured of confidentiality such as codifying information about practitioners and making their transcriptions unidentifiable. Moreover, there was no conflict of roles between the participants and the researchers.

Result

Work overload and its impact on mental health practitioners in Nigeria's psychiatric hospitals was examined based on practitioners' lived experiences in these settings. These experiences were constructed around a large number of patients, lots of prescriptions, long working hours, long periods of standing and sitting and talking a lot with patients. The results of work overload effects on mental health practitioners are in Table 1 and Figure 1.

Table 1: A Matrix Showing how Work Overload Influences Mental Health Practitioners

Latent Variables	Experiences /Challenges	Causes	Outcomes/ Effects	Coping strategies	Proposed solutions	Responsible actors
Work Overload	<ol style="list-style-type: none"> 1. Large number of patients 2. Lots of prescription 3. Long working hours 4. Talking a lot with patients 5. Long periods of standing and sitting 	<ul style="list-style-type: none"> • Fewer mental health facilities • Inadequate mental health practitioners • Inadequate task allocation • Degree of patients' problem/challenges • Inadequate equipment 	<ul style="list-style-type: none"> • Diagnostic & Prescription errors • Failure to get breaks rest/lunch • Illness condition • Aggression • Fatigue • Mental pressure • Dissatisfaction • reduced concentration • reduced brain function • inadequate performance 	<ul style="list-style-type: none"> • Team work • Taking off time to relax • Use of duty rosters 	<ul style="list-style-type: none"> • Allocate adequate funding to psychiatric hospitals • Make treatment plan • construct more federal mental health facilities • Develop organized assessment, counselling and dispensing roster • Recruit practitioners to meet practitioners - patient ratio 	<ul style="list-style-type: none"> • Government • Mental health practitioners • Management

As demonstrated in Table 1, large number of patients is due to fewer mental health facilities and practitioners and the degree of patients' ill health. Consequently, practitioners fail to get rest and launch breaks; they experience fatigue, stress, and headaches and commit diagnostic and prescription errors, which reduce performance and functioning, affecting their wellbeing. Nevertheless, participants suggested that the government should give more attention to psychiatric hospitals by constructing more federal mental health facilities to reduce congestion and improve patient care. In addition, the management should recruit more mental health practitioners to improve the practitioners/patient ratio and reduce errors in patient treatment/care. In the same way, practitioners should always make treatment plans to enable them to achieve their daily goals. Below are some of the narratives illustrating the experiences of two mental health practitioners:

We have many patients coming into the hospital, and it can be exhausting for us as pharmacists. We attend to a lot of prescriptions and have no time to rest. We get to stand for long hours when we are dispensing drugs. So, physical pressure influences stress on us. Many patients wait longer than their waiting times, so many of them complain while we bear all the burden. We don't have enough staff to attend to that backlog, so we can only delay and maybe expedite our action. Our error margin tends to increase, and we often explain to them that there is a lot on the ground, so they should bear with us and give us a little time. I get tired a lot, and this is emotionally & physically draining. **(PhM25B01)**

Another mental health practitioner from a different profession and hospital narrated a similar experience as follows;

we are few, especially the doctors. Sometimes, you have to see 100 patients in a day, and psychiatry is not like other areas of medicine; this speciality requires knowing everything about the patient within the stipulated time, from 9 am to 2 pm). We have too many patients because this is the only federal psychiatric hospital in this region where other states also bring their patients for care. So, to care for this patient and do other duties during the day is very difficult and very demanding, and that is why working here is not easy because of the number of patients and lack of psychiatrists working in this hospital. **(DM33M04)**

From Table 1 above, lots of prescriptions is due to a shortage of mental health practitioners and inadequate task allocation in the mental health setting. As a result, practitioners fail to get rest/launch breaks, experience mental pressure, headaches, lack of concentration and commit prescription errors, thus affecting their performance and wellbeing. Nonetheless, the participants suggested that pharmacists develop organized assessment, counselling and dispensing rosters to ensure proper allocation and discharge their duties accordingly. The management should also recruit more practitioners, specifically pharmacists who handle prescriptions, to have an ideal practitioner/patient ratio to improve service delivery and patient care. Below are some of the narratives illustrating the experiences of two mental health practitioners:

With lots of prescriptions here, you are bound to commit errors because you might be given a prescription with three drugs. The pharmacists dispense fast to move ahead and might mix it twice or do the same drug duplication. To avoid problems, I label the envelopes before putting in the drugs. One time, I was dispensing, and I interchanged the drugs in the envelopes; as I was giving the patient, I saw that the name and the drug inside were different. Then I realized I didn't label the drug, so I swapped the drugs quickly to their right envelopes. When you have many patients, you tend to make errors. It happens because of mental stress. **(PhM31M01)**

Another mental health practitioner from the same profession and hospital narrated a similar experience as follows;

Another challenge that might translate to not discharging my duty well is when we have a lot of patients after salah (public holiday); the patient load was much, so the goal was to dispense and go; we just wanted to clear the patients in the shortest time possible. So, I didn't pay attention, which is not good. One of the reasons for that is that there were not many of us, but if we had more hands, the patient load wouldn't be anything. The major problem was we didn't have enough hands to handle the patients, and I rushed because I was tired. **(PhF31M02)**

As shown in Table 1, long working hours is due to a shortage of mental health practitioners, inadequate task allocation, lack of equipment, and the degree of patients' problems/challenges. Consequently, practitioners fail to get rest/launch breaks, become fatigued, experience mental pressure, illness conditions (such as back, shoulder and leg pain, headaches, high blood pressure and heart attacks), they experience reduced concentration, functioning and live in a constant state of dissatisfaction hence, affecting their mental and physical health. Because of that, participants suggested that the government should construct more federal mental health facilities to be able to take care of the increasing number of mental health cases. Also, the management should recruit more practitioners (making an ideal practitioner/patient ratio) to handle the large patient load and reduce the long working hours in psychiatric hospitals. In the same way, practitioners should always make a treatment /care plan to improve adequate patient treatment/care. Below are some of the narratives illustrating the experiences of two mental health practitioners:

When dealing with psychiatric patients, to educate them on how things are going and make an assessment, you must take a longer period to explain things to them. Many patients typically come to seek treatment, and because we have a low workforce and the number of patients that have been coming is too much for me, I cannot handle them. I am fatigued, tired, exhausted, and hungry and do not have time to eat. Since I came, I have been working all this time with 12 patients, and this demand honestly affects me seriously, which is why it has given me much headaches concerning my work. **(SM39M08)**

Another mental health practitioner from a different profession and hospital narrated a similar experience as follows;

Sometimes, I work from morning till 7 pm and am supposed to go home by 4 pm. So, we take time to complete the work and prepare patients' reports. What we are paid is not commensurate with what we are putting in. I am supposed to be doing other things to make ends meet, but my family suffers because I won't be able to do that. So this is a huge problem, a terrible negative influence. Most of the time, I get down with arthritis, pains in the hip, kneel and shoulder, and stress that can raise someone's blood pressure; even some older people come down with a stroke. **(OM41E04)**

As presented in Table 1, talking a lot with patients is due to the degree of patients' problems/challenges, shortage of mental health practitioners and inadequate task allocation. As a result, practitioners fail to get rest/launch breaks, experience fatigue, mental pressure, headaches, poor concentration and performance, and constantly feel dissatisfied, hence affecting their health. Concerning this, the participants suggested that the management should recruit more practitioners (make an ideal practitioners/patient ratio) to reduce the heavy workload and talking that a few mental health practitioners encounter and improve performance in these settings. Below are some of the narratives illustrating the experiences of two mental health practitioners:

Patients come in with their challenges and make you talk a lot to the extent of having headaches. You need to talk and counsel a lot; that stress of talking at length gives me a migraine headache. When you talk too much, you need to take a little time out of your schedule to relax; some duties do give me negative stress that can even make my blood pressure rise. Most of the jobs we handle are very stressful to us. **(SM46B03)**

Another mental health practitioner from a different profession and hospital narrated a similar experience as follows;

In attending to one person, it takes a lot of time to get the person to understand. At the pharmacy, counselling is given as regards the drug the person is taking, and by the time you are finishing for the day your head is aching because you have talked so much. **(PhF50E05)**

As illustrated in Table 1, long periods of standing/sitting is due to the degree of patient's problem/challenge and inadequate mental health practitioners. In consequence, practitioners fail to have lunch and rest breaks and experience illness conditions (such as leg, neck, and back pain, headaches, collapsing and heart attacks), fatigue, stress, reduced motivation, and constant feelings of dissatisfaction, thus affecting their ability to function appropriately. That being so, practitioners suggested that the management recruit more mental health practitioners to make an ideal practitioner/patient ratio and reduce excessive workload and long-standing/sitting periods to improve functioning in the mental health setting. Below are some of the narratives illustrating the experiences of two mental health practitioners:

When a patient is brought in and is not mentally stable, we have to make sure that the patient does not harm self and others. By so doing, you are almost run down at the end of the shift because that patient would have taken a lot of energy and concentration from you. Having more than two cases of violent patients demands extra strength and manpower to put this patient down and sedate. In attending to this patient, you are stressing yourself because you will stand for a long time. **(NF49B04)**

Another mental health practitioner from a different profession but in the same hospital narrated a similar experience as follows;

In psychotherapy sessions, we usually envisage one hour. So we sit for long hours listening to patients and trying to figure out what will work for this patient. Sometimes, you have to sit for hours and even exceed the actual time, and that may not be the only client you have to see that day. So, for that delicate patient who has suicidal tendencies, you need to make sure those thoughts or attempts are taken care of so he doesn't go back worse than he met you. Most of the time, you end up with headaches, memory loss, fatigue and just like that, you are already burned out. We have colleagues who work in the emergency unit; whenever they have their ward round, they must stand because of those persons under observation, which the doctors also need to assess. So, every health worker working with the team must stand until they are done assessing that patient, which is stressful. (PsF37B08)

The circumstances above are discomfoting and bring about frustration, reduced concentration and functioning, as illustrated in Figure 1

Figure 1: Causal Networks Showing how Work Overload Influences Mental Health Practitioners in Nigeria

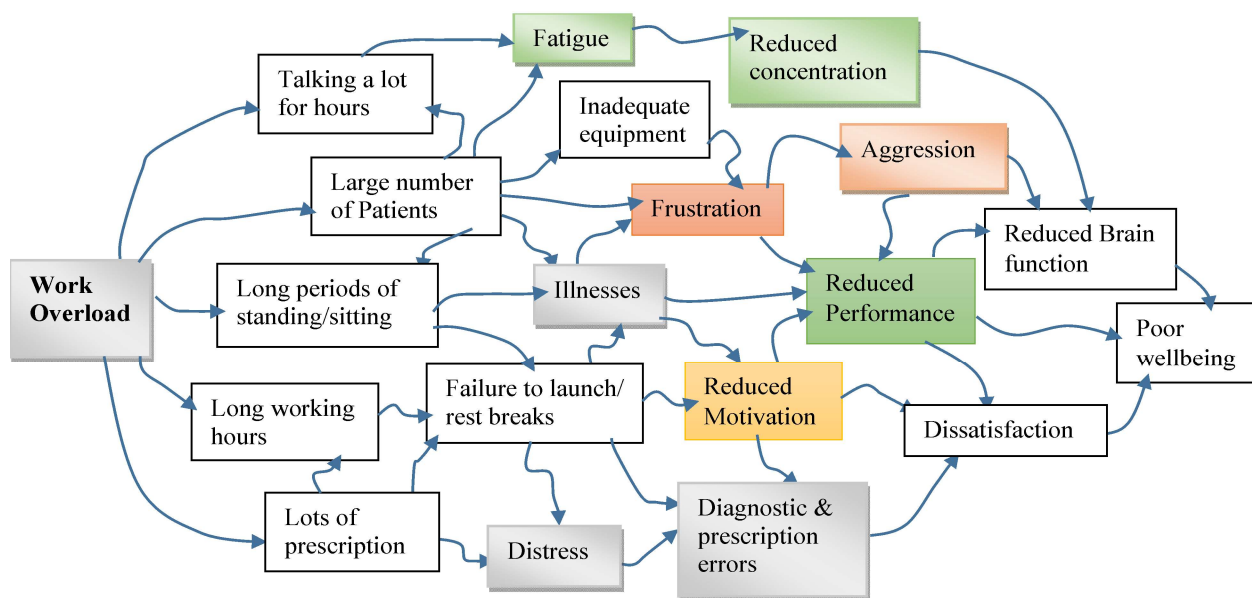


Figure 1 illustrates how work overload (see details in Table 1) can affect mental health practitioners.

(Source: The researcher's result)

Considering the figure above, mental health practitioners are exposed to work overload challenges, such as having a large number of patients, lots of prescriptions, long working hours, talking a lot with patients, and long periods of standing and sitting. These result from fewer mental health facilities, inadequate mental health practitioners, inadequate task allocation, a degree of patients' problems/challenges, and inadequate equipment, which indicates that practitioners face issues of work overload in their day-to-day tasks. These unfavourable situations in the mental health settings lead to diagnostic & prescription errors, failure to get rest/lunch breaks, illness condition, aggression, frustration, fatigue, distress, lack of concentration, constant feelings of dissatisfaction and poor wellbeing; and in turn, this makes the practitioners unproductive in their duties.

Discussion

Work overload influenced mental health practitioners in so many ways, thereby causing devastating effects on their performance and wellbeing. Mainly, practitioners in the mental health setting encountered a large number of patients in a facility with inadequate equipment.

As a result, practitioners were exposed to long periods of standing, fatigue, illness conditions (such as neck, back, and leg pain, headaches, high blood pressure, and collapsing), constant feelings of frustration, and aggression, leading to reduced brain function, performance and motivation, distress, diagnostic and prescription errors, and dissatisfaction thus, affecting their general wellbeing. This result is in line with the studies of Umoh and Iwok (2021), which state that excess workload results in illnesses such as back, neck, and body pain, stress, high blood pressure, and other psychological problems. A similar experience indicated that an excess workload leads to dissatisfaction and an inability to work more (Etim et al., 2017). Consistent with Bello et al. (2019), work overload triggers psychological distress due to a shortage of health practitioners and inadequate resources in the health setting.

Furthermore, some practitioners who encountered lots of prescriptions took long hours to complete their tasks in the mental health setting. These practitioners failed to get lunch and rest breaks; as such, they experienced illness conditions, became distressed, lacked the motivation to perform their duties, committed diagnostic and prescription errors, and lived in constant feelings of dissatisfaction, which affected their general wellbeing. Consequently, these practitioners could not function adequately in their duties. This finding agrees with those of Lukolo et al. (2021) that work overload leads to frequent illnesses, resulting in poor patient care and burnout. In addition, a heavy workload results in stress and job dissatisfaction and affects service delivery in mental health settings (Hsieh et al., 2021).

Moreover, many practitioners who experienced long working hours in the psychiatric hospitals failed to take lunch and rest breaks, and this resulted in headaches, distress, lack of motivation, and reduced functioning in the psychiatric hospital. The study findings are consistent with those of Chinwuba (2022), who stated that work overload affects functioning among health practitioners. Similarly, work overload results in long work hours in psychiatric hospitals (Umoh & Iwok, 2021) and increased workload increases time and results in stress among mental health practitioners (Awosika & Adeniyi, 2023).

In addition, mental health practitioners who experienced the act of talking a lot with patients faced issues of fatigue, headaches, reduced brain function and lack of concentration to function. As a result, they could not handle their patients adequately, affecting their general wellbeing. This finding aligns with Pascoal et al. (2021), who reported that the inability to function adequately in the mental health setting is due to work overload. Similarly, work overload resulted in uncomfortable feelings and an inability to work more than their strength (Etim et al., 2017). Consistent with the findings, heavy workload leads to tiredness and Stress (Oliveira et al., 2019).

In addition, many practitioners experienced long periods of standing/sitting while giving care to their patients in the psychiatric hospital. Consequently, these practitioners failed to take rest and lunch breaks, were fatigued and exposed to illness conditions (such as leg, neck, shoulder, hip, and back pain, headaches, collapsing, high blood pressure, and heart attack). These devastating experiences resulted in a lack of motivation, poor performance, and constant dissatisfaction, affecting patient treatment and care. The findings of this study agree with those of Fukui et al. (2021), who state that higher caseloads lead to poor patient care. Similarly, being overworked is associated with fatigue and illness (Lukolo et al., 2021).

This study's result is also in line with the demand-resources-support model, which indicates that high demands of work with a lack of control results in work overload and its associated negative psychosomatic consequences (Karasek 1979, in Basi inska-Zych & Springer, 2017). The researchers, therefore, concluded that work overload causes a great deal of discomfort that affects the mental health practitioners' functioning and wellbeing.

Practical Implications

This study showed that mental health practitioners who are responsible for helping mental health patients face work overload as they encounter large numbers of patients, follow lots of prescriptions, have long working hours, talk a lot with patients, and have long periods of standing/sitting as they attend to their patients in the psychiatric hospital. The study reveals that practitioners are constantly exhausted, frustrated and dissatisfied in their day-to-day tasks

in the mental health setting. Consequently, our findings specified that establishing more mental health facilities with adequate funding to maintain its functionality, recruiting personnel with specialized mental health training and a positive mindset, and making reliable treatment and care plans with teamwork will reduce work overload and illness conditions in psychiatric hospitals.

These findings are original and contribute to the literature on work overload as experienced by practitioners in mental health settings, providing insight that can inform policies and practices for improving the practitioners' ability to function adequately. Besides, these study findings have theoretical and practical implications for the health and wellbeing of practitioners.

Limitation

This study used the phenomenological design, which offers rich and detailed information on the human experience with results emerging from the data. Nonetheless, it is based on the subjects' articulateness and requires the researcher's interpretation, which is time-consuming and tasking. Besides, the qualitative sample for this study consisted of mental health practitioners who only work in federal neuropsychiatric hospitals. As such, because qualitative samples are smaller, findings from the study may not represent the experiences of other mental health practitioners working in general medicine settings.

Future research

Future research should explore more on the underlying issues associated with work overload and its effects on practitioners in mental health settings using focus group discussions.

It would be of great interest to examine the impact of work overload on mental health practitioners using a mixed-method design.

Future researchers should explore and enrich more on the extent of work overload's effect on mental health practitioners' wellbeing using a longitudinal approach.

Conclusions/recommendations

This study revealed that mental health practitioners experience work overload as they discharge their duties in psychiatric hospitals. The excessive workload encounters are devastating and frustrating, affecting their general performance and wellbeing. The study's supporting literature showed that practitioners face heavy workloads in various forms, specifying that too much workload is tasking, distressful and discomforting. However, these can be reduced if psychiatric hospitals are given adequate attention by the government, management, and practitioners, who can ensure an encouraging atmosphere for the practitioners and their patients. Given the large number of patients and long working hours, the government and the management should recruit more practitioners in psychiatric hospitals to ensure an ideal practitioner-patient ratio and better conditions of service that will reduce illness conditions and encourage performance that will enhance the overall wellbeing of practitioners in the mental health setting.

Furthermore, due to work overload in the psychiatric hospitals, the practitioners should make reliable treatment/care plans and develop organized assessments, counselling and dispensing rosters to improve motivation and performance and minimize the associated stress experienced in this setting. In addition, encouraging lunch and rest breaks, teamwork, and a positive mindset will change the perspective that a heavy workload in the mental health setting is normal. That will reduce the distressful work overload of practitioners, increase energy, improve practitioner relationships and concentration, and function appropriately in these settings.

Compliance with Ethical Standards

All procedures involving human participants were in accordance with the ethical standards of federal neuro-psychiatric hospitals and with the 1964 Helsinki Declaration and its later amendments or comparable ethical standards.

Informed Consent

Informed consent was obtained from all the individual participants included in the study.

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