Original Research

Lived Experiences of Burnout Among Mental Health Nurses: A Qualitative Study in an Indonesian Psychiatric Hospital

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Abstract

Burnout remains a major occupational challenge among mental health nurses due to continuous exposure to patients with severe mental illness, emotionally demanding therapeutic relationships, workforce shortages, and complex psychiatric care environments. Although burnout has been widely investigated quantitatively, limited evidence has explored the lived experiences of mental health nurses in Indonesia. This study aimed to explore nurses' experiences of burnout and the coping strategies they used to maintain their professional roles. A qualitative exploratory study was conducted in a provincial psychiatric hospital in Indonesia. Participants were registered mental health nurses with at least one year of clinical experience who had experienced occupational burnout. Purposive sampling was used to recruit participants. Data were collected through semi-structured in-depth interviews and focus group discussions and analyzed using thematic analysis. Trustworthiness was established through member checking, source triangulation, audit trails, and researcher reflexivity. Four major themes emerged: (1) emotional exhaustion caused by prolonged exposure to psychiatric care demands; (2) organizational factors contributing to burnout, including heavy workloads, rotating shifts, and inadequate staffing; (3) psychological and professional consequences affecting nurses' well-being and quality of care; and (4) adaptive coping strategies, including peer and family support, spirituality, emotional regulation, and professional commitment. Participants described burnout as a gradual process that challenged their emotional resilience while strengthening their professional identity through effective coping mechanisms. Burnout among mental health nurses is a multidimensional phenomenon influenced by organizational, interpersonal, and individual factors. Strengthening psychological support, ensuring adequate staffing, promoting supportive leadership, and implementing resilience-building programs are essential to improve nurses' well-being and sustain high-quality psychiatric nursing care.

Keywords: Burnout; Mental health nursing; Psychiatric hospital; Lived experience; Coping strategies; Qualitative research; Indonesia

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INTRODUCTION

Burnout among nurses has become a major occupational health concern worldwide because it adversely affects healthcare workers' well-being, quality of care, patient safety, and the sustainability of healthcare organizations (Getie et al., 2025) The World Health Organization recognizes burnout as an occupational phenomenon resulting from chronic workplace stress that has not been successfully managed. In nursing, burnout is commonly conceptualized as a multidimensional syndrome consisting of **emotional exhaustion**, **depersonalization**, and **reduced personal accomplishment**, reflecting emotional depletion, psychological distancing from patients, and diminished professional efficacy (Maslach & Jackson; Getie et al., 2025; Li et al., 2024).

Nursing is consistently identified as one of the professions at highest risk of burnout because nurses are exposed to demanding workloads, prolonged emotional strain, shift work, and continuous interpersonal interactions with patients and their families (Woo et al., 2020; Łopatkiewicz et al., 2023; Mingazova et al., 2025). These occupational demands are even greater in psychiatric settings, where nurses routinely care for patients with severe mental disorders, unpredictable behaviors, communication difficulties, and episodes of verbal or physical aggression. Such conditions require sustained emotional regulation and therapeutic engagement, making psychiatric nurses particularly vulnerable to chronic occupational stress and burnout (Łopatkiewicz et al., 2023; Tomaszewska et al., 2023).

Globally, burnout among nurses remains highly prevalent, although reported estimates vary according to study design, measurement instruments, healthcare settings, and geographic regions (Getie et al., 2025; Ge et al., 2023; Woo et al., 2020). A recent systematic review and meta-analysis estimated that approximately one-third of nurses experience high emotional exhaustion and reduced personal accomplishment, while nearly one-quarter report high depersonalization (Getie et al., 2025). Similar findings have been reported among psychiatric nurses. A meta-analysis focusing on mental health nurses estimated the prevalence of high emotional exhaustion at 25%, depersonalization at 15%, and reduced personal accomplishment at 22% (López-López et al., 2019). Nevertheless, studies conducted in psychiatric hospitals across different countries reveal considerable heterogeneity, with burnout ranging from relatively low levels in some institutions to moderate or severe levels in others, suggesting that contextual and organizational factors substantially influence burnout experiences (Łopatkiewicz et al., 2023; Tang et al., 2023; Tununu & Martin, 2020).

Current evidence indicates that burnout is a multifactorial phenomenon arising from interactions between individual characteristics and organizational conditions. Frequently reported risk factors include excessive workload, job stress, role conflict, inadequate staffing, poor working environments, low social support, limited organizational support, and low job satisfaction (Getie et al., 2025; López-López et al., 2019; Pacheco et al., 2023). Among psychiatric nurses, organizational support and psychological capital have consistently been identified as protective factors associated with lower burnout levels, emphasizing the importance of institutional resources in promoting occupational well-being (Tang et al., 2023).

The consequences of burnout extend beyond individual nurses and have important implications for healthcare systems. Burnout has been consistently associated with increased medical errors, reduced patient safety, poorer quality of care, decreased patient satisfaction, lower organizational commitment, absenteeism, turnover intention, and workforce shortages (Glarcher et al., 2025; Jun et al., 2021; Li et al., 2024). Consequently, burnout is increasingly recognized as an organizational and system-level challenge rather than merely an individual psychological problem.

Despite the growing body of international evidence, research on burnout among psychiatric nurses in Indonesia remains limited, particularly in Eastern Indonesia where healthcare resources and organizational contexts differ substantially from those reported in high-income countries. Existing Indonesian studies

have predominantly employed quantitative approaches to estimate burnout prevalence, while relatively little is known about how psychiatric nurses themselves perceive, experience, and manage burnout within their daily clinical practice. This limited understanding constrains the development of contextually appropriate interventions aimed at promoting nurses' well-being and improving mental health services.

Preliminary findings from Rumah Sakit Khusus Daerah (RSKD) Ambon demonstrate a distinctive burnout profile. Most psychiatric nurses reported low emotional exhaustion (75% low and 25% moderate) and uniformly low depersonalization, whereas reduced personal accomplishment emerged as the most prominent burnout dimension. This pattern differs from many international reports in which emotional exhaustion is typically the dominant component of burnout, although it remains consistent with evidence indicating that diminished personal accomplishment may persist even when other burnout dimensions are relatively low (Getie et al., 2025; López-López et al., 2019).

Given these findings, exploring psychiatric nurses' experiences of burnout in RSKD Ambon is warranted to better understand how burnout is perceived, experienced, and managed within this unique organizational and cultural context. A qualitative exploration may reveal contextual protective factors, including adaptive coping strategies, supportive interpersonal relationships, and organizational practices, that help explain the relatively low levels of emotional exhaustion and depersonalization observed in this setting. Such evidence can contribute to the development of culturally relevant interventions and organizational policies aimed at maintaining nurses' psychological well-being while ensuring high-quality psychiatric care.

RESEARCH METHOD

Study Design

This study employed an exploratory qualitative design to explore the lived experiences of burnout among mental health nurses working in a psychiatric hospital. The qualitative phase was conducted following an explanatory sequential mixed-methods approach, in which nurses identified with moderate-to-high burnout using the Maslach Burnout Inventory (MBI) were purposively selected for qualitative interviews.

Study Setting And Participants

The study was conducted at Ambon Regional Psychiatric Hospital, Maluku Province, Indonesia. Participants were registered mental health nurses with at least one year of clinical experience who had experienced burnout and were willing to participate. Purposive sampling was used to recruit participants from the acute, subacute, and rehabilitation wards until data saturation was achieved

Data Collection

Data were collected between July and August, 2025 through semi-structured in-depth individual interviews followed by focus group discussions (FGDs). An interview guide was developed based on the study objectives, findings from the quantitative phase, and relevant literature on occupational burnout among mental health nurses. The interviews explored participants' experiences of burnout, perceived contributing factors, the impact of burnout on psychological well-being and professional practice, coping strategies, and perceptions of organizational support. Each interview lasted approximately 45–60 minutes, while FGDs lasted 60–90 minutes. All sessions were conducted in a private setting, audio-recorded with participants' written consent, transcribed verbatim, and supplemented with field notes documenting contextual observations and researchers' reflections.

Data Analysis

The qualitative data were analyzed using thematic analysis guided by the interactive model of Miles, Huberman, and Saldaña. Analysis began immediately after the first interview and proceeded concurrently with data collection. Researchers repeatedly read the transcripts to achieve immersion in the data before conducting open coding to identify meaningful units. Similar codes were grouped into categories and subsequently synthesized into broader themes and subthemes that represented participants' experiences. Emerging findings were continuously compared across

interviews and FGDs to refine categories and ensure conceptual consistency. Data collection ceased when thematic saturation was reached.

Trustworthiness

The rigor of the study was established according to the criteria proposed by Lincoln and Guba, including credibility, transferability, dependability, and confirmability. Credibility was enhanced through prolonged engagement with participants, member checking, and triangulation of multiple data sources, including individual interviews, FGDs, and field notes. Transferability was supported by providing detailed descriptions of the study context, participant characteristics, and research procedures. Dependability was ensured through a comprehensive audit trail documenting methodological decisions and analytic processes, while confirmability was strengthened through researcher reflexivity and regular discussions among the research team to minimize potential bias and enhance the transparency of data interpretation.

Ethical Considerations

Written informed consent was obtained from all participants after they received a complete explanation of the study objectives, procedures, potential risks, and their rights as research participants. Participation was entirely voluntary, and participants were informed that they could withdraw from the study at any time without any consequences. Confidentiality and anonymity were maintained by assigning identification codes to participants and removing all personally identifiable information from interview transcripts and study reports. The study was conducted in accordance with the ethical principles of autonomy, beneficence, non-maleficence, and justice, as outlined in international guidelines for research involving human participants.

RESULTS

Characteristics of Participants

A total of 16 mental health nurses participated in the quantitative phase, while six nurses were purposively selected for the qualitative interviews. Participants represented the acute, subacute male, subacute female, and psychogeriatric wards. Their ages ranged from 27 to 53 years, with work experience ranging from one to twenty-seven years. Most participants were female and held Diploma III or professional nursing (Ners) qualifications.

Burnout Levels among Mental Health Nurses

The quantitative findings indicated that burnout among mental health nurses was generally low. Based on the emotional exhaustion dimension, 12 nurses (75%) were categorized as having low burnout, whereas four nurses (25%) reported moderate emotional exhaustion. No participants were categorized as having high emotional exhaustion. Likewise, all participants (100%) were classified as having low depersonalization and low reduced personal accomplishment. Overall, all sixteen respondents were categorized as having low burnout.

Qualitative Findings

Thematic analysis identified four major themes describing nurses' experiences of burnout in psychiatric care.

Theme 1. Aggressive patient behavior and limited staffing were the main occupational stressors

Participants consistently identified aggressive patient behavior as the greatest challenge in psychiatric nursing. The situation became more demanding during night shifts because only two nurses were responsible for caring for all patients. Consequently, nurses frequently requested assistance from hospital security personnel when patients became violent or uncontrollable.

One participant explained:

> "*During the night shift only two nurses are on duty. When patients suddenly become aggressive, we become overwhelmed and need help from security*"(P1)

Although workload increased during these situations, participants described these stressful experiences as episodic rather than continuous.

Theme 2. Burnout was experienced primarily as temporary emotional and physical fatigue

Participants reported feelings of tiredness, emotional exhaustion, anxiety, and physical fatigue after managing aggressive patients. However, these reactions were generally temporary and resolved after rest or when the patient's condition stabilized.

One participant stated:

> "*I feel tired when handling aggressive patients, but after resting, the fatigue disappears*." (P6).

Another participant added:

> "*Mental exhaustion only appears when facing aggressive patients; it doesn't happen all the time*." (P4)

Theme 3. Professional commitment protected nurses from severe burnout

Participants emphasized that empathy and professional responsibility helped them maintain emotional stability. Most nurses regarded psychiatric patients as individuals who required compassion rather than as a source of burden.

One participant stated:

> "*We consider our patients as family members who need proper care, so we continue providing professional nursing services*." (P4)

Several participants also reported that working with clinically stable patients and receiving assistance from nursing students reduced their perceived workload.

Theme 4. Adaptive coping strategies supported psychological well-being

Participants described several coping strategies that helped them cope with work-related stress, including talking with patients, participating in music therapy, engaging in spiritual activities, taking breaks, and maintaining supportive relationships with colleagues. These activities promoted emotional recovery while strengthening therapeutic relationships with patients.

One participant explained:

> "*When I feel tired, I usually talk or sing with the patients. It makes both of us feel calmer*." (P2)

Overall, the qualitative findings reinforced the quantitative results by demonstrating that despite exposure to occupational stressors, nurses maintained relatively low burnout through adaptive coping strategies and professional commitment.

DISCUSSION

The findings of this study indicate that burnout among mental health nurses was generally low, particularly in the dimensions of depersonalization and reduced personal accomplishment, whereas moderate levels of emotional exhaustion were observed in only a small proportion of participants. These findings are consistent with previous studies involving psychiatric nurses, which similarly reported predominantly low levels of burnout or the absence of clinically significant burnout across all three dimensions. However, the present findings differ from those of recent systematic reviews and meta-analyses, which have consistently shown that mental health professionals are more likely to experience moderate to high levels of emotional exhaustion because of prolonged exposure to emotionally demanding clinical situations, therapeutic challenges, and the complexity of psychiatric care (Kilfedder et al., 2001; Tununu & Martin, 2020).

Interpretation of the Findings

The relatively low level of burnout observed in this study suggests that occupational stress in psychiatric settings does not inevitably lead to severe burnout. Rather, the findings indicate that the relationship between workplace stressors and burnout is likely moderated by contextual factors, including the local work environment, team composition, organizational culture, and the availability of individual and organizational protective resources. Burnout among psychiatric nurses has been reported to vary considerably across countries, healthcare systems, and clinical settings, reflecting differences in staffing levels, organizational support, patient

acuity, and access to coping resources (Khiari et al., 2024; Łopatkiewicz et al., 2023; Tomaszewska et al., 2023). Therefore, the relatively low burnout levels identified in the present study remain consistent with the broader body of evidence demonstrating substantial contextual variation in burnout among mental health nurses.

Another notable finding was the absence of high depersonalization and reduced personal accomplishment among all participants. These dimensions are clinically important because they are closely associated with emotional detachment from patients, cynical attitudes toward care, diminished professional efficacy, and reduced quality of nursing practice. The qualitative findings provide a plausible explanation for these results, as participants consistently described maintaining empathic and compassionate relationships with patients, often viewing them as individuals deserving dignity, respect, and family-like care despite the emotional demands of psychiatric practice. This sustained therapeutic commitment may have protected nurses from developing depersonalization and feelings of professional inadequacy. Similar findings have been reported in qualitative studies demonstrating that mental health nurses can preserve professional satisfaction, therapeutic engagement, and a strong sense of purpose even while experiencing considerable emotional demands in their daily practice (Tsolakidou et al., 2024; Vincent-Höper et al., 2020)

Major Occupational Stressors

The finding that patient aggression and inadequate staffing were the primary occupational stressors is highly consistent with the existing literature on psychiatric nursing. Mental health nurses routinely work in environments characterized by unpredictable patient behaviors, verbal and physical aggression, psychiatric emergencies, and emotionally demanding therapeutic interactions. These workplace challenges have consistently been identified as major contributors to emotional exhaustion and, over time, may increase the risk of depersonalization and other dimensions of burnout (Khiari et al., 2024; Łopatkiewicz et al., 2023; López-López et al., 2019). The qualitative findings of the present study reinforce this evidence, as participants repeatedly described caring for aggressive or agitated patients as the most physically and emotionally demanding aspect of their clinical practice.

Participants also emphasized that occupational stress was particularly pronounced during night shifts, when only two nurses were responsible for managing all patients within the ward. Limited staffing under these circumstances substantially increased workload, particularly when patients required close observation or exhibited aggressive behaviors. These findings are consistent with previous systematic reviews demonstrating that inadequate staffing, excessive workload, high patient-to-nurse ratios, and insufficient organizational resources are among the most important determinants of burnout in nursing populations. Similar evidence from psychiatric settings further indicates that chronic workforce shortages and high job demands not only increase burnout but may also contribute to secondary traumatic stress and psychological distress among mental health professionals (Khiari et al., 2024; O'Connor et al., 2018) .

An important observation in the present study is that participants described occupational stress as episodic rather than persistent. Emotional strain was reported to occur primarily during acute situations involving aggressive or newly admitted patients and generally subsided once the crisis had resolved or adequate recovery time was available. This finding may explain why overall burnout remained low despite the presence of identifiable workplace stressors. Burnout is widely recognized as a chronic occupational syndrome that develops through prolonged exposure to unmanaged work-related stress rather than isolated stressful events. Consequently, temporary episodes of acute stress are more likely to produce transient emotional and physical fatigue than persistent burnout, particularly when nurses have opportunities for recovery and access to effective coping resources (de Looff et al., 2018; Khiari et al., 2024; Vincent-Höper et al., 2020). These findings suggest that, although psychiatric nurses remain vulnerable to work-

related stress, the episodic nature of stress exposure, combined with adequate recovery mechanisms, may have mitigated the progression from temporary emotional exhaustion to more severe manifestations of burnout.

Implications of the Findings

The qualitative findings suggest that burnout among the mental health nurses in this study is more appropriately characterized as transient emotional exhaustion following exposure to acute workplace stressors, particularly patient aggression, rather than as a persistent or severe burnout syndrome. Participants consistently described feelings of fatigue, emotional strain, and physical exhaustion after managing aggressive or highly agitated patients; however, these symptoms generally subsided after periods of rest or through the use of adaptive coping strategies. This finding is consistent with the conceptualization of emotional exhaustion as the core dimension and earliest manifestation of burnout, while also supporting evidence that exposure to occupational stress does not inevitably progress to depersonalization or reduced personal accomplishment. Such progression is less likely when nurses maintain strong social support, derive meaning from their work, and have access to effective coping resources (de Looff et al., 2018; Tsolakidou et al., 2024).

The adaptive coping strategies reported by participants, including therapeutic communication with patients, participation in music therapy, humor, brief recovery breaks, spiritual practices, and peer support, may have played a pivotal role in preventing the escalation of work-related stress into chronic burnout. These strategies represent a combination of emotion-focused and problem-focused coping mechanisms that facilitate emotional regulation, psychological recovery, and resilience in demanding clinical environments. Similar approaches have been widely recognized in the literature, where social support, restorative activities, mindfulness-based interventions, and resilience-enhancing programs have been associated with lower burnout levels and improved psychological well-being among healthcare professionals (Klatt et al., 2025; Maresca et al., 2022). Within the framework of the Job Demands–Resources (JD–R) model, these personal and organizational resources may buffer the detrimental effects of high job demands by strengthening nurses' capacity to adapt to occupational stress.

An equally important finding is the preservation of professional commitment and therapeutic engagement despite exposure to challenging psychiatric care environments. The absence of high depersonalization and reduced personal accomplishment suggests that participants maintained empathic relationships with patients and continued to perceive their work as meaningful and professionally rewarding. This observation indicates that professional identity and compassionate care may function as psychological resources that protect mental health nurses from emotional disengagement, even when they encounter demanding clinical situations. Maintaining these positive professional values is particularly important in psychiatric nursing, where therapeutic relationships constitute a fundamental component of high-quality care.

Overall, the findings suggest that the relatively low level of burnout observed in this study is likely attributable to the combined influence of intermittent rather than continuous exposure to occupational stressors, sustained professional commitment, and the consistent use of adaptive coping strategies. Nevertheless, these findings should be interpreted with caution. Extensive international evidence demonstrates that patient aggression, excessive workload, workforce shortages, and prolonged exposure to emotionally demanding situations remain well-established risk factors for burnout among mental health nurses (Khiari et al., 2024; López-López et al., 2019). Consequently, the relatively favorable findings reported in this study should not diminish the need for proactive organizational interventions. Ensuring adequate staffing levels, particularly during night shifts, strengthening supportive leadership, expanding access to psychological support services, and implementing resilience-building programs remain essential strategies to prevent transient emotional exhaustion from progressing into

chronic burnout and to sustain the long-term well-being of the psychiatric nursing workforce.

CONCLUSION

This study provides an in-depth understanding of the lived experiences of burnout among mental health nurses working in a psychiatric hospital in Indonesia. Burnout was experienced as a multidimensional phenomenon characterized by emotional exhaustion, psychological strain, and challenges arising from demanding work environments, including heavy workloads, complex patient care, and organizational constraints. Despite these challenges, participants demonstrated resilience through various coping strategies, including peer and family support, spirituality, emotional regulation, and professional commitment.

The findings underscore that burnout should not be viewed solely as an individual problem but as a complex interaction between personal, professional, and organizational factors. Addressing burnout therefore requires comprehensive organizational strategies that promote nurses' psychological well-being while strengthening the quality and sustainability of psychiatric nursing services.

Implications for Nursing Practice

The findings have several implications for nursing practice, management, and policy. Healthcare organizations should prioritize the development of supportive work environments by ensuring adequate nurse staffing, balanced workloads, and accessible psychological support services for mental health nurses. Regular burnout screening and resilience-building programs may facilitate the early identification and management of occupational stress before it progresses to severe burnout.

Nursing managers should foster supportive leadership, encourage peer-support initiatives, and provide opportunities for reflective practice to strengthen nurses' emotional resilience. In addition, integrating stress management and self-care strategies into continuing professional development may enhance nurses' ability to cope with the emotional demands of psychiatric nursing. Future research should investigate organizational interventions designed to reduce burnout and evaluate their effectiveness across different psychiatric healthcare settings.

Strengths and Limitation

This study provides a contextual understanding of burnout among mental health nurses in an Indonesian psychiatric hospital through qualitative inquiry, offering insights that may not be captured by quantitative measures alone. Nevertheless, the findings should be interpreted within the context of a single psychiatric hospital and therefore may not be directly transferable to other healthcare settings. Further multicenter qualitative or mixed-methods studies involving diverse psychiatric hospitals are recommended to strengthen the generalizability and applicability of the findings.

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