J. Pub. Health &Tox. Res., 3(4): 406-416 (2026)
DOI: https://doi.org/10.71637/jphtr.vol3no4.79

SELF-CARE STRATEGIES TO COMBAT BURNOUT AMONG HEALTH PROFESSIONALS IN MASAKA REGIONAL REFERRAL HOSPITAL. MASAKA DISTRICT, UGANDA

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Article History

Received: 12 Aug 2026
Accepted: 28 Sep 2026
Published: 30 Oct 2026

Abstract

Background: Burnout among health professionals remains a growing concern in many healthcare settings due to heavy workload, staff shortages, and demanding work environments. Persistent burnout affects the well-being of health workers and may reduce the quality of patient care. This study explored self-care strategies used to combat burnout among health professionals at Masaka Regional Referral Hospital, Masaka District, Uganda.

Methods: A qualitative exploratory descriptive phenomenological design was used. Twenty health professionals, including doctors, nurses, and allied health workers, were selected through purposive and convenience sampling. Data were collected using in-depth semi-structured interviews and analysed through thematic analysis with NVIVO 15 software following Braun and Clarke's approach.

Results: Four major themes emerged. First, participants identified heavy workload, inadequate staffing, scarce resources, and work-family imbalance as major triggers of burnout. Second, rest, exercise, hydration, peer support, relaxation, spirituality, hobbies, and setting work boundaries were reported as useful self-care practices. Third, participants described workload pressure, limited time, poor organizational support, fear of appearing weak, and family responsibilities as barriers to self-care. Fourth, participants recommended recruitment of more staff, improved welfare support, burnout awareness programs, flexible schedules, and better workplace resources to reduce burnout and strengthen staff well-being.

Conclusion: Burnout among health professionals at Masaka Regional Referral Hospital is strongly linked to workplace pressures and limited institutional support, while consistent self-care practices help improve coping and emotional well-being.

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Keywords: Burnout, self-care, health professionals, workload, workplace support, coping strategies, Uganda

How to cite this paper: *Nanyonga et al., (2026). Self-Care Strategies to Combat Burnout among Health Professionals in Masaka Regional Referral Hospital. Masaka District, Uganda. Journal of Public Health and Toxicological Research, 3(4): 406-416*

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Introduction

Burnout is considered a common challenge within healthcare systems around the world, and it continues to impact negatively on service delivery in the sector (Nwosu et al., 2021). It leads to deteriorating physical, emotional, and psychological health of healthcare workers and affects the delivery of services, lowers productivity, and poor performance of health systems (Taranu et al., 2022; Chu et al., 2023).

Burnout is understood as the result of a person's constant exposure to emotionally draining and stressful workplace situations (Dubale et al., 2019). It was first conceptualized by Freudenberger and later defined in three major dimensions by Maslach as follows: emotional exhaustion, dehumanization, and decreased personal accomplishment (Dubale et al., 2019). Even though burnout can happen in any occupation, employees working in the health sector are more prone to experiencing it due to patient contact, decision-making, and emotional engagement (De Hert, 2020). Health practitioners, comprising physicians, nurses, laboratory personnel, pharmacists, among others, carry out tasks that are both significant and challenging and require continuous concentration and emotional effort (Joseph & Joseph, 2016). Therefore, the effects of burnout can affect job satisfaction, professional interaction, employee retention, and ultimately overall quality of care delivery (Dubale et al., 2019).

Several factors can cause or lead to burnout for health care professionals. These include high workload, long working hours, lack of employees, lack of enough rest, lack of resources, poor organizational support, and interpersonal relationships issues (Taranu et al., 2022; Chu et al., 2023). Job dissatisfaction, trauma exposure, and lack of social support have been cited in other studies as further causes of burnout (Owuor et al., 2020; Lugazia et al., 2022). In the majority of settings, the health professionals work in very stressful conditions without enough recovery time. Even when they try hard, they usually suffer from a lack of appreciation and support, which causes burnout (Omer, 2023).

The problem of burnout becomes even more complex in situations where resources are limited, for instance, in sub-Saharan Africa, which suffers from a severe shortage of manpower, poor infrastructure, and a lack of finance in its healthcare systems. As reported by Mackanga et al. (2020), over forty percent of medical workers in the area are burnt out. In Ghana, for example, Ayisi-Boateng et al. (2020) observed that high workload and poor work environment were the key factors contributing to burnout amongst doctors. At the regional level, Ahmat et al. (2022) highlighted that there was inequality in terms of health workers' distribution and shortage of staff, where the vast majority of establishments heavily relied on the overworked public sector. This means that health workers are more likely to have high work-related stress.

In Uganda, the problem of burnout amongst health professionals remains relevant because of inadequate personnel, a lack of proper facilities, and numerous patients. According to Atumanya et al. (2020), the issue of understaffing was prevalent in public ICU units as there were not enough nurses per patient. Moreover, the problem of understaffing became worse due to the COVID-19 pandemic, due to overload, risk of infection, poor availability of personal protective equipment, and emotional stress regarding the condition of the patients. As stated by Otai et al. (2025), healthcare workers in Uganda faced a lot of stress, suffered from anxiety, and experienced depression because of a challenging situation created by the pandemic, emphasizing the importance of support mechanisms in health institutions.

Burnout has remained a persistent phenomenon experienced by different healthcare workers, as evidenced by the results of studies carried out in Uganda and other parts of Africa. Udho and Kabunga (2022) observed that nursing personnel in Northern Uganda had relatively high rates of burnout, resulting from factors such as heavy workload, lack of support, and unfavourable working environments. For instance, according to Kajjimu et al. (2021), burnout affected most medical students because of the intense nature of their studies and lack of adequate time for relaxation. Burnout was reported at higher rates by doctors and nurses than by non-healthcare workers in South Africa (Naidoo & Schoeman, 2023). Nevertheless, nurse workers were found to report higher burnout than doctors (Jihn et al., 2021). From the results, it is evident that burnout can affect health professionals regardless of their experience and occupation.

As a solution to this problem, there has been a shift of focus to self-care as a way of coping and preventing stress. Self-care is defined as intentional actions that help in promoting an individual's physical, emotional, psychological, social, and spiritual well-being. As noted by de Hert (2020), some of the self-care actions are having supportive relations, being positive about their work, limiting oneself, and engaging in non-work-related activities such as leisure. In a similar way, Wei et al. (2020) have mentioned that regulation of emotions, building social support, and deriving personal meaning out of work are some of the self-care actions.

Self-care also appears to have positive impacts on resiliency and reduction in burnout; however, its implementation is not consistent. As found by Udoudo et al., (2022), although self-care among nurses is practiced regularly, psychological and social practices occur less

frequently than physical practices of self-care. The importance of having organizational support, responsive leadership, manageable workload, and resource availability to maintain the well-being of healthcare professionals was emphasized by Belita et al. (2025). It shows that personal behavior and organizational intervention are essential for managing burnout.

Although there is much research done on burnout, the few conducted in Uganda are mainly concerned about prevalence and associated factors such as(Batanda, 2024).Without addressing how the health workers deal with burnout through self-care within their workplace environment. Additionally, little qualitative information exists regarding the challenges faced by healthcare providers during the practice of self-care as well as the organizational support required to facilitate it at institutions such as the Masaka Regional Referral Hospital. It is essential to understand these experiences so that relevant solutions can be developed that are realistic and sustainable.

This study therefore explored self-care strategies used to combat burnout among health professionals at Masaka Regional Referral Hospital, Masaka District, Uganda.

2. Methodology

Research Design

A qualitative exploratory descriptive phenomenological research design was adopted. This was aimed at finding out the various methods utilized for self-care in order to address burnout among healthcare workers at Masaka Regional Referral Hospital. Data were collected using a cross-sectional method at a single point in time (Setia, 2016). The use of the research design was deemed appropriate since it enabled the participants to narrate their experiences, perceptions, and strategies for dealing with burnout and self-care at the workplace.

Study Area

The study was carried out in Masaka Regional Referral Hospital, situated in Masaka District, Uganda. The hospital is among the 13 Regional Referral Hospitals of Uganda and provides service to several other districts such as Kalungu, Kalangala, Sembabule, Lwengo, Lyantonde, Rakai, and Bukomansimbi (Brimdyr et al., 2024). This hospital has a total bed capacity of around 330 and has been noted to have a high patient population, especially in maternity wards, surgical departments, and inpatient services (Brimdyr et al., 2024). This institution was chosen because it has high volumes of patients and complicated referrals, thereby posing challenges to healthcare providers.

Study Population

The study population was made up of doctors, nurses, and allied health personnel who were working in Masaka Regional Referral Hospital. The participants were selected from outpatients, in-patients, maternity, and theatre wards. However, only health workers who had been employed in the hospital for at least a year were included in order to guarantee familiarity with the work setting and experiences involving burnout and self-care.

Sample Size and Sampling Technique

Twenty participants were interviewed to the point of achieving data saturation, which means that there were no further emerging themes during interviews. Ten nurses, five doctors, and five allied health professionals participated in this study.

Both purposive and convenience sampling methods were employed. Purposeful sampling made it possible to choose participants whose experiences are relevant to burnout and self-care, whereas convenience sampling facilitated the recruitment of participants who were available during the study period. Participants were chosen from departments that work under high pressures, such as those in outpatient, inpatient, maternity, and theatres.

Sources of Data

Primary data were obtained by conducting in-person interviews with healthcare professionals. These individuals discussed their experience on burnout, self-care strategies, difficulties with self-care, and organizational help suggestions.

Method of Data Collection

Data was obtained using structured interviews based on open-ended questions. An interview guide was prepared based on the objectives of the study and relevant literature, which was pretested among health workers not in the sample group.

Eligible candidates were briefed on the aim of the research and signed an informed consent form prior to the interview. Private interviews were held inside the hospital for about 30 to 45 minutes. With the consent of the participants, audio recordings of the interviews were

made and transcribed verbatim. Observations and non-verbal cues were also documented.

2.7 Trustworthiness of the Study

Trustworthiness was ensured through credibility, confirmability, and transferability measures. Pretesting was done on the interview guide before data collection. The data collected underwent audio recording, verbatim transcription, and note taking in order to enhance the accuracy of the data. Peer debriefing and supervisory feedback were done during analysis to enhance the consistency of the findings. Codes were used for the participants rather than their names.

2.8 Method of Data Analysis

Data analysis was done through thematic analysis in line with Braun and Clarke's approach. Audio recordings were transcribed verbatim, checked for accuracy, and imported into NVivo 15 software for coding and organization.

Analysis involved familiarization with the data, generation of initial codes, identification of themes, review of themes, naming of themes, and report writing (Braun and Clarke, 2006). Respondents who had similar answers were categorized, and themes about burnout triggers, self-care, barriers to self-care, and organizational support were identified.

2.9 Ethical Consideration

Ethical approval and permission to conduct the study were obtained from the relevant authorities at the University of Port Harcourt (UPH/CEREMAD/REC/MM116/012) and Masaka Regional Referral Hospital. Written informed consent was obtained from all participants before data collection.

The participants were made aware of the purpose of the study, confidentiality, voluntary participation, and the option to withdraw from the process without any consequences. Interviews were done in private, and all the data obtained was treated with confidentiality. Participant identities were protected using codes instead of names, and all audio recordings and transcripts were securely stored with restricted access to the researcher only.

3. Results

3.1 Socio-demographic Characteristics of Participants

Table 1 presents the socio-demographic information for the health professionals working at Masaka Regional Referral Hospital, Uganda. Out of the 20 respondents, five (25.0%) were doctors, ten (50.0%) nurses, and another five (25.0%) allied health professionals. On the number of years of experience, six (30.0%) were in the range of one to five years, eight (40.0%) between six to ten years, and six (30.0%) more than ten years. By gender, seven (35.0%) were male while thirteen (65.0%) were females. By department, four (20.0%) were in outpatient, eight (40.0%) in inpatients, five (25.0%) in maternity, and three (15.0%) in theatre.

3.2 Theme 1: Triggers of Burnout experienced by Health Professionals

Four key themes were identified using thematic analysis regarding burnout triggers: (1) Weight of System Workload, (2) Inadequate Workforce, (3) Scarce Resources, and (4) Work-Family Imbalance.

Table 1: Socio-demographic Characteristics of health professionals at Masaka Regional Referral Hospital, Masaka District, Uganda

Variable	Category	Frequency (n=20)	Percentage (%)
Profession	Doctors	5	25.0
	Nurses	10	50.0
	Allied Health	5	25.0
Years of Experience	1–5 years	6	30.0
	6–10 years	8	40.0
	>10 years	6	30.0
Gender	Male	7	35.0
	Female	13	65.0
Department	Outpatient	4	20.0
	Inpatient	8	40.0
	Maternity	5	25.0
	Theatre	3	15.0

Sub-theme 1.1: Workload

Eighteen of 20 participants cited high workload as the primary reason for burnout, reporting physical and mental exhaustion due to excessive numbers of patients, long working hours, and multitasking. Participant experiences of work overload included the following::

"I was at work and there were a lot of duties to handle. This is why I really felt exhausted. I was confused. (Participant 1)"

"There are too many patients and because you are alone on duty then you can easily become confused. (Participant 4)"

"Too much work. You work on many mothers while you're alone on duty. Like, you can deliver seven mothers when you're alone on duty. It's you to monitor them, it's you to deliver them, and you do everything. (Participant 5)"

"The workload is just too much. Sometimes you work for 24 hours straight, not able to take even a sitting break. You keep moving from one patient to another. By the end of the shift, your body is completely drained, and you still have to go home and take care of your family. (Participant 10)"

Sub-theme 1.2: Inadequate Workforce

Six participants pointed out that lack of adequate staffing greatly contributed to their work load burden. Where there are fewer staff than the number of patients, then those working have to work harder and longer.

"We have very few staffs as compared to the number of patients we have, which is one of the major reasons I find it difficult to cope with burnout. (Participant 19)"

"As the number of patients increases every day, the number of staff is still the same. We are meant to carry out the tasks of ten people with only five people. That is not possible. (Participant 12)"

Workplace conflicts amongst staff members were also mentioned by just one participant as another source of work load stress.

Sub-theme 1.3: Scarce Resources

Five participants mentioned that the scarcity of resources, unavailability of good facilities, and poor working conditions had caused their burnout.

"This lack of basic resources is something that frustrates us. You want to help a patient, but you don't have the means to do it. Sometimes, even medication is scarce. (Participant 11)"

"There is no resting room for staff. When you get a short break, you have nowhere to relax. (Participant 16)"

"Not having your breakfast and lunch is common since we are very busy, and also sometimes you cannot find any place to buy your meal. (Participant 7)"

Sub-theme 1.4: Work-Family Imbalance

Study participants found it challenging to combine work commitments with family responsibilities as a result of which they had higher levels of personal stress.

"You spend so many hours working that you end up having less time left for yourself and your family. Your kids are growing up and you are not there. (Participant 9)"

"Long hours and once you are off, you get so tired that you cannot spend quality time with your family. (Participant 13)"

3.3 Theme 2: Effective Self-Care Practices reducing burnout among health professionals

Five major sub-themes emerged from data analysis: (1) Physical Health and Maintenance, (2) Social Support, (3) Emotional and Mental Well-being, (4) Work-Life Boundaries, and (5) Personal life activities..

Sub-theme 2.1: Physical Health and Maintenance

Thirteen participants pointed out that rest, physical exercise, and nutrition were the main self-care practices.

"I believe having rest between shifts is one way that helps in either managing or reducing burnout.. (Participant 9)"

"One important thing I do for myself is to try and exercise, not necessarily in gym but even taking walks around the compound. Helps me relax. (Participant 15)"

"When I feel stressed, I drink water. (Participant 2)"

Sub-theme 2.2: Social Support

Eight participants pointed out the benefits of peer support, family support, as well as patient and student interactions.

"There are times I feel exhausted; at those times, I talk to my patients and we talk about many issues. (Participant 4)"

"The main source of my motivation is my family. Whenever I come home and pour out my frustrations and experiences, they give me strength and encourage me to continue. (Participant 10)"

Sub-theme 2.3: Emotional and Mental Well-being

Thirteen interviewees explained that relaxation, breaks, watching entertainers, meditation, and mindfulness were useful ways to sustain emotional balance.

"I watch movies when I go back home. It distracts my mind from work and makes me relaxed. (Participant 3)"

"Sometimes I take some minutes to sit and meditate; it calms my nerves when everything becomes too much. (Participant 17)"

Sub-theme 2.4: Work Boundaries

Setting boundaries for work was identified as a useful strategy by three respondents.

"During the times I am off work, I try not to respond to any work-related phone calls unless it is really urgent. (Participant 13)"

Sub-theme 2.5: Personal Life Activities

Four participants identified hobbies, spirituality, and community-related activities as strategies they used to maintain their identity and energy apart from their work.

"I have hobbies that have nothing to do with hospital work. I garden, I cook, I visit places. It reminds me that I'm not only a health care provider. (Participant 11)"

"My faith is really important. I pray, read the holy books. That's how I find my peace of mind. (Participant 14)"

3.4 Theme 3: Barriers to Self-Care among health professionals

Three main sub-themes associated with barriers to self-care were found: (1) Systemic Constraints, (2) Psychological Norms, and (3) Personal Constraints.

Sub-theme 3.1: Systemic Constraints

Systemic constraints such as excessive workload, lack of time, shortage of personnel, lack of resources, and working long hours are seen by all 20 participants as the most important barriers to self-care.

"It does not matter how stressed out you are, as you are always expected to be at work. There is no replacement available. You just do it, whether you are feeling tired or not. (Participant 6)"

"There is no recognition at the hospital level. Despite the efforts that you put in, you receive nothing in return, not even any words of appreciation. (Participant 19)"

Sub-theme 3.2: Psychological Norms

One respondent specifically mentioned internalized psychological norms that included feelings of guilt during breaks and concerns about being perceived as 'weak' as barriers to self-care.

Suddenly you feel guilty when you take a break knowing that there are patients who need help right now. This attitude where you have to keep going and going, is extremely destructive. (Participant 9)"

"People might see you as being weak or not committed if you request for time off. (Participant 17)"

Sub-theme 3.3: Personal Constraints

Five participants discussed family obligations, personal health issues, and lack of information regarding self-care as their personal constraints.

"When my child is sick, I have to take care of them. Sometimes there is just no time left for myself. (Participant 5)"

"Frankly speaking, I don't even understand what self-care actually means. We weren't told anything in this regard. So I just keep working until I collapse. (Participant 1)"

3.5 Theme 4: Recommendations for Organisational Support to prevent burnout

Recommendations from the participants were categorized into four main sub-themes: (1) Optimizing the Work Environment, (2) Fostering a Culture of Well-being, (3) Flexible and Supportive Policies, and (4) Welfare Support.

Sub-theme 4.1: Optimizing the Work Environment

Twelve participants suggested that recruitment and resource procurement are the most significant organizational actions to undertake.

"More workers should be recruited because the number of patients is bigger than that of the workers. (Participant 15)"

"They need to hear our complaints, but sometimes we try to tell them something and nothing changes at all. (Participant 4)"

Sub-theme 4.2: Fostering a Culture of Well-being

Five participants suggested an organizational culture that would provide staff members with structured awareness programs, staff meetings, and professional development activities aimed at preventing burnout.

"We need to be taught how to avoid burnout and take care of ourselves because many people have no idea about this problem. (Participant 16)"

"They should monitor how staff are doing, not just patients. Check on us, see if we are coping, and offer support when needed. (Participant 3)"

Sub-theme 4.3: Flexible and Supportive Policies

Suggestions about flexibility in scheduling, structured break times, and prudent transfer policies were made by the participants to enhance work-life balance.

"If only they could make timetables in such a way that breaks and rest periods are included; that will be helpful. (Participant 13)"

Sub-theme 4.4: Welfare Support

Seven participants suggested specific welfare measures which involved providing food items, building a special

resting room for the staff, and acquiring quality equipment.

"They should give us lunch during our working hours and even breakfast if possible. Otherwise, they might as well give a bottle of water. (Participant 11)"

"We need a place where we can relax during our rest period. Something like a resting room. (Participant 6)".

Table 2: Summary of Thematic Analysis Across the Four Research Questions

Theme	Sub-Themes	Summary
Theme 1: Burnout Triggers	Workload	Heavy workload, long shifts, and high number of patient caused burnout.
	Inadequate Workforce	Shortage of staff increased pressure on health-workers.
	Scarce Resources	Limited supplies and poor facilities contributed to stress.
	Work-Family Imbalance	Demands from work reduced family and personal time.
Theme 2: Self-Care Practices	Physical Health Maintenance	Rest, exercise, hydration, and nutrition reduced stress.
	Social Support	Family, colleagues, and patient interactions provided support.
	Emotional Well-being	Relaxation, mindfulness, and entertainment improved coping.
	Work Boundaries	Limiting work contact during off-duty hours supported balance.
	Personal Life Activities	Hobbies and spirituality promoted well-being outside work.
Theme 3: Barriers to Self-Care	Systemic Constraints	Heavy workload, long shifts, and poor support limited self-care.
	Psychological Norms	Guilt and fear of appearing weak discouraged breaks.
	Personal Constraints	Family duties and poor self-care knowledge affected practice.
Theme 4: Organisational Support Recommendations	Work Environment Improvement	Participants recommended more staff and resources.
	Well-being Culture	Burnout education and staff support programs were suggested.
	Supportive Policies	Flexible schedules and adequate rest periods were recommended.
	Welfare Support	Meals, resting rooms, and equipment were proposed.

Discussion

The sample largely consisted of women (65%) and was mostly made up of nurses (50%), indicating the composition of the health workers in Uganda. Most people in the sample had worked for about six to ten years, indicating that this is an experienced enough group of workers to understand burnout and convey it effectively. This can also be said about the demographics of the sample since they mirror the trends identified by Kabunga et al. (2024), who similarly found nurses and more experienced workers to be heavily represented among those experiencing burnout in central Uganda.

The results of this study indicate that burnout experienced by health care professionals in Masaka Regional Referral Hospital is mainly related to workload-based stresses arising in the context of the healthcare system. Health professionals frequently mentioned stress caused by excessive hours of work, high patient loads, multitasking, and an insufficient workforce, particularly in busy wards, such as the maternity and inpatient wards. This means that burnout is directly connected to stressful conditions of work in a resource-constrained environment. This finding supports the research conducted by Kabunga et al. (2024), where it was found that working overtime beyond 40 hours per week and the lack of support from managers are some of the factors that lead to increased chances of experiencing burnout among health care workers in central Uganda. In the same line of thought, Konlan et al. (2022) noted that heavy workload and shift work at night cause healthcare workers in Ghana to be vulnerable to burnout. According to Kajjimu et al. (2026), emergency room professionals in Uganda experience burnout due to heavy workloads and work-life balance problems.

The current study further showed that an inadequate workforce and limited resources worsen burnout by increasing pressure on available staff and reducing the quality of working conditions. This is consistent with Shah et al.'s (2021) study, which showed a lack of adequate work resources and poor preparedness among healthcare professionals working in sub-Saharan Africa, mainly at public health facilities. The results are also in agreement with those of Batanda (2024), who attributed burnout among medical personnel to exhaustion, imbalance in the assignment of duties, emotional fatigue due to caregiving duties, and lack of resources. Moreover, in the current study, there is an association between exhaustion or burnout and imbalance in work

and family life, especially due to a lack of time devoted to family and individual recovery. This finding is supported by similar research by Kajjimu et al. (2021), whereby exhaustion experienced by the medical students as a result of burnout had to do with the lack of leisure time and exhausting activities.

Furthermore, the study revealed that health practitioners make use of different ways to cope with the issue of burnout and achieve emotional stability. Some of the coping strategies that are used by professionals to handle such issues are rest, exercise, healthy eating, consumption of water, relaxation, socialization, spirituality, leisure, and work-life balance. Physical self-care approaches, including sleep, exercise, and healthy diets, seem particularly important among the participants. The results obtained corroborate those provided by Udho and Kabunga (2022), according to whom healthy eating and social support can reduce burnout experienced by nurses in Northern Uganda. In addition, Udoudo et al. (2022) state that many nurses engaged in different physical self-care practices amid the COVID-19 pandemic; however, psychological and social self-care practices were not very common. Emotional self-care practices were also discussed by the respondents, including meditation, relaxation, watching movies, and taking breaks. Williams et al. (2022) recommended mindfulness practices and creating wellness rooms for nurses in stressful environments. This study provides additional evidence for the results by Wei et al. (2020), who show that positivity, emotional hygiene, interpersonal relations, and deriving meaning from work are some of the effective forms of self-care that health care workers should adopt. Family support and supportive relations with colleagues have also been cited as some of the protective measures against burnout in this current study. The results of the current study echo those of Udho and Kabunga (2022), which revealed that social support significantly reduced burnout among nurses.

Although the participants were knowledgeable about self-care activities, the results from the current study indicated that there are certain barriers to regular engagement in self-care activities. Heavy workload, insufficient time, staffing shortage, long working hours, absence of necessary equipment, and poor organizational culture are the major barriers to practicing self-care regularly. These findings align with the views expressed by Kabunga et al. (2024) that poor sleep quality and lack of organizational support were identified as significant determinants of burnout experienced by healthcare workers from Uganda. In addition, the study findings are consistent with those of Belita et al. (2025), where it was found that overload of work and long working hours led to stress and burnout experienced by healthcare workers, while proper management style and sufficient resources ensure mental well-being. Participants also felt guilty about taking breaks and afraid of seeming weak for asking leave. These results imply that certain expectations regarding professional behaviour, as well as specific workplace cultures, can contribute to health workers neglecting their own needs for self-care. Similarly, Kober and Chang (2024) found that workplace stress, lack of appreciation, and emotions can affect the mental state of the health workers and interactions within the workplace community. In addition, the lack of understanding of how to take care of their health was reported by some participants in the current study. This coincides with the recommendations put forward by Kajjimu et al. (2021), who suggested that education regarding burnout prevention and self-care should be included in the curricula for medicine. Caring for their children and other personal issues were reported by the participants among the other barriers to self-care in this study, further highlighting the difficulty of balancing personal and professional responsibilities in a healthcare setting.

The participants in this study stressed the importance of organizational support as an intervention strategy to mitigate cases of burnout among health professionals. The key recommendations proposed by the participants were the hiring of additional personnel, provision of resources at the workplace, supportive management, flexibility in working hours, breaks, campaigns against burnout, and welfare such as meals and sleeping places. These recommendations indicated that the participants believed that burnout is not only a personal issue but that organizations should be ready to offer help to them as well. The findings from the current research are supported by findings from the study conducted by Kabunga et al. (2024), whose findings indicated that the support of the management played an important role in predicting the cases of burnout among healthcare workers in Uganda. In line with this, Belita et al. (2025) have found that support from leaders, appreciation, responsiveness, and provision of adequate work resources contribute to reduced burnout and improved employee well-being. The same applies to the

recommendations that advocate for emotional support, well-being checks, and running of campaigns on burnout, which are in line with the recommendations made by Otai et al. (2025), where the authors noted the need for mental health checks, reduced workload, and supportive interventions for healthcare workers experiencing psychological distress. The suggested improvement concerning facility and equipment in the workplace further agrees with the findings by Shah et al. (2021), where they stated that a lack of resources leads to increased stress and negatively affects the health outcomes of healthcare workers. The role of organizational wellness intervention was also mentioned by Williams et al. (2022) as an essential factor that should include mindfulness, work environment, and rest area at work. In general, the findings in this study prove that the factors contributing to the development of burnout among health-care professionals include workload, understaffing, resource insufficiency, and poor work-life balance, while effective self-care depends on both personal coping strategies and supportive organizational systems.

5. Conclusion

This study observed that healthcare workers at Masaka Regional Referral Hospital suffer from burnout due to work overload, inadequate staffing, lack of resources, and lack of balance between their work and personal lives. Participants report suffering physical and psychological exhaustion due to working for prolonged periods and dealing with demanding patients. Despite this, they use several strategies in order to minimize the effects of burnout on themselves. The measures include taking time off, exercise, social support, relaxation, spirituality, leisure activities, and boundary management. Nevertheless, coping with burnout is limited by several issues, such as organizational factors, work environment and personal responsibilities. The findings from this study indicate that burnout is not only an individual issue but is strongly influenced by organizational conditions. Proper management of burnout requires both personal coping practices and institutional support that promote staff well-being and sustainable working conditions within the healthcare setting. The following recommendations are hereby proposed:

1. Management of hospitals should enhance staffing and recruitment procedures to alleviate workload pressures.
2. The Ministry of Health should allocate enough funds and supply hospitals with all necessary resources to deal with burnout factors.
3. The administration of hospitals should introduce staff welfare programs, which include the provision of restrooms, catering services, and rest periods for better recovery between work.
4. Department heads/unit managers should ensure that they foster an environment that promotes positive supervision, work distribution, and follow-ups on the well-being of their employees.
5. Professionals working in health should adopt a culture of taking care of themselves, which could include activities such as resting, exercising, controlling emotions, and setting boundaries.
6. The training centres should develop topics including those on self-care practices and stress/burnout, to name a few, in the medical and nursing courses.

Policy makers should introduce sound mental health-related policies for workplaces and enforce them

Acknowledgements

The authors appreciate the administration of the University of Port Harcourt and Masaka Regional Referral Hospital for their support in making this study a success.

Conflict of Interest

The authors declare no conflict of interest.

Financial Support

This study was not funded by any source.

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