

**PSYCHO-EDUCATIONAL INTERVENTIONS FOR PREVENTION OF
BURNOUT AMONG NURSES IN PUBLIC HOSPITALS IN THARAKA
NITHI COUNTY, KENYA**

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**A Thesis Submitted to the Graduate School in Partial Fulfillment of the
Requirements for the Award of the Degree of Master's in Counseling Psychology
of Chuka University**

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OCTOBER 2024**

DECLARATION AND RECOMMENDATION

Declaration

This thesis is my original work and has not been presented for an award of diploma or conferment of a degree in any other university or college.

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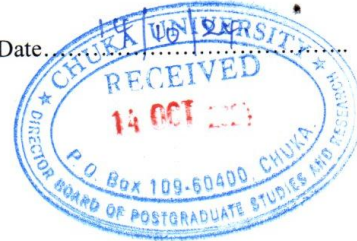
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DEDICATION

I wholeheartedly dedicate this work to my family: my beloved husband David Nyaga, my father Bathromew Nyaga and my children Sandra David, Mary David and Cecily David. Their unwavering support and understanding during the extended hours of research and consultations with my supervisors have been invaluable.

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ABSTRACT

Nurses play a critical role in the healthcare system, providing essential medical care alongside emotional and psychological support to patients. The demands of the nursing profession can lead to significant stress and burnout. This study investigated the psycho-educational interventions in preventing burnout among nurses in public hospitals in Tharaka-Nithi County, Kenya. The study was guided by the following objectives: stress management techniques, communication skills and peer support programs as a psycho-education intervention for prevention of burnout among nurses. The target population was 206 participants, which included 160 nurses from three public hospitals namely; Chuka county referral hospital, Marimanti and Magutuni sub county hospitals, three nursing managers from the three hospitals, one Counseling psychologist from Chuka county referral and one more from Magutuni sub county hospital. The sample size was 165 participants. The probability and non-probability techniques were used. Proportional sampling was used to identify nurses while purposive sampling methods was used to identify nurse managers in charge and counselor's psychologist as key participants. The study adopted descriptive survey design and used both qualitative and quantitative methods of data collection where data was collected using questionnaires and interviews. The data was analyzed using the Statistical Package for Social Sciences (SPSS) version 28.0 using descriptive statistics method and presented through frequencies and percentages. Pilot studies were conducted in Embu County referral hospital a neighboring County of Tharaka Nithi County, Kenya. This helped in assessing the reliability and validity of instruments of data collection. Reliability of the instruments were tested using Cronbach's alpha where the instruments were found reliable for the study. To ensure the validity of the study, a multi-faceted approach was adopted. Construct validity was maintained through the careful alignment of the proposed interventions with established psychological theories related to burnout prevention. The research sought to provide empirical evidence on the psycho-educational interventions, contributing valuable insights to the community. The findings revealed key aspects of stress management techniques, communication skills and peer support program as intervention for prevention of burnout among nurses. Effective workload management, regular breaks, proactive stress management, and a supportive external system were identified as essential for reducing stress and enhancing job satisfaction. The study concluded that implementing structured stress management programs, promoting work-life balance, enhancing communication skills through ongoing training, and formalizing peer support systems would improve nurses' well-being which would enhance the quality of patient care. The nurses, patients, healthcare institutions, and healthcare system in Tharaka Nithi County and policy makers are the potential beneficiaries Future research should explore the long-term effectiveness of these interventions and assess various peer support models to identify the most effective approaches for reducing burnout and improving job satisfaction.

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ABBREVIATIONS AND ACRONYMS

CATS		Cognitive Activation Theory of Stress
CCRH	:	Chuka County Referral Hospital
CCS	:	Current Communication Strategies
CS	:	Communication Strategies
ERI	:	Effort-Reward Imbalance
NM	:	Nursing Managers
PEI	:	Psycho-Educational Intervention
UAE	:	United Arab Emirates
WHO	:	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

Nurse burnout globally has emerged as a multifaceted challenge, exacerbated by the demanding nature of the healthcare profession. According to West, Dyrbye, and Shanafelt (2020), described the global prevalence of nurse burnout, attributing it to increased workloads, staff shortages, and the emotional toll of patient care. The World Health Organization (WHO) also acknowledges global nurse burnout, emphasizing the critical need to address burnout among healthcare workers to ensure the delivery of high-quality care (WHO, 2019). Studies by Maslach and Leiter (2016) emphasize the detrimental effects of burnout not only on individual nurses but also on organizational outcomes, including decreased patient satisfaction and increased turnover rates.

Healthcare landscape globally has witnessed significant shifts, further complicating the issue of nurse burnout. Factors such as technological advancements and changing healthcare policies have introduced additional stressors to nurses' work environments (Thomas, Lal, Baby, Vp, James, Raj, & Singh, 2021). For instance, the rapid adoption of digital health technologies has introduced new challenges related to information overload and the blurring of boundaries between work and personal life west *et al.*, (2020). Similarly, changing healthcare policies have placed unprecedented strain on healthcare systems globally, contributing significantly to heightened stress and burnout among frontline healthcare workers, including nurses. Froessler (2021) highlighted that these evolving policies often require rapid adaptation, which can overwhelm nurses already facing demanding workloads and emotional challenges. This aligns with the findings of Smith and Allen (2020), who argued that the lack of supportive frameworks during policy shifts exacerbates stress levels. However, while Froessler (2021) focused on policy as a primary stressor, Smith and Allen (2020) emphasized the role of organizational support as a mitigating factor. This suggests that beyond policy changes, the availability of institutional support systems could play a crucial role in either amplifying or alleviating stress and burnout among healthcare workers.

The issue of nurse burnout and the targeted interventions are relevant across the globe, transcending geographical boundaries. For instance, in North America, studies conducted in major metropolitan areas such as New York and Los Angeles have highlighted the prevalence of burnout among nurses, especially in the face of staffing shortages and high patient volumes (Aiken, Sloane, Bruyneel, Van den Heede, Sermeus, & Consortium, 2014). Psychoeducation programs implemented in these settings have shown positive outcomes, including reduced burnout rates and improved job satisfaction among nursing staff (Murray-Swank & Dixon, 2004).

In Europe, United Kingdom and Sweden have also grappled with nurse burnout amidst challenges such as workforce shortages and budget constraints (Aiken *et al.*, 2014). Psychoeducational initiatives have been integrated into workplace wellness initiatives, tailored to meet the needs of diverse healthcare settings, from large urban hospitals to rural clinics (Kravits, McAllister-Black, Grant, & Kirk, 2010). In the Asia-Pacific region, countries like Japan and Australia have recognized nurse burnout as a significant issue, particularly in the context of an aging population and increasing healthcare demands (Shimizu, Tsujita, Matsushita, Oka, & Kurihara, 2020). Psychoeducational interventions have been implemented in hospitals and healthcare institutions across these countries, focusing on equipping nurses with coping skills and resilience strategies (Bailey, Sawyer, & Robinson, 2023).

In Latin America, countries such as Brazil and Mexico are facing challenges related to nurse burnout. In Brazil, for example, nurses often work in overcrowded public hospitals, where limited resources and high patient-to-nurse ratios contribute to stress and burnout (Fonseca, Brito, & Coelho, 2019). Initiatives have been piloted in Brazilian hospitals, emphasizing self-care techniques and stress management to alleviate burnout symptoms among nursing staff. Similarly, in Mexico, nurses in both public and private healthcare facilities grapple with burnout due to heavy workloads and organizational challenges (Díaz-Redondo, Juárez-Vela, Fernández-Vazquez, Rodríguez-Blázquez, Martínez-Martín, Rodríguez-Rodríguez, & Forjaz, 2017). Psychoeducation programs have been implemented in some Mexican hospitals, focusing on fostering resilience and providing social support to mitigate burnout among nurses (Barley *et al.*, 2023).

In the Middle East, Saudi Arabia and the United Arab Emirates (UAE) are witnessing rapid growth in healthcare sectors, accompanied by challenges related to nurse burnout. Interventions have been introduced in Saudi hospitals, emphasizing coping strategies and mindfulness techniques to address burnout among nursing staff (Almalki, FitzGerald, & Clark, 2016). Similarly, in the UAE, nurses face stressors such as cultural differences and language barriers in addition to demanding work environments (AbuAlRub & Al-Asmar, 2014). Psychoeducation programs in UAE hospitals focus on cultural sensitivity and self-care practices tailored to the needs of diverse nursing populations (Al-Hassan, Abdulaziz Alnajjar, & Hamid, 2020).

In Oceania, New Zealand and Fiji are addressing nurse burnout within healthcare systems. In New Zealand, where nurses work in a variety of settings ranging from urban hospitals to rural clinics, burnout is recognized as a significant concern (Manzano-García & Montañés, 2017). Psycho-educational interventions have been implemented in New Zealand healthcare organizations, emphasizing the importance of work-life balance and providing resources for mental health support (Beautrais, Fergusson, Cogan, Doughty, Ellis, Hatcher, & Surgenor, 2007). Similarly, in Fiji, nurses face challenges such as limited resources and infrastructure in addition to high patient demand (Lewekabu & Verma, 2018). According to Manzano Garcia *et al.*, (2017), initiatives in Fijian hospitals focus on building resilience and fostering a supportive work environment to combat burnout among nursing staff.

In Africa, several countries are grappling with challenges related to nurse burnout amidst diverse healthcare landscapes. For example, in South Africa, nurses working in both public and private healthcare sectors face significant stressors, including high patient loads, resource constraints, and exposure to violence in healthcare settings (Pillay, 2009). According to Adebayo, Ojo & Olajubu, (2017), interventions such as psychoeducation programs have been piloted in South African hospitals, focusing on resilience-building and coping strategies to mitigate burnout and promote well-being among nursing staff.

In Nigeria, nurses contend with challenges such as inadequate staffing, limited resources, and security concerns, particularly in regions affected by conflict and insecurity (Eseadi, Anyanwu, Eseadi, & Ukpong, 2019). Addressing work-related stress, burnout, and related sociodemographic factors among nurses in these contexts holds implications for administrators, research, and policy, emphasizing the need for tailored interventions to support the well-being of nurses in challenging environments. Burnout among Nigerian nurses has been linked to organizational factors, workload pressures, and emotional exhaustion (Adibe, Alutu, & Eseadi, 2020). Psycho-educational initiatives tailored to the Nigerian context have been explored, emphasizing self-care practices and stress management techniques to support nurses in coping with work-related stressors and preventing burnout (Jibunoh & Ani, 2022). In Egypt, nurses face challenges related to workforce shortages, infrastructure limitations, and socioeconomic disparities in access to healthcare services (El-Sayed & Sleem, 2020). Burnout among Egyptian nurses has been associated with factors such as role ambiguity, lack of social support, and exposure to workplace violence (Mohamed, El-Desouky & Khalifa, 2021). Psycho-education initiatives implemented in Egyptian healthcare facilities aim to enhance nurses' resilience, improve coping skills, and foster supportive work environments to address burnout and promote well-being (El-Nady, Gemaey, Fouad, Albarrak, & Fayad, 2018).

In Ghana, nurses confront challenges such as inadequate training opportunities, limited career development prospects, and resource constraints in healthcare settings (Abdul-Mumin, Bonsu, Arhin & Diko, 2020). Burnout among Ghanaian nurses has been linked to organizational factors, including workload pressures, job dissatisfaction, and lack of recognition (Nketiah-Amponsah, Agyemang, Gyasi, Bawole & Domfeh, 2021). Psycho-educational interventions in Ghanaian hospitals focus on empowering nurses with self-care strategies, stress management techniques, and peer support networks to mitigate burnout and enhance resilience in demanding work environments (El-Nady *et al.*, 2018).

Tharaka Nithi County in Kenya faces unique challenges in its healthcare sector, particularly in the context of burnout among nurses. Public hospitals are predominantly rural, characterized by limited access to healthcare resources (Mutua, 2017). The public hospitals serve as primary healthcare facilities for the local

population, with nurses playing a pivotal role in providing essential medical care and support (Kivoto, Mulaku, Opiyo, & Mutai, 2019). However, they encounter significant challenges such as resource constraints, high patient volumes, and demanding work environments (Miriti, Okumbe, & Nyamache, 2020). Nurses working in public hospitals in County's often experience stressors such as heavy workloads, long hours, and limited support systems (Shabani & Muli, 2017). Nurses face challenges related to job dissatisfaction, lack of recognition, and insufficient opportunities for career advancement within the local healthcare system (Nyangena, Okeyo, Mutinda, & Mbajiorgu, 2020). These factors contribute to the risk of burnout among nursing staff, which can compromise the quality of patient care provided in these healthcare facilities (Kang'ethe, 2017). One of the primary factors contributing to burnout among nurses in the county is the overwhelming patient demand. These hospitals cater not only to the local population but also to patients from surrounding areas who lack access to healthcare facilities in regions (Ogundeji, Jackson, & Sheldon, 2018). Consequently, nurses experience heightened stress and emotional exhaustion due to the increased workload and patient expectations (Omondi, Onyango, & Otieno, 2021).

Despite the critical need for mental health support, counties lack specialized services for healthcare workers (Wambua, Osawa, & Gikonyo, 2019). This scarcity of resources exacerbates the problem of burnout among nurses, as they have limited access to counseling or psychotherapeutic interventions (Mugambi & Keraka, 2018). Cultural factors in Kenya, such as the stigma surrounding mental health issues, deter nurses from seeking help (Kisia *et al.*, 2017). Nurses are deeply embedded in the community and hold esteemed positions (Kilimo, Gachoka, & Murithi, 2020). There is a prevailing expectation that nurses should exhibit resilience and be able to handle the challenges of the profession without showing signs of distress (Mutavi, Nyaga, & Maranga, 2019).

This cultural norm may discourage nurses from acknowledging burnout and seeking assistance (Muthoni, Mwangi, & Kamau, 2020). Given these challenges, implementing a psycho-educational intervention tailored to the local context is essential for preventing burnout among nurses. Such an intervention should incorporate culturally sensitive strategies to address the unique needs and challenges

faced by nurses (Wambua, Onyango, & Mbugua, 2021). By providing education on stress management, self-care techniques, and effective coping strategies, this intervention can empower nurses to prioritize mental well-being and seek support when needed (Kilindimo & Mwenda, 2022). Addressing burnout among nurses in public hospitals in Tharaka Nithi County requires a multifaceted approach that considers the local context, cultural norms, and resource limitations. A psycho-educational intervention offers a promising solution by equipping nurses with the knowledge and skills to mitigate burnout and promote mental well-being in professional practice.

1.2 Statement of the Problem

Nursing is a noble career because patients rely fully on the caregiving role for appropriate recovery outcomes. However, the work environment in public hospitals exemplified by extended shifts, overwhelming workloads, emotional strain from patient care, and limited resources in their work environment. This is the source of burnout among the nursing staff. Despite the critical role nurses play in healthcare delivery, there has been insufficient focus on addressing the psychosocial stressors that contribute to burnout in this profession. While psycho-educational interventions have proven effective in mitigating burnout in healthcare settings globally, there is a lack of structured programs tailored to the unique challenges faced by nurses in this region. The ministry of Health has instituted psychological intervention for nurses to navigate through the stressful work environment. It is important to examine the effects of these interventions on the mental well-being of the nursing staff. Therefore, the study examines the psychoeducation intervention for prevention of burnout among nurses in public hospitals in Tharaka Nithi County, Kenya.

1.3 Purpose of the Study

The study sought to examine the psycho-educational interventions aimed at preventing burnout among nurses in public hospitals in Tharaka Nithi County, Kenya.

1.4 Objectives of the Study

The objectives of this research were:

- i. Examining stress management techniques as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya.
- ii. To examine communication skills as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya.
- iii. Assessing the peer support program as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya.

1.5 Research Questions

To achieve the study objectives, the research questions were formulated as follows:

- i. How do stress management techniques prevent burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya?
- ii. How do communication skills prevent burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya?
- iii. How does the peer support program prevent burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya?

1.6 Significance of the Study

Nurses, as frontline healthcare providers, are profoundly affected by burnout, which can jeopardize patient care quality. This study proposes implementing psycho-educational interventions aimed at equipping nurses with coping strategies, stress management techniques, and a deeper understanding of burnout. Patients stand to benefit directly from improved nurse well-being, which is linked to shorter wait times, enhanced communication, and overall higher quality care. Hospital administrators grappling with challenges such as turnover, absenteeism, and decreased productivity due to burnout could see substantial improvements. The community indirectly benefits from a healthier nursing workforce, which contributes to improved health outcomes and a more resilient healthcare system. Researchers and academia will gain valuable insights into burnout prevention strategies and the efficacy of psycho-educational interventions. This knowledge will enrich the scholarly literature and inform future research and policy decisions, particularly in the context of public hospitals in Kenya. Healthcare policy development stands to be significantly influenced by the findings of this study this will enhance working conditions and

ultimately improve healthcare service delivery nationwide. Evidence-based findings may prompt policymakers to allocate resources towards training, staffing, and infrastructure necessary for scaling up psycho-educational interventions across public hospitals. Public health implications associated with nurse burnout, such as increased medical errors and suboptimal patient care, underscore the urgency of effective intervention strategies.

1.7 Scope of the Study

The study focused on investigating the psycho-educational interventions in preventing burnout among nursing staff in selected Public Hospitals within Tharaka-Nithi County, Kenya. Tharaka-Nithi County was chosen as the study location due to its unique healthcare landscape, demographic composition, and resource-related factors that can significantly impact the experiences of nursing professionals. Specifically, the study was conducted at Chuka County Referral Hospital, Marimanti Sub-County Hospital, and Magutuni Sub-County Hospital in Tharaka-Nithi County. The selection of these healthcare facilities aimed to capture a diverse representation of nursing staff in different hospital settings within the county, providing valuable insights into the psycho-educational interventions on burnout prevention among nurses in this region.

1.8 Limitations of the Study

The study was limited by the use of self-report measures which could lead to biasness among nursing staff, where respondents may provide answers, they believe are expected or socially acceptable rather than their true experiences. To address the limitation associated with self-report measures, the study ensured participant anonymity, providing clear instructions for completing the surveys, and used validated assessment tools which enhanced the reliability of the data collected.

1.9 Assumptions of the study

- i. The study assumed that the respondents will provide true and honest feedback. It was assumed that participants will disclose their experiences and perceptions truthfully, which was crucial for obtaining reliable data.
- ii. The study assumed that nurses in Tharaka Nithi County were experiencing significant burnout and therefore would need intervention for the prevention and alleviation of the same.

1.10 Operational Definitions of Terms

The following were the operational definition of terms

- Burnout** : Burnout is a state of emotional, physical, and mental exhaustion caused by prolonged or excessive stress. It is as a process that develops over time and can be characterized by three main dimensions: involving emotional exhaustion, depersonalization and diminished sense of personal accomplishment occurring as a result of human service professionals or working with complex situations.
- Communication Skills** : Improvement and refinement of interpersonal communication abilities. In the study, the focus is on enhancing nurses' communication skills to foster positive interactions, understanding, and empathy in professional relationships.
- Cynicism towards work** : Developing a negative, detached, or indifferent attitude towards one's job, colleagues, or the work environment.
- Depersonalization** : is a psychological phenomenon where individuals experience a sense of detachment from their work and the people they interact with
- Detachment from work** : Feeling disconnected or estranged from one's job, often leading to a sense of merely "going through the motions" without genuine engagement.
- Emotional exhaustion** : Refers to a state of feeling emotionally worn out and drained as a result of accumulated stress from personal or work-related experiences. This condition is often a critical component of burnout and is characterized by:
- Feelings of inadequacy** : Perceiving oneself as not being able to meet job expectations or make meaningful contributions.
- Increased fatigue** : Persistent tiredness and lack of energy, even after resting or taking a break.

- Peer Support Program** : A structured program fostering mutual support and shared experiences among peers. In this context, it refers to an intervention designed to create a supportive community among nurses, providing a platform for them to connect, share challenges, and receive support.
- Perceived Support from Colleagues** : Perceived support from colleagues refers to the subjective perception or belief of nurses regarding the availability and adequacy of support, assistance, and encouragement they receive from coworkers within the workplace. This support may include emotional support, instrumental assistance with tasks, and social interaction aimed at alleviating stress and enhancing well-being.
- Personal Well-being** : Refers to an individual's overall state of health, happiness, and satisfaction with life. It includes physical, emotional, mental, and social aspects of a person's life.
- Psycho-Educational Interventions** : Psycho-educational interventions are structured programs designed to enhance psychological well-being and alleviate emotional or behavioral challenges through education, skill-building, and psychotherapeutic techniques.
- Reduced empathy** : Decreased ability to understand and share the feelings of others, leading to an impersonal or insensitive approach to interactions with colleagues and clients.
- Stress Management Techniques** : refers to the use of specific strategies and techniques aimed at helping nurses effectively cope with and reduce the physical, emotional, and psychological strain associated with their demanding work environment

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview of Burnout

Burnout is a psychological syndrome that emerges as a prolonged response to chronic interpersonal stressors on the job. It is characterized by three main dimensions: emotional exhaustion, depersonalization, and a reduced sense of personal accomplishment (Maslach & Jackson, 1981). Reduced personal accomplishment denotes a decline in one's feelings of competence and successful achievement in one's work (Maslach, Schaufeli, & Leiter, 2001). This decline can contribute to feelings of inadequacy and decreased motivation, further exacerbating burnout among nursing staff.

Burnout is particularly prevalent among healthcare professionals, including nurses, due to the high demands, long working hours, and the emotional intensity of patient care. Nurses in public hospitals often face a multitude of stressors including heavy workloads, insufficient staffing, and the emotional burden of patient suffering and death, making them highly susceptible to burnout (Dall'Ora, Ball, Reinius, & Griffiths, 2020). In Tharaka-Nithi County, Kenya, public hospitals face significant challenges that contribute to nurse burnout. These include limited resources, high patient-to-nurse ratios, and inadequate support systems. Addressing burnout is critical as it not only affects the well-being of nurses but also impacts patient care quality and overall healthcare outcomes (Mudallal, Othman, & Al Hassan, 2017). To mitigate burnout, various interventions have been proposed and studied. This chapter will examine three key interventions: stress management techniques, communication skills training, and peer support programs.

2.2 Stress Management Techniques in Preventing Burnout

Nurse burnout is a multifaceted phenomenon that extends far beyond the realms of mere job dissatisfaction. This pervasive issue is intricately woven with elements such as emotional exhaustion, depersonalization, and a notable decline in the sense of personal accomplishment. The seminal work of Maslach and Leiter (2016) provides crucial insights into this phenomenon, defining burnout as the result of chronic workplace stress that has not been effectively managed. This conceptualization serves as the bedrock for comprehending the nuanced ways in which burnout manifests

among nurses working within the demanding landscapes of healthcare settings. The intricate tapestry of nurse burnout involves not only the tangible repercussions on individual well-being but also the potential ramifications for the overall quality of patient care. The emotional exhaustion component reflects a state where nurses experience an overwhelming depletion of emotional resources, resulting in an increased sense of being drained, both mentally and physically. Depersonalization, on the other hand, manifests as a coping mechanism wherein nurses' distance themselves from patients and colleagues as a means of self-preservation (Taylor & Barling, 2004). The distancing, while initially a defense mechanism, contributes to a breakdown in the empathic connection crucial for effective healthcare delivery.

Furthermore, the diminished sense of personal accomplishment encapsulates the erosion of a nurse's confidence and feelings of competence and ability to make a meaningful impact in their role (Smith & Johnson, 2008). Understanding the nurse burnout necessitates a proactive approach to address its root causes and mitigate its consequences. Stress management techniques emerge as a pivotal intervention, offering a multifaceted tool kit to empower nurses in navigating the demanding terrain of healthcare (Adams & Brown, 2016). These techniques encompass a spectrum of strategies, ranging from individual-focused practices to systemic changes. Individual-focused stress management techniques delve into equipping nurses with coping mechanisms tailored to unique stressors (Wilson & Lee, 2019). Mindfulness meditation, cognitive-behavioral therapy, and resilience training stand out as evidence-based approaches that foster emotional regulation and enhance psychological well-being (Murphy & White, 2014). These techniques empower nurses to cultivate a heightened awareness of emotional states, manage stressors effectively, and foster a resilient mindset in the face of adversity. Simultaneously, the integration of organizational-level interventions becomes imperative to create an environment that fosters nurse well-being (Clark & Taylor, 2017). This involves revisiting workload distribution, implementing supportive leadership models, and establishing channels for open communication to address concerns and grievances. By acknowledging the systemic contributors to burnout, hospitals can lay the groundwork for sustained improvements in nurse satisfaction and, consequently, patient care outcomes.

A comprehensive examination of nurse burnout necessitates a closer look at the myriad factors that weave together to create this intricate tapestry of workplace distress. High workload emerges as a predominant stressor for nurses, and studies such as those by Dall'Ora *et al.*, (2015) establish a clear link between workload intensity and the manifestation of burnout. Beyond the individual burden, organizational issues, including inadequate staffing levels and resource allocation, significantly contribute to the erosion of nurse well-being (Aiken *et al.*, 2014). It becomes evident that these factors intertwine; forming a complex nexus that requires nuanced understanding and targeted interventions. The literature underscores the pivotal importance of recognizing these contributing factors as the foundational step in developing effective interventions. By acknowledging the multifaceted nature of burnout causation, healthcare institutions can tailor strategies to address the specific challenges faced by nurses in the demanding landscape of public Hospitals in Tharaka-Nithi County. In the realm of preventative measures against nurse burnout, psycho-educational interventions (PEI) emerge as a beacon of hope, offering a proactive and holistic approach to mitigating the detrimental effects of chronic workplace stress. The insights presented by Richardson and Rothstein (2008) highlight stress management techniques as integral components of PEI, equipping nurses with practical tools to navigate the multifaceted challenges inherent in profession.

The demanding nature of healthcare environments presents unique challenges for nurses, necessitating tailored stress management interventions (Taylor & Barling, 2004). In addition to individual-focused and organizational-level stress management techniques, the concept of resilience training has gained prominence in the healthcare sector. Resilience training programs are designed to equip nurses with the skills to effectively cope with the stressors inherent in their roles (Wilson & Lee, 2019). By enhancing nurses' ability to adapt and bounce back from challenging situations, resilience training contributes to the prevention of burnout and the promotion of overall well-being within the nursing workforce (Wilson & Lee, 2019).

Peer support programs have shown promise in mitigating nurse burnout by fostering a sense of camaraderie and providing opportunities for emotional validation and stress reduction (Adams & Brown, 2016). These programs create supportive networks among nurses, allowing them to share experiences, seek advice, and build mutual understanding of the challenges they face in their roles (Adams & Brown, 2016).

Furthermore, the implementation of flexible scheduling and job autonomy has been linked to reduced levels of burnout among nurses (Dall'Ora, Jones, & Griffiths, 2015). By offering nurses more control over their work schedules and decision-making processes, healthcare organizations can empower their nursing staff to effectively manage their workload and maintain a healthier work-life balance, ultimately contributing to lower burnout rates (Dall'Ora, Jones, & Griffiths, 2015).

In the context of Tharaka-Nithi County, the integration of stress management techniques and interventions tailored to the specific challenges faced by nurses in this setting is vital. This approach acknowledges the unique stressors and environmental factors that contribute to burnout among nurses in public healthcare institutions and underscores the importance of targeted interventions to support their well-being (Clark & Taylor, 2017).

2.3 Communication Skills for the prevention of burnout

Communication skills, as emphasized by Lavoie-Tremblay, Paquet, Marchionni, and Drevniok (2016), constitute another crucial facet of psycho-educational interventions. Enhancing these skills not only fosters positive workplace relationships but also serves as a protective buffer against the emotional toll of burnout. Effective communication creates a supportive environment where nurses feel heard and understood, mitigating the sense of isolation often associated with the depersonalization component of burnout.

In the dynamic landscape of nursing practice, effective communication emerges as an unequivocal cornerstone, playing a pivotal role in shaping interactions among nurses, patients, colleagues, and other healthcare professionals. The significance of robust communication cannot be overstated, as highlighted by Clark (2018), as it forms the bedrock upon which successful healthcare relationships are built. Conversely,

inadequate communication has far-reaching consequences, potentially culminating in misunderstandings, heightened stress and, ultimately, contributing to the pervasive issue of nurse burnout (Queen, 2023). The multifaceted nature of nursing duties demands not only technical proficiency but also a keen ability to convey information, provide emotional support, and engage in collaborative decision-making. In the context of burnout prevention, effective communication serves as a protective shield, fostering a positive and supportive work environment (Dawson, 2015). In the subsequent sections, the focus will shift towards exploring how targeted communication skills interventions can be strategically employed to mitigate burnout risks among nurses.

Within the intricate fabric of nursing practice, gaining insight into how communication is perceived by nurses in daily work emerges as a pivotal focal point of this study. The nuances of communication in this healthcare setting are multifaceted and warrant a comprehensive exploration. As highlighted by Schub (2017), understanding the subjective experiences and perspectives of nurses is essential for unraveling the complex interplay between communication dynamics and the prevalence of burnout.

In the depth of the communication climate, the research adopts a methodological approach grounded in the administration of surveys and interviews. This methodological choice draws inspiration from the work of Clerk, (2018) emphasizing the significance of mixed-methods research in uncovering both quantitative and qualitative dimensions of communication challenges. By combining surveys and interviews, the study seeks to not only identify existing challenges but also to reveal the subtle links between communication practices and burnout, aligning with the comprehensive approach advocated by Myers and Hulks (2018).

Aligning with the assertions of Taylor and Hall (2021), interventions tailored to the specific needs and challenges identified through qualitative exploration are more likely to resonate with the nursing staff. This personalized approach acknowledges the unique contextual factors that influence communication within hospitals thereby enhancing the potential effectiveness of the proposed interventions. A rich body of research, including the notable contributions of (Grimm, 2019) and (McAllister,

2017), underscores the profound correlation between communication skills and the reduction of burnout among nurses. Communication skills stands as a linchpin in fostering a supportive work environment, augmenting teamwork, and mitigating stress. This section will delve into the specific communication strategies that have been empirically proven to be efficacious in the mitigation of burnout.

Drawing on the insights of scholars like (Clark, 2018) known for contributions to understanding communication in healthcare, this study will explore the practical implications of identified strategies. Clark's work on patient-centered pharmacology emphasizes the importance of effective communication in the context of patient care, aligning with the objectives of this assessment. Identifying strengths in communication strategies will involve recognizing successful practices that contribute to positive nurse-patient interactions and effective interdisciplinary collaboration. These could include regular team meetings, clear protocols for patient handovers, and established channels for feedback. On the other hand, pinpointing weaknesses may reveal areas where communication breakdowns occur, such as during shift transitions or in conveying critical information.

By referencing the works of scholars who have extensively studied communication in prevention of burnout, such as (McAllister, 2017), the assessment will be enriched with theoretical underpinnings. McAllister's emphasis on core interpersonal skills aligns with the goal of evaluating communication strategies that not only prevent burnout but also contribute to a more holistic and patient-centered approach to nursing. Building upon the insights gained from evaluating current communication strategies (CS), the next phase involves implementing targeted communication skills training programs. The proactive approach of incorporating workshops aligns with the work of (Hagler, 2018), who has emphasized caring science in nursing education. Workshops will focus on key aspects such as active listening, assertiveness, and conflict resolution, drawing inspiration from successful interventions documented in Hagler's research.

These training initiatives aim not only to address identified weaknesses but also to enhance existing strengths. The goal is to equip nurses with the necessary skills to navigate challenging communication scenarios, thereby reducing the likelihood of burnout. The proposed training initiatives will be tailored to the specific context of these hospitals, taking into account the unique challenges and opportunities within the healthcare setting. Identifying and addressing barriers to effective communication is a crucial step in ensuring the success of the intervention. Scholars such as Dale Carnegie, renowned for his work on interpersonal communication, provide valuable insights into overcoming communication challenges. Strategies to dismantle common barriers, including hierarchical structures, time constraints, and a lack of interdisciplinary collaboration, will be explored.

Harvey's principles of effective communication, emphasizing the importance of empathy and understanding, will inform the development of strategies to foster open communication channels (Harvey, Maclean, Gordon, & Shaw, 2011). This section of the study aims to create a roadmap for nurses to navigate potential obstacles, promoting a culture of transparent and collaborative communication within Public Hospitals in Tharaka-Nithi County, Kenya. A robust evaluation plan will be implemented to assess the effectiveness of the communication skills training intervention. Surveys and follow-up interviews, drawing on methodologies suggested by (Kennedy, 2019), will measure changes in perceived stress, teamwork dynamics, and job satisfaction post-intervention. This data-driven approach aligns with Kennedy's focus on the importance of therapeutic relationships in the delivery of care. The iterative nature of this process ensures that communication strategies continue to evolve based on real-time insights and the changing dynamics within the healthcare environment. This section will delve into the broader implications of improving communication skills in nursing, drawing on the works of (Clark, 2018) and (McAllister, 2017). Beyond the immediate goal of burnout prevention, enhanced communication contributes to patient safety, satisfaction, and overall healthcare quality. Theoretical frameworks provided by these scholars will guide the discussion on the transformative potential of effective communication within nursing practice.

2.4 Peer Support Program for Prevention of Burnout

Peer support programs serve as essential components of comprehensive workplace interventions aimed at promoting mental health and preventing burnout among nurses. These programs facilitate the exchange of emotional, informational, and instrumental support among peers who share similar professional experiences and challenges (Maunder, Lancee, Balderson, Bennett, 2019). Through peer support initiatives, nurses can engage in open and non-judgmental discussions about work-related stressors, coping strategies, and personal well-being (Bakker, Demerouti, Euwema, 2020). Emotional support within peer networks plays a crucial role in buffering the adverse effects of job-related stressors on nurses' mental health. By providing empathetic listening, empathy, and validation of experiences, peers can help alleviate feelings of loneliness, frustration, and burnout among colleagues (Lancee, Balderson, Bennett, 2020).

The opportunity to express emotions and share vulnerabilities in a safe and confidential environment fosters a sense of belonging and solidarity among nurses, enhancing overall psychological resilience (Cheung, Yip, Lui, 2021). Peer support programs offer valuable sources of informational support by facilitating the exchange of practical advice, strategies, and resources for coping with work-related challenges. Nurses can learn from each other's experiences, gain insights into effective coping mechanisms, and access information about available support services and resources within the workplace (Admi, Moshe-Eilon, Sharon, Mann, 2018). This sharing of knowledge and expertise empowers nurses to develop adaptive coping skills, problem-solving abilities, and self-care practices to mitigate the impact of stressors and prevent burnout (Kok, Maunder, Lancee, Balderson, Bennett, 2018).

Instrumental support provided through peer networks involves tangible assistance and resources that help nurses manage workload, navigate organizational processes, and address practical concerns. Peers may offer assistance with task delegation, workload management, time management, and skill development, thereby reducing job strain and enhancing job satisfaction (Maunder *et al.*, 2019). Peer mentors or champions can serve as role models and advocates for positive workplace practices, promoting a culture of support, collaboration, and well-being within the nursing workforce (Mbuthia, Kisiang'ani, Muiruri, 2019). In recent years, an increasing body of evidence

has highlighted the effectiveness of peer support programs as valuable interventions for addressing burnout and enhancing psychological well-being among nurses in healthcare settings. Numerous studies have demonstrated the positive impact of peer support initiatives on reducing burnout symptoms, improving job satisfaction, and enhancing overall mental health outcomes among nurses (Maunder *et al.*, 2019). For instance, a randomized controlled trial conducted by Admi *et al.* (2018) investigated the effects of a peer support program on burnout among nurses working in a hospital setting. The study found that nurses who participated in the peer support program experienced significant reductions in emotional exhaustion and depersonalization, two key dimensions of burnout. These findings underscore the potential of peer support interventions to alleviate burnout symptoms and promote emotional well-being among nurses facing high levels of occupational stress.

A systematic review conducted by Cheung *et al.* (2021) examined the collective evidence on the effectiveness of peer support interventions in reducing burnout among healthcare workers, including nurses. The review synthesized findings from multiple studies and reported consistent evidence supporting the efficacy of peer support programs in reducing burnout symptoms and improving job satisfaction among healthcare professionals. These findings highlight the robustness of peer support interventions as effective strategies for mitigating burnout and fostering a positive work environment for nurses. Peer support interventions offer opportunities for skill-building, self-reflection, and personal growth among nurses. Through peer interactions, nurses can enhance communication skills, conflict resolution abilities, and emotional intelligence, which are essential for effective coping and resilience in the face of workplace challenges (Lancee *et al.*, 2020). Peer mentors or facilitators play a vital role in providing guidance, feedback, and role modeling for positive coping strategies, thereby empowering nurses to proactively manage well-being and professional development.

Cultural norms and organizational culture play a significant role in shaping the acceptability and effectiveness of peer support initiatives. In some cultural contexts, seeking help or sharing personal struggles may be stigmatized, leading nurses to hesitate in participating fully in peer support programs (Kok *et al.*, 2018). Organizational cultures that prioritize productivity over employee well-being may not

fully support or allocate resources for peer support initiatives, undermining effectiveness (Bakker *et al.*, 2020). One of the primary challenges in implementing peer support programs is the high workload and time constraints faced by nurses. Nurses often have limited time and resources to engage in peer support activities amidst demanding work schedules (Maunder *et al.*, 2020). This can hinder participation in peer support groups, mentorship programs, or other supportive activities, thereby limiting the effectiveness of these interventions in addressing burnout. Staff turnover poses another challenge to the sustainability of peer support programs. High turnover rates within nursing teams can disrupt peer relationships and networks, leading to discontinuity in peer support activities (Mbindyo, Kanyiva, Kibe, Naanyu, 2017). Frequent turnover may erode trust and cohesion among team members, making it difficult to establish a supportive peer culture within the organization.

Limited resources, both financial and human, can impede the implementation and sustainability of peer support programs. Healthcare organizations may face budgetary constraints that limit ability to allocate funds for training, facilitation, or coordination of peer support initiatives (Mbuthia *et al.*, 2019). Similarly, staffing shortages and competing priorities may result in inadequate staffing for peer support roles, diminishing the effectiveness of these programs in providing meaningful support to nurses. The support of organizational leadership and the overall organizational climate are crucial factors influencing the success of peer support programs. Strong leadership commitment to employee well-being and a supportive organizational climate that values open communication and collaboration are essential for fostering a culture of peer support (Cheung *et al.*, 2021). Lack of leadership buy-in or resistance to change may hinder the implementation of peer support initiatives and undermine impact on reducing burnout among nurses.

Limited research exists on the effectiveness of peer support programs in low-resource settings, including hospitals in Tharaka-Nithi County, Kenya. However, studies conducted in similar contexts suggest that peer support interventions can be adapted and implemented successfully to address burnout among healthcare workers facing resource constraints. In resource-limited settings, such as rural hospitals or underserved communities, healthcare workers often confront unique challenges,

including heavy workloads, inadequate staffing, limited access to training and support resources, and socioeconomic disparities (Mbindyo *et al.*, 2017). Despite these challenges, peer support interventions have demonstrated promise in improving the well-being of healthcare workers and mitigating burnout. Peer-led support groups represent one effective strategy for fostering peer support and promoting mental health among healthcare workers in low-resource settings. These support groups provide a forum for healthcare professionals to share experiences, express concerns, and offer mutual support in a safe and non-judgmental environment (Mbuthia *et al.*, 2019). Peer facilitators or mentors, who may have undergone specialized training or have personal experience with burnout, play a crucial role in guiding discussions, providing emotional support, and facilitating coping strategies.

Mentorship programs offer structured opportunities for experienced healthcare workers to mentor and support colleagues, particularly those who are new to the profession or facing challenges in roles. Mentors provide guidance, advice, and encouragement to mentees, helping them navigate work-related stressors, develop resilience, and access resources for self-care and professional development (Maunder *et al.*, 2019). Mentorship relationships foster a sense of camaraderie, trust, and collaboration among healthcare workers, thereby enhancing overall well-being and job satisfaction. In addition to formalized support programs, informal peer networks play a vital role in supporting nurses' well-being and resilience in resource-constrained environments.

Informal peer networks arise naturally within healthcare settings, allowing nurses to form connections, seek advice, and provide mutual support on an informal basis (Mbuthia *et al.*, 2019). These networks may consist of close-knit groups of colleagues who share common experiences, challenges, or interests, and who provide emotional support, practical assistance, and encouragement to one another. Overall, while research on peer support programs in low-resource settings is limited, evidence suggests that these interventions can be adapted and implemented effectively to address burnout and promote well-being among healthcare workers. By leveraging existing resources, fostering peer connections, and promoting a culture of support within healthcare organizations, peer support interventions offer a valuable approach to enhancing the resilience and job satisfaction of nurses in resource-constrained

environments like in Tharaka-Nithi County, Kenya. Further research is needed to evaluate the feasibility, acceptability, and peer support programs in diverse low-resource settings and to identify best practices for implementation and sustainability.

2.5 Theoretical Framework

This research was guided by two theories which include the Effort-Reward Imbalance Theory (ERI) and the Cognitive Activation Theory of Stress (CATS).

2.5.1 Effort-Reward Imbalance (ERI) Theory

This theory was proposed by Johannes Siegrist in 1996. The Effort-Reward Imbalance (ERI) Theory, explores the relationship between the high efforts expended at work and the rewards received in return. This theory suggests that an imbalance between high efforts and low rewards is linked to adverse health outcomes such as burnout and psychological distress, particularly in high-stress occupational settings. The ERI Theory is pertinent to the study as it addresses the imbalance between the demands placed on nurses, including workload and emotional labor, and the rewards they receive in terms of recognition, career opportunities, and support. This theory provides a framework for understanding how perceived inequity between efforts expended and rewards received contributes to burnout among nurses in public hospitals. In the context of the study on burnout prevention among nurses in public hospitals, ERI Theory can be applied to elucidate the potential impact of effort-reward imbalances on the psychological well-being of nurses in Tharaka Nithi County. By identifying specific areas of imbalance, such as long working hours without adequate recognition or job insecurity, the theory can inform the development of interventions aimed at addressing these imbalances and promoting a healthier work environment for nurses (Siegrist, 1996).

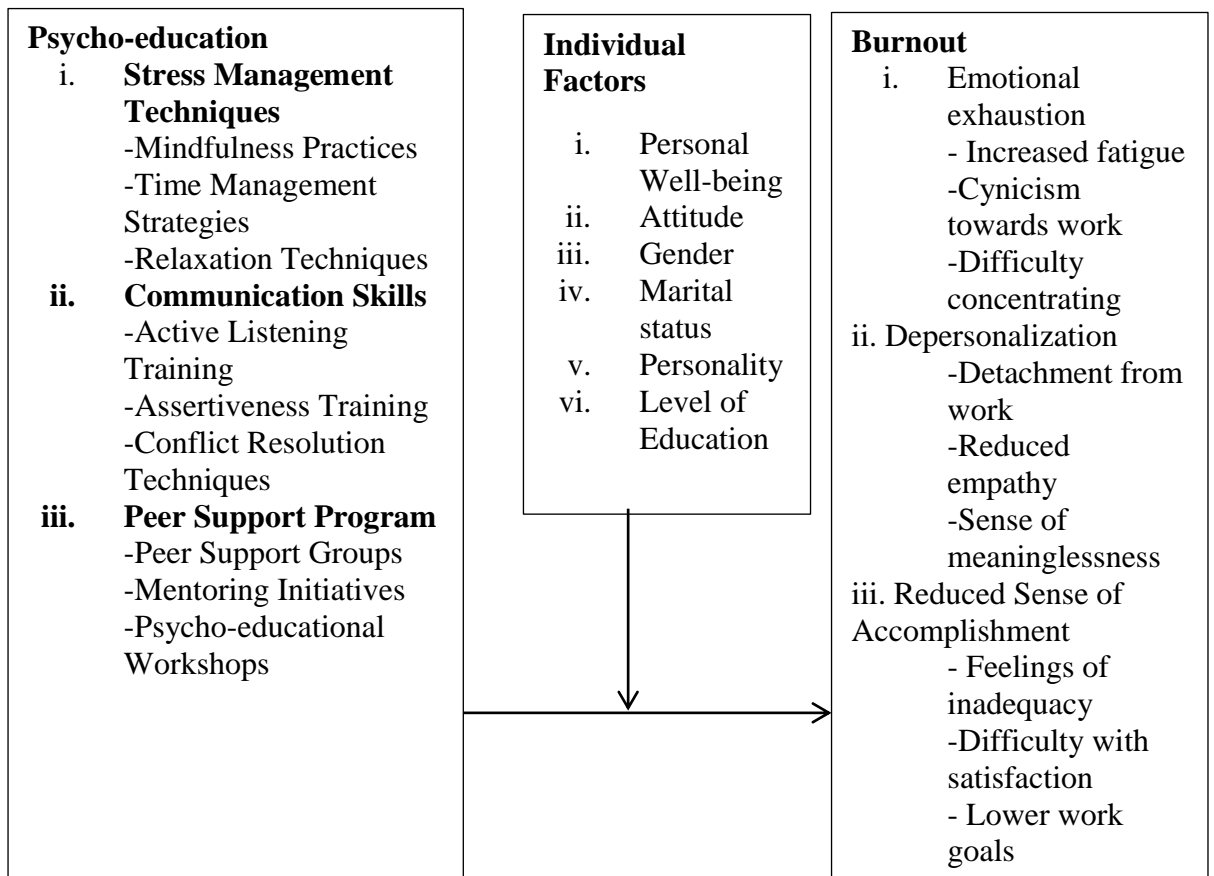
2.5.2 Cognitive Activation Theory of Stress (CATS)

This theory was proposed by Wolfgang Linden and Johannes Seemann in 2006. The Cognitive Activation Theory of Stress (CATS), introduced by Wolfgang Linden and Johannes Seemann, focuses on the cognitive processes involved in stress perception and the appraisal of stressors. This theory argues that stress arises from the activation of cognitive representations of potential threat or harm, leading to the experience of stress. It emphasizes the role of cognitive appraisals and coping strategies in the stress

response. CATS provide a theoretical framework to understand the cognitive mechanisms underlying stress and burnout. It emphasizes the role of cognitive appraisal processes, including perceived control, predictability, and coping resources, in shaping individuals' responses to stressors. This cognitive perspective is pertinent to understanding how nurses interpret and respond to the demands of their work environment. In the context of the study on burnout prevention among nurses in public hospitals, CATS can offer insights into the cognitive processes through which nurses perceive and respond to stressors, including workload, patient care challenges, and organizational factors. By understanding the cognitive appraisals and coping strategies employed by nurses in Tharaka Nithi County, interventions can be tailored to target specific cognitive processes and enhance stress management and resilience among nurses (Linden & Seemann, 2006).

2.6 Conceptual Framework

The conceptual framework was designed to explore the relationships and dynamics among dependent, independent, and intervening variables.



Independent Variables

Intervening Variables

Dependent Variables

Figure 1: Illustration of the Study's Conceptual Framework

This thesis investigated the psycho-education interventions on nurse burnout. The model employs a three-variable framework to understand the relationship between variables. In this case, the dependent variable is burnout. Burnout, characterized by emotional exhaustion, cynicism, and reduced sense of accomplishment, is often caused by prolonged or excessive stress. The program hypothesizes that by improving individual factors through the independent variables, burnout levels will decrease. In simpler terms, the framework introduces psycho-education and stress management techniques independent variables to influence employee's attitudes and well-being intervening variables. Improvements in individual factors are then expected to lead to a decrease in burnout (dependent variable).

CHAPTER THREE: METHODOLOGY

3.1 Location of the study

The selection of Tharaka Nithi County as the primary study location for investigating psycho-educational interventions for preventing burnout among nurses was rooted in the healthcare challenges prevalent to this region. The county faces substantial issues such as limited healthcare resources, environmental stressors, and inadequate support systems for nurses, which collectively escalate the vulnerability of nurses to burnout (Opiyo & Njoroge, 2019). The selection of Chuka County Referral Hospital, Marimanti Sub-County Hospital, and Magutuni Sub-County Hospital as the focal points of this study was underpinned by specific criteria aimed at ensuring a comprehensive representation of the healthcare landscape in Tharaka Nithi County. These hospitals were chosen to encapsulate a diverse range of healthcare facility tiers, catering to varied patient populations and encompassing differing geographical locations within the county. By including hospitals of varying sizes and capacities, this study sought to explore the nursing experiences across different work environments.

3.2 Research Design

A research design, as conceptualized by Kothari (2004), provides the structure for conducting the study. This research adopted a descriptive survey design to investigate psycho-educational interventions for preventing burnout among nurses in the specified healthcare settings. In the context of this study the primary focus of the descriptive survey design was to systematically collect information that describes the burnout prevention interventions. Descriptive research design aimed to systematically obtain information to describe a phenomenon, situation, or population. More specifically, it helped answer the what, when, where, and how questions regarding the research problem rather than the why. A researcher can conduct descriptive research using various methodologies. Descriptive research design predominantly employs quantitative data, although qualitative data is sometimes used for descriptive purposes. In descriptive research method, the researcher does not control or manipulate any variables, hence its suitability for this study.

3.3 Target Population

The target population for this study was 206 which included nursing staff and Counselling psychologists working within 3 Public Hospitals in Tharaka-Nithi County in Kenya. The target populations were as tabulated in Table 1.

Table 1: Tabulation of target population

Hospital	Nurses	Counselling Psychologists	Nursing Manager in charge	Total
Chuka County Referral Hospital	122	1	1	124
Marimanti Subcounty Hospital	47	0	1	48
Magutuni Subcounty Hospital	32	1	1	34
Total	201	2	3	206

Source: (Hospital Records, 2023)

The target population for this research included Chuka County referral hospital, Marimanti Subcounty hospital and Magutuni Subcounty Hospital. Chuka County referral hospital a major referral hospital serves as a hub for specialized care and sees a high volume of patients from all over the county. Marimanti Sub-County Hospital serves Tharaka Sub County as its referral hospital. Magutuni Sub-County Hospital serves Maara Sub County and acts as a referral hospital for this region.

3.4 Sampling Procedure and Sample Size

In this study, sampling was crucial for selecting participants who adequately represent the broader population, ensuring the findings were generalizable and relevant to the nursing context. The sampling procedure for this study involved purposive sampling to select participants from Chuka County Referral Hospital, Marimanti Sub County Hospital, and Magutuni Sub County Hospital in Tharaka-Nithi County, Kenya. These hospitals were specifically chosen due to their significant roles as primary healthcare providers in their respective regions.

The sample sizes for each category at Chuka County Referral Hospital, Marimanti Sub County Hospital, and Magutuni Sub County Hospital were determined using the Krejcie and Morgan table (1970). This table provided guidelines for determining sample sizes based on a specified population size and desired confidence level. At Chuka County Referral Hospital, the total sample size of 99 participants was obtained

as follows: The hospital had a population size of 122 nurses. Using the Krejcie and Morgan table for a population size of 122 with a 95% confidence level, 97 nurses were selected to ensure representation. The hospital had one nursing manager and one Counselling psychologist, who were included as part of the study.

For Marimanti Sub County Hospital, with a population size of 48 staff members: The population size of nurses was 47. Using the Krejcie and Morgan table for a population size of 47 with a 95% confidence level, 37 nurses were selected. The hospital had one nursing manager and one counselling psychologist, who were included as part of the study. At Magutuni Sub County Hospital, with a total staff population of 34: The population size of nurses was 32. Using the Krejcie and Morgan table for a population size of 32 with a 95% confidence level, 26 nurses were selected. The hospital had one nursing manager and one counselling psychologist, who were included as part of the study. In total, the study aimed to involve 165 participants across Chuka County Referral Hospital, Marimanti Subcounty Hospital, and Magutuni Subcounty Hospital. Calculatedly the sample sizes for nurses as explained can be obtained as follows using the formula;

$$\text{Chuka Referral Hospital Nurses} = \frac{122}{201} \times 160 = 97$$

$$\text{Marimanti Subcounty Hospital Nurses} = \frac{47}{201} \times 160 = 37$$

$$\text{Magutuni Subcounty Hospital Nurses} = \frac{32}{201} \times 160 = 26$$

Table 2: Proportionate sample = category population/total population x sample size

Hospital	Nurses	Councelling Psychologists	Nursing Manager Incharge	Total
Chuka County Referral Hospital	97	1	1	99
Marimanti Subcounty Hospital	37	0	1	38
Magutuni Subcounty Hospital	26	1	1	28
Total	160	2	3	165

Source:(Hospitals Health Records, 2023)

3.5 Research Instruments

The research utilized questionnaires and interview guides as primary instruments for data collection. These were complemented by a descriptive method to gather relevant data and literature from published sources.

3.5.1 Questionnaires

Questionnaires both open ended and closed were used to help the respondents who in this case are the nurses to provide information. A total of 160 questionnaires were administered. The questionnaire consisted of section A up to D. Section A consisted of demographic information which had mostly closed ended questions. Section B had questions on stress management techniques as an intervention to prevent burnout, Section C had questions on communication skills as an intervention to prevent burnout and section D had questions on peer support program as an intervention to prevent burnout. In these sections, the respondents were required to tick appropriate answer. The questionnaire had up to 27 questions. A detailed description of the questionnaire can be found in Appendix II.

3.5.2 Oral Interviews Guides

The study utilized oral interviews to gather information from Nursing Managers in Charge and counsellor psychologist. These interviews were conducted in person at specific locations within the offices and hospital premises. This method was chosen because it allowed for in-depth data collection, fostering a personal and interactive environment between the researcher and the respondents. It also offered the opportunity to explore complex issues and nuances in the responses provided. The interview guide for Nursing Managers in Charge and counselor psychologists in Tharaka-Nithi County hospitals was structured to elicit insights into burnout prevention strategies among nurses. The guide began with introductory remarks ensuring confidentiality and emphasizing the importance of accurate feedback. Participants were invited to provide an overview of their experiences in the hospitals, followed by discussions on stress management techniques that promoted the well-being and performance of nurses. The guide also explored the communication skills and the role they played in reducing burnout, as well as the peer support programs in fostering resilience among nurses. A detailed interview guide can be found in Appendix III.

3.6 Piloting

A pilot study was conducted before the actual data collection in Embu County referral hospital a neighboring County of Tharaka- Nithi County Kenya. This choice was informed by its proximity to the actual population and shared features with the Hospitals in the study. The aim was to evaluate the clarity of the instrument, with any identified deficiencies in items being either deleted or amended to enhance validity (Newman, 2005). The proposed pilot testing involved a total of 33 participants, constituting 20% of the total population. It was recommended, based on Mugenda and Mugenda (2003), that a pre-test involving 10% to 20% of the study population was conducted.

3.6.1 Validity of the Research Instruments

To ensure the validity of this study, a rigorous approach was used. Content validity was addressed through consultation with experts in counseling psychology department at Chuka University, who validated the instruments used in the study, ensuring their relevance and refinement of the psycho-educational intervention. Construct validity was maintained by aligning the proposed interventions with established psychological theories and models concerning burnout prevention. Criterion-related validity was established by systematically comparing outcomes from the psycho-educational interventions, such as reduced levels of burnout among nurses, with established criteria or benchmarks.

3.6.2 Reliability of the Research Instruments

In this study, the reliability of the research instrument was evaluated using Cronbach's Alpha coefficient, a widely recognized measure of internal consistency. Cronbach's Alpha coefficient assesses the extent to which a set of items in a scale or questionnaire are correlated with each other, indicating the reliability of the instrument in measuring the intended construct. Table 3 shows the reliability coefficients of the document.

Table 3: Reliability Coefficient Table

Variable	Number of items	Cronbach's Alpha coefficients	Comments
Stress Management Techniques	7	0.724	Reliable
Communication Skills as an Intervention	7	0.727	Reliable
Peer Support Program	7	0.749	Reliable

The results in Table 3 shows that the study obtained a Cronbach Alpha of above 0.70 for all variables. Cronbach's alpha coefficient ranges from 0 to 1, and the nearer the coefficient is to one, the more the inner consistency. Cronbach (1951) recommended an acceptable minimum value of above 0.60. Literature by Wooldridge (2015) recommended a value of above 0.7. Reliability coefficients below 0.5 are unacceptable; those above 0.8 are good, and those greater than 0.9 are considered excellent (Sharma, 2016). Therefore, data obtained by the current study was reliable. This means the study instrument can produce consistent results every time it is administered. The instrument's internal consistency was therefore considered to be satisfactory for further data analysis to meet the study's objectives.

3.7 Data Collection Procedures

Before any data collection activities commenced, clearance was sought from the Chuka University Institutional Ethics Review Committee to ensure that the study adhered to ethical guidelines and safeguarded the welfare of participants. Subsequently, using the approved ethics clearance letter, an application was submitted to the National Commission for Science, Technology, and Innovation (NACOSTI) to obtain a research permit. This permit is essential for conducting research within Kenya and ensures legal compliance.

Furthermore, formal permission was sought from the office of the County Director of Health in Tharaka-Nithi County to conduct the study within public hospitals under their jurisdiction. This step was critical in obtaining official approval and support from local health authorities. Prior to commencing data collection at each selected hospital, approval was also obtained from the Hospital Superintendent. This ensured that the research activities aligned with hospital policies and did not disrupt daily operations.

Informed consent was obtained from all participating nurses before data collection began. Participants were briefed on the study's purpose, procedures, potential risks, and benefits, emphasizing their right to confidentiality and voluntary participation. The research instruments, including validated questionnaires and interview guides approved by university supervisors for reliability and validity, were used to collect data. Data collection was conducted in person at designated locations within the hospitals to provide a conducive environment for open and candid responses.

Throughout the data collection phase, confidentiality was strictly maintained. Participants' responses were anonymized, and data was securely stored and accessible only to authorized research personnel. This comprehensive approach ensured that the data collection process was ethical, compliant with regulatory requirements, and respected the rights and privacy of all participants involved in the study.

3.8 Data Analysis

The data collected was analyzed statistically using the Statistical Package for Social Sciences (SPSS) version 28.0 computer software for windows. After collecting data, the first step was to edit it. Editing was relevant in order to eliminate errors and omissions. Editing of the information was relevant because it ensured that the collected data was accurate, consistent and correctly entered, and well organized for easy coding and data tabulation. The second step was coding of data, coding is the process of labelling and organizing data to identify different themes and the relationship between them. After coding, data was classified based on the stress management techniques as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County Hospitals; communication skills as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya and peer support program as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya. After classification of data, the next step was data tabulation and the data was organized systematically, summarized and analyzed through tables, pie charts, frequencies and percentages. The researcher then calculated frequencies and percentages of responses which was used to make statements about results to identify findings and make conclusions.

3.9 Ethical Consideration

Before commencing this research, permission was obtained from the relevant authorities, including the university. The necessary clearance was obtained from the National Council for Science, Technology, and Innovation (NACOSTI) Appendix v. Throughout the research process, there was emphasis on maintaining a positive and respectful relationship with the respondents. Confidentiality of information obtained was upheld and that the privacy of the participants was upheld.

CHAPTER FOUR
RESULTS AND DISCUSSION

4.1 Response Rate

The chapter presents the results pertaining to psycho-educational interventions for prevention of burnout among nurses in public hospitals in Tharaka Nithi County, Kenya. Presented in this chapter also is the response rate and demographic characteristics of the respondents.

Table 4: Response Rate

Category	Targeted	Responded	Response Rate (%)	Non-response	Non-response rate
Questionnaire:					
Nurses	160	157	98.13%	3	1.87%
Interview:					
Nursing Managers	3	3	100%	0	0%
Psychologists	2	2	100%	0	0%
Grand Total	165	162	98.18%	3	1.82%

The data in Table 4 indicates that out of 160 distributed questionnaires, 157 were completed and returned, yielding a return rate of 98.13%. This surpasses the recommended benchmark of 70%, as outlined by Mugenda and Mugenda (2008) and Cooper and Schindler (2014), who consider response rates above 50% satisfactory, 60% preferable, and over 70% excellent. The high response rate enhances the representativeness of the target sample and bolsters the generalizability of the findings. The success in achieving this high rate can be credited to careful logistical planning prior to data collection.

It is important to acknowledge that three individuals, representing 1.87% of the sample, opted not to participate. Although the majority of respondents positively engaged with the survey, the non-response of these individuals merits further investigation, potentially due to communication issues or logistical challenges. Furthermore, the results show that all the five respondents scheduled for interviews participated, yielding a 100% response rate, which is considered highly satisfactory. The 100% participation rate in the scheduled interviews can be attributed to several key factors. Clear and consistent communication, coupled with regular follow-ups,

ensured that all participants were well-informed and prepared. The research topic's relevance to the participants likely heightened their engagement and commitment. Additionally, the careful selection of participants and the convenient scheduling of interviews minimized potential conflicts, further contributing to the satisfactory turnout. This strong participation underscores the effectiveness of the research design and its alignment with participant interests.

4.2 Demographic Characteristics of the Respondents

Gathering demographic information from the respondents was vital to accurately portray the sample's composition across different genders and age groups. The survey included participation from nurses. This demographic data is key for readers to understand the characteristics of the sample population. The researcher sought to clarify the demographic attributes of the participants, concentrating on aspects such as age range, gender, years of nursing experience, professional qualifications, and religious affiliation. The following sections provide a detailed analysis of the findings in these areas.

4.2.1 Gender of the Respondents

The research explored the representation and perceptions of various genders stress management techniques as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya, communication skills as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya and assessment of the peer support program as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya. The gender of the respondents was important in this research because it allowed for capturing diverse perspectives and experiences related to the stress management techniques as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya, communication skills as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya and assessment of the peer support program as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya. Including multiple genders ensured a more comprehensive understanding of the problem and potential solutions.

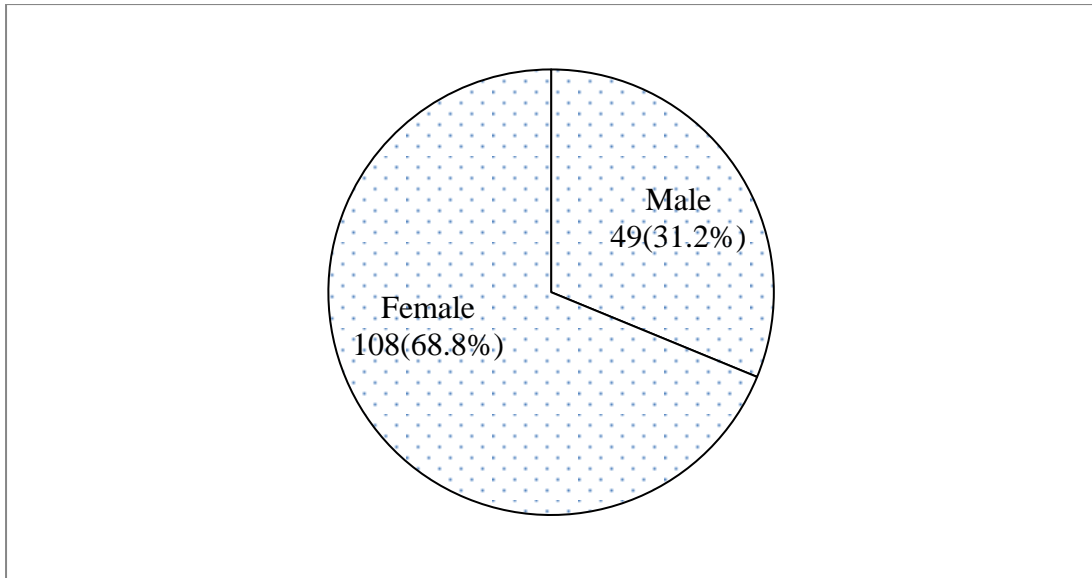


Figure 2: Gender of the Response

Results of this research indicated that 49 respondents were male, constituting 31.2% of the sample, while 108 respondents were female, representing 68.8%. The research showed that the sample was predominantly female, with women making up a significantly larger proportion of the respondents and an average number of male respondents in the study, which aligns with the demographic composition typically observed in the nursing profession. The predominance of female participants could be reflective of the overall gender distribution in nursing, where women often outnumber men. This demographic trend is significant in the context of the study, titled psycho-educational interventions for prevention of burnout among nurses in public hospitals in Tharaka Nithi County, Kenya, as it suggests that any interventions designed must be particularly attuned to the needs and experiences of female nurses, who form the majority of the nursing workforce in this region. The balanced representation of male nurses also provides valuable insights into their unique challenges and needs regarding burnout prevention. These findings correspond to broader patterns observed in gender-dominated professions, where female professionals often outnumber their male counterparts. The high number of female respondents and the average number of male respondents in this study align with Milligan (2001) observations regarding the nursing profession, where care is predominantly associated with female nurses. This trend is particularly relevant to the current study on psycho-educational interventions for prevention of burnout among nurses in public hospitals in Tharaka Nithi County,

Kenya, suggesting that burnout prevention strategies should be specifically tailored to address the needs of the predominantly female nursing workforce. The findings also agree with the notion that in professions like nursing, where women are the majority, the unique challenges faced by male nurses must be carefully considered (Milligan, 2001).

4.2.2 Age of the Respondents

The first objective of the study was to examine stress management techniques as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya. To accomplish this, an examination of socio-demographic characteristics, particularly the age distribution among nurses was conducted. By analyzing the age demographics of the participants, the study sought to gain insights into their historical background, experiences, and perspectives that may have influenced their understanding and approach towards psycho-educational interventions for prevention of burnout among nurses in public hospitals in Tharaka Nithi County, Kenya. The assessment of socio-demographic factors such as age was crucial in evaluating how generational influences could impact the decision-making process related to the nurse burnout. This comprehensive approach aimed to contribute to a deeper understanding of psycho-educational interventions for prevention of burnout among nurses in public hospitals in Tharaka Nithi County, Kenya. The findings are presented in the Table 5.

Table 5: Age of the Respondent

Age bracket	Frequency	Percentage
18-25 years	7	4.5
26-35 years	78	49.7
36-45 years	41	26.1
46-55 years	29	18.5
56 and above years	2	1.3
Total	157	100.0

The findings of this research indicated that the majority of respondents fell within the 26-35 years age bracket, with 78 participants representing 49.7% of the sample. The 36-45 years age group comprised 41 respondents, making up 26.1% of the sample. Additionally, 29 respondents, or 18.5%, were aged between 46-55 years. The youngest age group, 18-25 years, accounted for 7 respondents, or 4.5% of the sample,

while the oldest group, those aged 56 and above, had the least representation with 2 respondents, comprising 1.3% of the total. These findings illustrate that the sample was predominantly composed of mid-career nurses, with fewer participants in the younger and older age brackets. This age distribution is crucial for understanding the varying levels of experience and potential susceptibility to burnout among nurses in the study.

These findings align with the research conducted by Kokonya, Mburu, Kathuku, Ndeti, Adam, Nshimirimana, and Kpoto (2014), which examined burnout syndrome among medical workers at Kenyatta National Hospital (KNH) in Nairobi, Kenya. The predominance of respondents within the 26-35 years age bracket in the current study corresponds to the observation by Kokonya *et al.* (2014) that younger and mid-career medical workers are often at a higher risk of experiencing burnout due to the demanding nature of their roles during these career stages. The age distribution found in this study, where the majority of participants are mid-career nurses, is significant as it suggests that targeted interventions for burnout prevention should particularly focus on this demographic, which appears to be most susceptible to the pressures associated with their professional responsibilities (Kokonya *et al.*, 2014).

4.2.3 Professional Qualification

The data in Table 6 presents the distribution of professional qualifications among the nurses who participated in the study. This assessment of professional qualifications was necessary to understand the educational background and expertise of the nursing workforce in public hospitals in Tharaka Nithi County. By identifying the distribution of qualifications, the research could better analyze how different levels of education and training might influence susceptibility to burnout and the effectiveness of psycho-educational interventions. Understanding this distribution also allows for more tailored and effective strategies to prevent burnout, ensuring that interventions are aligned with the specific needs and professional capacities of the nurses involved in the study.

Table 6: Professional Qualification

Qualification	Frequency	Percentage
Enrolled Community Nurse	14	8.9
Kenya Registered Community Nurse	97	61.8
Higher Diploma	22	14.0
BSN	21	13.4
MSN	3	1.9
Total	157	100.0

The findings indicated that the majority of respondents, 97(61.8%), were Kenya Registered Community Nurses (KRCN), reflecting a significant portion of the nursing workforce. Enrolled Community Nurses comprised 14 respondents (8.9%), while 22 respondents (14.0%) held a Higher Diploma. Additionally, 21 respondents (13.4%) had a Bachelor of Science in Nursing (BSN), and 3 respondents (1.9%) held a Master of Science in Nursing (MSN). These findings suggest that the nursing workforce in public hospitals in Tharaka Nithi County is predominantly composed of nurses with mid-level qualifications, with a smaller proportion possessing advanced degrees. This distribution is crucial for understanding the varying levels of expertise and potential impact on burnout prevention strategies within the study population.

These results correspond to the findings of Ndege (2022), who explored the perceived barriers to pursuing a Bachelor of Science in Nursing (BSN) degree among diploma nurses in Nairobi County. The predominance of Kenya Registered Community Nurses (KRCN) and the relatively smaller number of nurses holding a BSN or MSN in the current study corresponds to Ndege's findings, which indicated that diploma nurses face significant challenges in advancing their education to the degree level. Ndege (2022) identified barriers such as financial constraints, work-life balance issues, and limited access to further education, which may explain the lower percentage of nurses with advanced qualifications like the BSN and MSN in this study. The assessment of professional qualifications was crucial in highlighting the educational composition of the nursing workforce, which could be influenced by similar barriers identified by Ndege. This connection suggests that addressing these barriers might increase the number of nurses with higher qualifications, potentially impacting the effectiveness of burnout prevention strategies tailored to different educational levels.

4.2.4 Nursing Experience in Years

Table 7 provides an overview of the nursing experience among respondents in the study, offering insights into the length of time participants have spent in the profession. This assessment of experience levels was necessary to understand how varying lengths of service might influence susceptibility to burnout and the need for different types of psycho-educational interventions.

Table 7: Nursing Experience in Years

Experience in years	Frequency	Percentage
1-5 years	29	18.5
6-10 years	65	41.4
11-15 years	33	21.0
16 years and above	26	16.6
Less than 1 year	4	2.5
Total	157	100.0

The findings of this research indicated that the largest group of respondents, 65 nurses (41.4%), had between 6-10 years of experience. This was followed by 33 nurses (21.0%) with 11-15 years of experience, and 29 nurses (18.5%) with 1-5 years of experience. Additionally, 26 respondents (16.6%) had been in the nursing profession for 16 years or more, while 4 respondents (2.5%) had less than one year of experience. This distribution of experience is significant for understanding the varying levels of expertise, resilience, and potential vulnerability to burnout across different stages of a nursing career. Nurses with 6-10 years of experience, who constitute the largest group, are often at a critical point in their careers where they may face increasing professional responsibilities and stress, making them a key demographic for targeted burnout prevention interventions. Conversely, the presence of both relatively new and highly experienced nurses suggests a need for tailored support strategies that address the unique challenges faced by these groups, ensuring that interventions are relevant across the entire spectrum of nursing experience.

The distribution of nursing experience among respondents in the study aligns with the findings of Hamaideh (2011), who investigated burnout and its relationship with job stress and work experience among nurses. Hamaideh (2011) found that burnout levels varied significantly with different stages of nursing experience, noting that nurses with moderate experience (6-10 years) often experienced higher levels of job stress,

which could contribute to burnout. In the current study, the largest group of respondents had 6-10 years of experience, which is consistent with Hamaideh's (2011) findings that this mid-career phase can be particularly challenging due to increasing responsibilities and the accumulation of job stress. This demographic is crucial for targeted burnout prevention interventions, as these nurses are at a pivotal point in their careers where stress management and support can significantly impact their well-being.

Additionally, the presence of both relatively new and highly experienced nurses in the study reflects the diverse needs within the nursing workforce. Hamaideh (2011) highlighted that newer nurses might face different stressors compared to those with more experience, suggesting that tailored interventions are needed to address the specific challenges associated with each stage of a nursing career. Thus, the current results underscore the importance of designing burnout prevention strategies that cater to varying levels of nursing experience to effectively mitigate stress and improve overall job satisfaction.

4.2.5 Department of Work

The data in the table 8 presents the distribution of nurses across various departments within public hospitals in Tharaka Nithi County, Kenya. This assessment of departmental placement was necessary to understand how different work environments might influence the experience and impact of burnout among nursing staff. The distribution reflects the diverse areas in which nurses operate, each with its own set of demands and challenges.

Table 8: Department of Work

	Frequency	Percentage
Medical	66	42.0
Surgical	33	21.0
Critical Care	6	3.8
Maternity	46	29.3
Others Pediatrics	1	0.6
Outpatient	2	1.3
Emergency	1	0.6
Renal	1	0.6
MCH	1	0.6
Total	157	100.0

The findings indicate that the majority of respondents, 66 nurses (42.0%), worked in the medical department, followed by 46 nurses (29.3%) in the maternity department. The surgical department accounted for 33 respondents (21.0%), while smaller proportions were found in critical care (6 nurses, 3.8%), outpatient services (2 nurses, 1.3%), and other specialized departments such as pediatrics, emergency, renal, and maternal and child health (MCH), each comprising less than 1% of the sample. This distribution suggests that most nurses are concentrated in the medical and maternity departments, which are typically high-demand areas requiring intensive patient care. The smaller numbers in specialized units like critical care, pediatrics, and renal indicate that these departments may face unique challenges, possibly including higher stress levels due to the specialized nature of the work and the limited number of staff available to manage these roles.

These findings align with research by Adriaenssens, De Gucht, and Maes (2015), who investigated the impact of departmental assignment on nurse burnout. Adriaenssens *et al.* (2015) found that nurses working in high-demand departments, such as medical and maternity wards, experienced higher levels of burnout due to the intense workload and emotional demands of patient care. The current study's results, showing a large concentration of nurses in these departments, correspond to these findings, suggesting that nurses in these areas may be particularly vulnerable to burnout. The study by Adriaenssens *et al.* (2015) emphasizes the importance of developing department-specific interventions to prevent burnout, particularly in high-demand units. Similarly, the current study highlights the need for targeted support in the medical and maternity departments, where the workload and emotional stress are likely the greatest. For specialized units with fewer staff, additional strategies may be needed to mitigate the risks associated with their unique work environments.

4.2.6 Religion of Respondents

The data in table 9 below presents the religious affiliation of the nursing staff in public hospitals in Tharaka Nithi County, Kenya. Understanding the religious composition of the respondents is important as it can provide insights into potential cultural and social factors that may influence burnout and the effectiveness of psycho-educational interventions.

Table 9: Religion of Respondents

	Frequency	Percentage
Christian	154	98.1
Islam	2	1.3
Traditional African Religion	1	0.6
Total	157	100.0

Results showed that a vast majority of the respondents, 154 nurses (98.1%), identified as Christian. This is followed by 2 nurses (1.3%) who identified as Muslim, and 1 nurse (0.6%) who adhered to Traditional African Religion. This distribution highlights that Christianity is the predominant religion among the nursing staff in this setting, which could influence various aspects of their work life, including their coping mechanisms, stress management, and support systems. The minimal representation of other religions suggests that religious-based interventions or support systems might need to be primarily aligned with Christian values, though sensitivity to the diverse beliefs of a small minority is also important.

These findings correspond to research by Tuckey, Dollard, and Winefield (2008), who examined the role of religious coping in managing occupational stress among healthcare professionals. Tuckey *et al.* (2008) found that religious affiliation can significantly influence how individuals cope with stress and burnout, with those adhering to religious practices often reporting different coping strategies compared to those with other or no religious affiliations. In this study, the overwhelming Christian affiliation suggests that interventions designed to address burnout and stress might be particularly effective if they incorporate Christian-based coping strategies. The minimal presence of other religions, while less likely to impact the majority, still underscores the importance of inclusivity in designing support programs to address the needs of all staff members, regardless of their religious background.

4.3 Stress Management Techniques as an Intervention to Prevent Burnout

The first objective was to examine stress management techniques as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya. Respondents were required to respond to a Likert rating scale on the level of agreement using a tick with regard to stress management techniques as an intervention to prevent burnout among nurses. Five parameters were considered Where 5. Strongly

agree, 4. Agree, 3. Undecided, 2. Disagree, 1. Strongly Disagree. The results obtained are shown in the tables 10.

Table 10: Stress Management Techniques as an Intervention to Prevent Burnout

Variable	SA%	A%	U%	D%	SD%
I actively participate in activities that help me relax, such as deep breathing or meditation.	17.2	73.9	1.9	4.5	2.5
I am confident in my ability to manage my workload effectively	24.8	68.2	1.3	3.8	1.9
I prioritize taking breaks throughout my workday to avoid feeling overwhelmed	19.7	74.5	1.3	1.3	3.2
I can easily identify early signs of stress in myself and take steps to manage them.	26.1	66.2	0.0	5.7	1.9
I have a good support system outside of work that helps me de-stress.	19.1	65.6	3.2	8.9	3.2
I feel comfortable seeking help from colleagues or supervisors when feeling overwhelmed	18.5	67.5	4.5	4.5	5.1
I am confident in my ability to maintain a healthy work-life balance.	27.4	67.5	1.3	1.3	2.5

SA-Strongly Agree, A-Agree, U-Undecided, SD-Strongly Disagree, D-Disagree

From the results the study indicated that a significant majority of respondents, 116 nurses (73.9%), agreed that they actively participate in activities that help them relax, such as deep breathing and meditation. An additional 27 nurses (17.2%) strongly agreed with this statement, making up a combined total of 91.1% of participants who engage in these practices. On the other hand, only a small proportion of respondents disagreed (7 nurses, 4.5%) or strongly disagreed (4 nurses, 2.5%) with the statement, while 3 nurses (1.9%) were undecided. These results suggest that most nurses recognize the importance of relaxation activities and actively incorporate them into their routines, which could be a positive factor in managing stress and reducing burnout. The high level of participation in these activities indicates that there is awareness among the nursing staff about the benefits of stress management techniques.

The findings indicated that a majority of respondents, 107 nurses (68.2%), agreed that their workload was effectively managed, while 39 nurses (24.8%) strongly agreed. This suggests that 93% of the respondents felt positively about the management of their workload. On the other hand, a small percentage of respondents disagreed (6 nurses, 3.8%) or strongly disagreed (3 nurses, 1.9%) with this statement, and 2 nurses

(1.3%) were undecided. This data implies that the majority of nurses perceive their workload as being well-managed, which is a positive indicator of job satisfaction and a potential buffer against burnout. Effective workload management is critical in high-stress environments like public hospitals, as it allows nurses to perform their duties without becoming overwhelmed, thereby maintaining their overall well-being and productivity.

The findings also indicated that a substantial majority of respondents, 117 nurses (74.5%), agreed that they regularly take breaks during their workday to prevent feelings of being overwhelmed, while 31 nurses (19.7%) strongly agreed. This indicates that 94.2% of the respondents acknowledged the importance of taking breaks as a strategy to manage their workload effectively and maintain their well-being. Conversely, only a small percentage of respondents disagreed (2 nurses, 1.3%), strongly disagreed (5 nurses, 3.2%), or were undecided (2 nurses, 1.3%). The findings revealed that a majority of respondents, 104 nurses (66.2%), agreed that they are capable of identifying early signs of stress and take the necessary steps to manage them, while 41 nurses (26.1%) strongly agreed. This indicates that 92.3% of the respondents actively engage in stress management practices to mitigate the impact of stress on their well-being. Conversely, a small percentage of respondents disagreed (9 nurses, 5.7%) or strongly disagreed (3 nurses, 1.9%) with the statement. These results suggest that most nurses are aware of the importance of recognizing early signs of stress and are committed to managing it effectively. The high level of agreement reflects a proactive approach to stress management, which is crucial for preventing burnout and ensuring sustained productivity in the nursing profession.

The findings show that a significant majority of respondents, 103 nurses (65.6%), agreed that they have a good support system outside of work that helps them de-stress, while 30 nurses (19.1%) strongly agreed. This suggests that 84.7% of the respondents benefit from external social support, which plays an important role in alleviating work-related stress. On the other hand, a smaller portion of respondents were either undecided (5 nurses, 3.2%), disagreed (14 nurses, 8.9%), or strongly disagreed (5 nurses, 3.2%) about having such a support system. These results indicate that the majority of nurses recognize the importance of having a strong support network outside of work to help manage stress. The high level of agreement underscores the role of external support in promoting mental health and preventing

burnout in the nursing profession. The data reveals that a majority of respondents, 106 nurses (67.5%), agreed that they seek help from colleagues or supervisors when feeling overwhelmed, while 29 nurses (18.5%) strongly agreed. This indicates that 86% of the respondents actively utilize available support systems when experiencing stress. Conversely, a smaller portion of respondents either disagreed (7 nurses, 4.5%), strongly disagreed (8 nurses, 5.1%), or were undecided (7 nurses, 4.5%) about seeking help. These results suggest that most nurses recognize the value of reaching out for support from their peers and supervisors as a means of managing their workload and stress levels. The high level of agreement reflects a supportive work culture where seeking help is encouraged and seen as an effective strategy for handling overwhelming situations.

The data shows that a significant majority of respondents, 106 nurses (67.5%), agreed that they maintain a healthy work-life balance, while 43 nurses (27.4%) strongly agreed. This indicates that 94.9% of the respondents recognize the importance of balancing their work and personal life to manage stress effectively. Conversely, only a small percentage of respondents either disagreed (2 nurses, 1.3%), strongly disagreed (4 nurses, 2.5%), or were undecided (2 nurses, 1.3%). These findings suggest that most nurses are successful in achieving a healthy work-life balance, which is essential for reducing stress and preventing burnout. The high level of agreement reflects an effective approach to balancing work responsibilities with personal life, contributing to overall well-being and job satisfaction.

The responses suggest that all the respondents agree that various techniques of stress management help prevent burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya. When stress management is conducted appropriately, it can significantly enhance the prevention of burnout from the nurses. This is tandem with the responses from nurse managers and psychologists.

These findings align with the research by Shirey (2006), who explored the impact of relaxation techniques on stress reduction among nurses. Shirey (2006) found that nurses who regularly engaged in relaxation activities such as deep breathing, meditation, and mindfulness reported lower levels of stress and burnout compared to those who did not participate in such activities. In the context of this study, the high

participation rate in relaxation activities supports the idea that these techniques are effective tools for managing the stress inherent in the nursing profession. Shirey's findings emphasize the importance of promoting these activities within hospital settings to foster a healthier work environment and enhance the well-being of the nursing staff. Also these findings correspond to research by Trinkoff, Geiger-Brown, Lipscomb, and Brady (2001), who found that taking regular breaks is associated with lower levels of stress and a reduced likelihood of burnout among nurses. Trinkoff *et al.*, (2001) highlighted that breaks during shifts are essential for managing workload effectively and preventing the adverse effects of prolonged stress on healthcare professionals. In the context of this study, the high percentage of nurses who take breaks throughout their workday aligns with the findings of Trinkoff *et al.*, (2001), underscoring the importance of this practice in fostering a healthy work environment. Promoting regular breaks as part of effective workload management can be instrumental in enhancing the well-being of nursing staff and improving patient care outcomes.

4.3.1 Thematic analysis on the Stress Management Techniques as an Intervention to Prevent Burnout

This section provides responses from the nurses on the interviews that were carried out among the nurses concerning stress management techniques as an intervention to prevent burnout.

4.3.1.1 Stress Management Techniques for Health Care Professionals

Based on the interviews, one respondent, a counselling psychologist, emphasized the importance of participating in activities like deep breathing and meditation to help healthcare professionals manage stress effectively. She stated, "*Relaxation techniques such as deep breathing and meditation are crucial in preventing burnout in high-stress environments.*" Another respondent, a nursing manager in charge, discussed her confidence in managing workload effectively and the importance of taking regular breaks to avoid feeling overwhelmed. She stressed, "*Recognizing early signs of stress and taking proactive steps is essential to manage them.*"

Another counselling psychologist pointed out the significance of having a strong support system outside of work, noting, "*A strong support system is essential for de-stressing and maintaining a healthy work-life balance.*" Another nursing manager in charge shared that seeking help from colleagues or supervisors when feeling overwhelmed helps manage stress, stating, "*Open communication is vital for effective stress management.*" Finally, another nursing manager in charge expressed his confidence in maintaining a healthy work-life balance and managing stress proactively, noting, "*Proactive stress management is key to sustaining job satisfaction and preventing burnout.*" These insights highlight the various stress management techniques that healthcare professionals use to mitigate burnout and maintain their well-being.

4.3.1.2 Common Sources of Stress for Nurses

From the interviews, one respondent, a counselling psychologist, identified the high patient load and the emotional toll of dealing with patients' psychological issues as common sources of stress for nurses. She noted, "*Nurses often face significant pressure when trying to provide comprehensive care under demanding conditions.*" Another respondent, a nursing manager in charge, pointed out that the constant need to manage limited resources and the responsibility of leading a large team are major stressors. She mentioned, "*Maintaining high standards of care despite resource constraints is a significant challenge.*"

Another counselling psychologist observed that nurses frequently experience stress due to the long hours and the emotional burden of caring for critically ill patients. She emphasized, "*This can lead to burnout if not properly managed.*" Another nursing manager in charge highlighted the stress of balancing administrative duties with direct patient care, stating, "*There is immense pressure to meet the expectations of both patients and the hospital administration.*" Finally, another nursing manager in charge identified understaffing and the resulting heavy workloads as primary sources of stress, noting, "*Ensuring that all patients receive the attention they need despite these constraints is a constant challenge.*" These insights shed light on the common sources of stress that nurses face in their daily work

4.3.1.3 Stress Impacts the Well-Being and Performance of Nurses in Hospitals

One respondent, a counselling psychologist, strongly believes that stress significantly impacts the well-being and performance of nurses. She noted, "*Chronic stress can lead to emotional exhaustion, affecting nurses' ability to provide quality care and increasing the risk of burnout.*" Another respondent, a nursing manager in charge, concurred, stating, "*Stress often leads to decreased job satisfaction and can result in higher absenteeism and turnover rates among nurses.*" She emphasized, "*Managing stress is crucial for maintaining both the mental health of the staff and the overall efficiency of hospital operations.*"

Another counselling psychologist highlighted that stress negatively affects nurses' focus and decision-making abilities, noting, "*Stress can compromise patient safety and care quality.*" Another nursing manager in charge emphasized that prolonged stress can diminish a nurse's ability to cope with job demands, stating, "*Prolonged stress can lead to errors and reduced productivity.*" Finally, another nursing manager in charge echoed these sentiments, stating, "*Stress is a major factor in nurse burnout, which affects their overall performance and the quality of care they provide.*"

Collectively, these views underscore the profound impact that stress has on the well-being and performance of nurses.

4.3.1.4 Contribution of Stress Management Techniques in the Prevention of Nurse Burnout

One counselling psychologist emphasized the value of stress management techniques like deep breathing and mindfulness, explaining that these tools help nurses manage emotional and psychological stress. She noted, "*These techniques contribute to preventing burnout by promoting relaxation and helping nurses maintain their mental health.*" Stress management strategies, according to a nursing manager in charge, such as taking regular breaks and adjusting workloads, make nurses feel less overwhelmed and more in control. She highlighted, "*These measures are crucial in reducing the risk of burnout and improving job satisfaction.*"

Another perspective from a counselling psychologist highlighted the effectiveness of peer support and stress-relief workshops in creating a supportive work environment. She stated, *"These practices not only help in managing stress but also build resilience among nurses, thereby preventing burnout."* Stress management programs, including coping strategies and time management training, were noted by a nursing manager in charge as essential for balancing work demands and personal well-being. She emphasized, *"Such programs play a significant role in preventing burnout by improving nurses' ability to handle stress effectively."* Incorporating stress management techniques into daily routines, another nursing manager in charge observed, allows nurses to handle high-stress situations more efficiently. He remarked, *"This contributes to reducing burnout and maintaining a high level of performance."* Together, these insights demonstrate the significant impact that effective stress management can have in reducing burnout and enhancing the well-being of nurses.

4.3.1.5 Specific Positive Impact of Stress Management Interventions

One counselling psychologist shared her experience with implementing stress management interventions such as mindfulness and relaxation workshops, noting that these have significantly improved both her well-being and that of her colleagues. She observed, *"There has been a reduction in symptoms of burnout and an increase in overall job satisfaction following these interventions."* The Nursing Manager in charge reflected on a specific instance where introducing regular stress relief breaks and team-building activities resulted in noticeable improvements. She noted, *"These interventions helped improve both individual well-being and team cohesion among the nursing staff."*

Highlighting a different approach, another counselling psychologist talked about the success of establishing peer support groups. She reported, *"This intervention provided valuable emotional support and practical stress management techniques, leading to improved mental health and reduced burnout among colleagues."* Meanwhile, a Nursing Manager in charge shared insights from a series of workshops focused on stress management and coping strategies. She observed, *"These workshops enhanced resilience among the nursing staff, reduced stress-related incidents, and fostered a more supportive work environment."*

A different perspective was provided by another Nursing Manager in charge who described how integrating stress management techniques into the daily routine created significant benefits. He noted, *"This approach led to improved job satisfaction and a noticeable reduction in stress levels among the team, contributing to better overall performance and well-being."* These varied experiences illustrate the positive impact of stress management interventions on the well-being of healthcare professionals.

4.3.1.6 Suggestions for Improving Stress Management Interventions

One counselling psychologist suggested that expanding stress management interventions to include more personalized and flexible approaches would further enhance their effectiveness. She recommended, *"Incorporating tailored mental health support and individualized stress management plans, along with regular feedback from staff, can help adapt and refine these interventions based on their specific needs."* Another perspective from a Nursing Manager in charge involved increasing the frequency and variety of stress management activities. She proposed, *"Regular workshops and on-site relaxation sessions, along with more comprehensive training on stress management techniques for both new and existing staff, are essential for ensuring everyone has the tools to manage stress effectively."*

Another counselling psychologist recommended integrating stress management interventions into daily work routines. She suggested, *"Incorporating brief mindfulness sessions into shift changes and enhancing support systems, including more robust peer support programs and access to professional counseling services, could be highly beneficial."* A different Nursing Manager in charge advocated for implementing a formal stress management program that includes regular evaluations. She noted, *"Developing leadership training to help managers' better support their teams in managing stress is also crucial."* Lastly, another Nursing Manager in charge proposed increasing resources dedicated to stress management. He recommended, *"Hiring dedicated wellness coordinators, providing more access to mental health resources, and establishing clear policies for stress management and burnout prevention are vital for consistent support across all hospital departments."* These suggestions highlight various ways to enhance stress management interventions and support for healthcare professionals.

4.4 Communication Skills as an Intervention to Prevent Burnout

The second objective was to examine communication skills as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya. Respondents were required to respond to a Likert rating scale on the level of agreement using a tick with regard to communication skills as an intervention to prevent burnout among nurses. Five parameters were considered Where 5. Strongly agree, 4. Agree, 3. Undecided, 2. Disagree, 1. Strongly Disagree. The results obtained are shown in the tables 11

Table 11: Communication Skills as an Intervention to Prevent Burnout

Variable	SA%	A%	U%	D%	SD%
I feel comfortable expressing my concerns to colleagues and supervisors.	19.1	72.0	1.3	2.5	5.1
I am confident in my ability to listen actively and understand the perspectives of others.	24.2	70.7	0.6	3.8	0.6
I feel comfortable assertively expressing my needs and opinions at work.	16.6	69.4	2.4	6.4	5.1
I am confident in my ability to effectively communicate with patients and their families. I feel comfortable asking for clarification or additional information when needed	19.7	65.6	0.6	6.4	7.6
I feel our team has established clear communication channels for sharing information and concerns.	11.5	65.0	3.8	7.0	12.7
I believe effective communication helps create a supportive and collaborative work environment.	16.6	58.0	0.0	14.0	11.5
I feel comfortable expressing my concerns to colleagues and supervisors.	12.6	62.5	2.4	13.5	9.0

SA-Strongly Agree, A-Agree, U-Undecided, SD-Strongly Disagree, D-Disagree

From the results the data reveals that the majority of respondents, 113 nurses (72.0%), agreed that they express concerns to supervisors and colleagues, while 30 nurses (19.1%) strongly agreed. This indicates that a combined 91.1% of the respondents are comfortable communicating their concerns at work, which is essential for effective teamwork and stress management. On the other hand, a smaller portion of respondents either disagreed (4 nurses, 2.5%), strongly disagreed (8 nurses, 5.1%), or were undecided (2 nurses, 1.3%). These findings suggest that open communication between nurses, their colleagues, and supervisors plays a significant role in creating a supportive work environment. The high level of agreement indicates a positive

workplace culture where concerns can be expressed, which is key to addressing potential issues before they contribute to stress and burnout.

The data reveals that the majority of respondents, 111 nurses (70.7%), agreed that they engage in active listening and strive to understand the perspectives of others, with an additional 38 nurses (24.2%) strongly agreeing. This indicates that 94.9% of the participants recognize the importance of active listening in their professional interactions. A very small percentage of respondents were either undecided (1 nurse, 0.6%), disagreed (6 nurses, 3.8%), or strongly disagreed (1 nurse, 0.6%). These findings suggest that active listening is a widely practiced and valued skill among the respondents, contributing to effective communication and teamwork. The high level of agreement reflects a workplace culture where understanding and empathy are prioritized, which can significantly enhance collaboration and reduce misunderstandings.

Research showed that the majority of respondents, 109 nurses (69.4%), agreed that they express their needs and opinions assertively at work, with an additional 26 nurses (16.6%) strongly agreeing. This indicates that 86% of the respondents feel confident in their ability to communicate assertively, which is crucial for effective decision-making and maintaining professional boundaries. A smaller portion of respondents either disagreed (10 nurses, 6.4%), strongly disagreed (8 nurses, 5.1%), or were undecided (4 nurses, 2.5%). These findings suggest that most nurses are comfortable expressing their needs and opinions assertively, which can lead to better communication, reduced workplace conflicts, and enhanced job satisfaction. The relatively high level of agreement reflects a workplace culture that supports open and assertive communication, which is key to addressing issues and advocating for necessary changes.

Findings of this research showed that a significant majority of respondents, 103 nurses (65.6%), agreed that they feel confident in their ability to communicate and seek clarification from patients and their families, with an additional 31 nurses (19.7%) strongly agreeing. This indicates that over 85% of the respondents possess confidence in their communication skills, which is essential for patient care. A smaller portion of respondents disagreed (10 nurses, 6.4%), strongly disagreed (12 nurses,

7.6%), or were undecided (1 nurse, 0.6%). These findings suggest that most nurses are confident in their communication abilities, which is crucial for effective patient care and building trust with patients and their families. The high level of agreement reflects the importance placed on communication skills in the nursing profession, where clear and effective interactions can lead to better patient outcomes.

Results showed that a majority of respondents, 102 nurses (65.0%), agreed that clear communication channels have been established within their teams, with an additional 18 nurses (11.5%) strongly agreeing. This suggests that approximately 76.5% of the respondents perceive the communication within their teams to be clear and effective. On the other hand, a notable minority of respondents disagreed (11 nurses, 7.0%) or strongly disagreed (20 nurses, 12.7%), indicating that 19.7% of the participants feel that communication channels could be improved. A small number of respondents were undecided (6 nurses, 3.8%). These findings highlight that while the majority of nurses feel confident in their team's communication channels, there is still a significant portion who perceive a lack of clarity. This discrepancy suggests a potential area for improvement in team communication strategies to ensure all team members feel informed and able to share concerns effectively.

The research revealed that a majority of respondents, 91 nurses (58.0%), agreed that effective communication helps create a supportive and collaborative work environment, with an additional 26 nurses (16.6%) strongly agreeing. This suggests that nearly 75% of the respondents recognize the positive impact of communication on their work environment. However, a notable portion of respondents disagreed (22 nurses, 14.0%) or strongly disagreed (18 nurses, 11.5%), indicating that about 25.5% of the participants do not perceive communication as sufficiently effective in fostering a supportive and collaborative environment. These findings suggest that while most nurses appreciate the role of communication in enhancing their work environment, a significant minority still experience challenges, indicating a potential need for improved communication strategies or training within the workplace to address these issues.

Overall the responses suggest that all the respondents agree that communication skills as an important intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya. These findings suggest that while most nurses appreciate the role of communication in enhancing their work environment and this helps in prevention of burnout from the nurses. This is tandem with the responses from nurse managers and psychologists.

These findings correspond with the research conducted by West, Patera, and Carsten (2009), who explored the impact of communication on team collaboration and support in healthcare settings. West *et al.* (2009) found that effective communication not only enhances collaboration but also strengthens the overall support system within teams, leading to better outcomes and a more positive work environment. In this study, the recognition of communication's role in creating a collaborative work environment aligns with the observations of West *et al.* (2009), further emphasizing the critical importance of communication in healthcare teamwork. In addition these findings align with the research conducted by Leonard, Graham, and Bonacum (2004), which emphasizes the importance of establishing clear communication channels in healthcare teams to reduce errors and improve patient outcomes. Leonard *et al.*, (2004) found that well-structured communication protocols are essential for effective teamwork and ensuring that critical information is accurately shared. In this study, the high percentage of agreement regarding established communication channels corresponds with Leonard *et al.*, (2004), reinforcing the importance of clear communication in the healthcare environment.

4.4.1 Thematic analysis on Communication Skills as an Intervention to Prevent

Burnout

This section provides responses from the nurses on the interviews that were carried out among the nurses concerning communication skills as an intervention to prevent burnout.

4.4.1.1 Significance of Communication Skills in Nursing Profession

One counselling psychologist emphasized the critical role of strong communication skills in nursing. She noted, "*Effective communication facilitates interactions between nurses and patients, particularly in addressing mental health concerns. Clear communication builds trust and ensures that patients feel understood and supported,*

which is crucial for their overall well-being." Another perspective from a Nursing Manager in charge highlighted the importance of communication in managing nursing teams and coordinating patient care. She pointed out, *"Effective communication is essential for conveying instructions, providing feedback, and ensuring that all team members are on the same page, which ultimately leads to better patient outcomes."*

Discussing patient education, another counselling psychologist stressed that strong communication skills are vital. She stated, *"Clear and empathetic communication helps patients and their families make informed decisions about their care and improves adherence to treatment plans."* Another Nursing Manager in charge underscored how communication skills contribute to conflict resolution and a positive work environment. She explained, *"Nurses skilled in communication are better equipped to handle disagreements and misunderstandings, which contributes to a more harmonious workplace and enhances teamwork."*

4.4.1.2 Role of Communication Skills in Preventing Nurse Burnout

One counselling psychologist emphasized that effective communication skills are crucial in preventing nurse burnout. She explained, *"Open dialogue about stress and workload issues allows nurses to express their concerns and needs clearly, making it easier to address potential stressors before they escalate to burnout."* From a managerial perspective, another Nursing Manager in charge highlighted the role of communication in task distribution and reducing misunderstandings. She noted, *"Strong communication within nursing teams helps distribute tasks more evenly and fosters a supportive work environment where nurses feel heard and valued, which significantly alleviates stress contributing to burnout."*

Another counselling psychologist discussed how vital communication skills are for seeking help when feeling overwhelmed. She stressed, *"Nurses who are comfortable expressing their feelings and asking for support are more likely to receive the help they need, preventing the progression of stress into burnout."* Similarly, a Nursing Manager in charge underscored communication's role in fostering a collaborative culture. She explained, *"Effective communication strengthens teamwork and reduces feelings of isolation among nurses, which helps mitigate burnout."*

Lastly, another Nursing Manager in charge emphasized the importance of communication with supervisors and colleagues in managing workload. He remarked, *"When nurses communicate their limits and negotiate responsibilities, it helps maintain a balanced workload, thereby preventing burnout."* These insights collectively illustrate the significant impact of effective communication on preventing burnout and fostering a supportive work environment for nurses.

4.4.1.3 Positive Influence of Communication Skills while Interacting with Colleagues, Patients and Supervisors

Strong communication skills were highlighted as essential for fostering collaboration among colleagues. One counselling psychologist observed that *"Strong communication skills positively influence interactions with colleagues by fostering collaboration and reducing misunderstandings."* This capability enhances teamwork, leading to more efficient task completion and ultimately improving patient care. Additionally, clear and empathetic communication with patients helps build trust and ensures that they feel understood and supported, which is crucial for better health outcomes. Effective dialogue with supervisors allows nurses to express concerns and seek guidance, which is essential for professional growth and maintaining a positive work environment.

Creating a harmonious workplace through good communication was emphasized by a Nursing Manager in charge. She pointed out that *"Good communication with colleagues creates a more harmonious workplace."* This approach facilitates knowledge sharing and mutual support among the nursing staff. Clear communication with patients is also vital for explaining medical procedures and ensuring their comfort with care plans. Open dialogue with supervisors ensures that nurses receive constructive feedback and that their voices are included in decision-making processes.

Building a supportive network through effective communication was also noted by a counselling psychologist. *"Effective communication helps build a supportive network,"* she shared. This approach improves patient education and adherence to treatment plans, which is vital for managing stress and preventing burnout. Moreover, clear communication with supervisor's aids in setting expectations and addressing workplace challenges. The positive impact of communication skills on teamwork was

underscored by a Nursing Manager in charge. *“Good communication skills positively impact teamwork by enhancing collaboration,”* she explained. This skill improves patient experience and satisfaction with care. Additionally, effective communication with supervisors assists in negotiating workloads and addressing the needs and concerns of the nursing staff.

Finally, the importance of maintaining strong relationships and ensuring patient understanding was highlighted. *“Maintaining strong relationships with colleagues and ensuring patient understanding are crucial,”* was summarized by another Nursing Manager in charge. Communication with supervisors helps in establishing clear expectations and providing necessary support, reinforcing the importance of effective dialogue in the workplace.

4.4.1.4 Examples of How Improved Communication Has Contributed to a Healthier Work Environment and Reduced Burnout Risk among Nurses

Effective teamwork among nursing staff has been enhanced through improved communication. *“Regular team meetings and open discussions about challenges allowed nurses to share their burdens,”* a counselling psychologist observed, which led to a noticeable reduction in stress and burnout. This collaborative atmosphere has fostered a healthier work environment where nurses feel more connected and less isolated. The introduction of clear communication channels between nursing staff and management has positively impacted the work environment. A nursing manager in charge noted, *“When nurses were encouraged to voice their concerns and provide feedback,”* adjustments in workload distribution and work schedules were made, which significantly reduced stress levels and the risk of burnout. This open communication fostered trust and made nurses feel valued and heard.

Enhanced communication with supervisors has played a crucial role in reducing burnout. *“Improving communication about workload expectations allowed nurses to better manage their time and resources,”* another counselling psychologist reported. This change resulted in a more supportive work environment and decreased the incidence of burnout among the staff. Structured communication strategies, such as regular check-ins and feedback sessions, have contributed to a healthier work environment. A nursing manager in charge emphasized, *“Encouraging nurses to*

discuss their challenges and successes openly” has built a sense of community and mutual support, which has been instrumental in reducing burnout. This proactive approach to communication has made it easier to identify and address stressors before they escalate.

Improved coordination and understanding among nursing staff have been a result of better communication. A nursing manager in charge described, *“Fostering a culture of open dialogue and encouraging nurses to share their experiences”* has led to a significant decrease in burnout cases. Enhanced communication has not only improved morale but also strengthened the overall efficiency of the team.

4.4.1.5 Potential Challenges in Implementing Communication Skills Interventions and how to address them

Resistance to change among staff can hinder the implementation of communication skills interventions. *“One of the potential challenges is the resistance to change among staff, particularly those accustomed to traditional ways of interacting,”* a counselling psychologist observed. To address this issue, it was suggested to gradually introduce communication training programs and demonstrate their benefits through small, measurable successes. Continuous support and reinforcement of positive communication behaviors can ease the transition.

Time constraints are a significant challenge, as nurses often have tight schedules that limit their availability for additional training. *“Integrating communication skills development into daily routines, such as brief discussions during shift changes,”* was recommended by a nursing manager in charge. Incorporating communication tips into existing meetings ensures that nurses can improve their skills without being overwhelmed by extra training sessions. Varying levels of communication skills among staff can lead to inconsistent application of communication strategies. *“Tailoring training programs to meet the specific needs of different staff members,”* was suggested by another counselling psychologist. Ongoing mentorship, regular feedback, and opportunities for practice can help bridge skill gaps and ensure that everyone develops the necessary communication skills.

Cultural and language differences among staff can lead to potential miscommunication. *“Promoting cultural competency training and encouraging the use of clear, simple language,”* was identified as a solution by a nursing manager in charge. Creating an environment where staff feels comfortable asking for clarification can also help minimize misunderstandings. Maintaining consistent communication practices in a high-pressure work environment is challenging. *“Implementing structured communication protocols, such as standardized handoff procedures and regular check-ins,”* was discussed by another nursing manager in charge. Reinforcing these practices through regular training and reminders helps ensure effective communication even during stressful situations.

4.4.1.6 Sustenance of Communication Skills as an Intervention and how to integrate them in the Daily Practices of Nurses

Ongoing training and support are crucial for integrating communication interventions into the daily practices of nurses. *“Regular workshops and refresher courses should be offered to reinforce communication skills,”* a counselling psychologist emphasized. Complementing these with continuous feedback from supervisors helps nurses apply these skills effectively in their routines. Integrating communication skills into hospital policies and procedures ensures that interventions are sustained. *“Making effective communication a core competency in performance evaluations,”* was recommended by a nursing manager in charge. Including communication as part of the onboarding process for new nurses embeds these practices into the hospital culture, making them a routine part of nurses’ daily work. The role of leadership is essential in sustaining communication interventions. *“Nursing leaders and supervisors should model effective communication behaviors and actively encourage their teams to do the same,”* another counselling psychologist highlighted. Creating an environment that values and prioritizes communication helps maintain these practices over the long term. Integrating communication skills into the daily workflow is key for sustainability. *“Scheduling regular team meetings and debriefings where nurses can practice and refine their communication skills,”* was proposed by a nursing manager in charge. Additionally, creating opportunities for peer mentoring supports the development and maintenance of effective communication practices.

4.5 Peer Support Program as an Intervention to Prevent Burnout

The third objective was to assess the peer support program as an intervention for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya. Respondents were required to respond to a Likert rating scale on the level of agreement using a tick with regard to peer support program as an intervention to prevent burnout among nurses. Five parameters were considered Where 5. Strongly agree, 4. Agree, 3. Undecided, 2. Disagree, 1. Strongly Disagree. The results obtained are shown in the tables 12.

Table 12: Peer Support Program as an Intervention to Prevent Burnout

Variable	SA	A	U	D	SD
I feel comfortable seeking support from colleagues when facing challenges at work.	24.2	61.8	1.3	7.0	5.7
I believe our workplace fosters a sense of camaraderie and support among nurses.	15.9	69.4	0.6	6.4	7.6
I feel comfortable sharing my experiences and challenges with colleagues without judgment.	25.5	63.1	0.0	5.1	6.4
I feel confident in offering support and encouragement to colleagues who are struggling.	9.6	82.2	1.3	2.5	4.5
Our workplace has established mechanisms for peer support, such as mentoring programs or support groups.	17.8	57.3	1.9	6.4	16.6
I believe having a strong support network of colleagues can help reduce stress and burnout.	17.2	63.1	2.5	5.1	12.1
I feel comfortable participating in initiatives or programs that promote peer support among nurses.	20.4	53.5	0.0	12.7	13.4

SA-Strongly Agree, A-Agree, U-Undecided, SD-Strongly Disagree, D-Disagree

From the results research showed that a significant majority of respondents, 97 nurses (61.8%), agreed that they seek support from colleagues when facing challenges, with an additional 38 nurses (24.2%) strongly agreeing. This indicates that approximately 86% of the participants actively rely on peer support in challenging situations. However, a smaller portion of respondents disagreed (11 nurses, 7.0%) or strongly disagreed (9 nurses, 5.7%), and 2 nurses (1.3%) were undecided. These findings suggest that while the vast majority of nurses value and utilize colleague support, a minority may either not seek such support or may have concerns about doing so. The data reveals that a majority of respondents, 109 nurses (69.4%), agreed that their workplace fostered a sense of support, with an additional 25 nurses (15.9%) strongly agreeing. This indicates that approximately 85.3% of the respondents recognized their

workplace as a supportive environment. However, a smaller portion of respondents disagreed (10 nurses, 6.4%) or strongly disagreed (12 nurses, 7.6%), while 1 nurse (0.6%) was undecided. These findings suggest that while most nurses perceived their workplace as supportive, a significant minority did not share this perception, highlighting a potential area for improvement in workplace support systems.

The findings of this research revealed that the majority of respondents, 99 nurses (63.1%), agreed that they could share their experiences and challenges with colleagues without judgment, with an additional 40 nurses (25.5%) strongly agreeing. This indicated that a combined 88.6% of the respondents felt comfortable sharing their work-related experiences openly, which is indicative of a positive workplace culture that values open communication and mutual support. However, a smaller portion of respondents either disagreed (8 nurses, 5.1%) or strongly disagreed (10 nurses, 6.4%), suggesting that a minority still experienced some reservations about sharing their challenges in the workplace. The data revealed that a significant majority of respondents, 129 nurses (82.2%), agreed that they were confident in offering support and encouragement to colleagues who were struggling, with an additional 15 nurses (9.6%) strongly agreeing. This indicated that over 90% of the respondents felt assured in their ability to support their peers, which was essential for fostering a collaborative and supportive work environment. A small percentage of respondents either disagreed (4 nurses, 2.5%) or strongly disagreed (7 nurses, 4.5%), while 2 nurses (1.3%) were undecided. These findings suggested that confidence in providing peer support was a widely held attribute among the respondents, contributing to a culture of mutual assistance and teamwork.

The results revealed that a majority of respondents, 90 nurses (57.3%), agreed that their workplace has established mechanisms such as mentoring and support groups for peer support, with an additional 28 nurses (17.8%) strongly agreeing. This indicates that approximately 75.1% of the respondents feel that such support systems are present in their work environment. However, a significant minority of respondents either disagreed (10 nurses, 6.4%) or strongly disagreed (26 nurses, 16.6%), while a few were undecided (3 nurses, 1.9%). These findings suggest that while a substantial proportion of nurses perceive the presence of support mechanisms, there remains a notable portion who do not, highlighting potential areas for improvement in

establishing and promoting peer support structures. Research revealed that a majority of respondents, 99 nurses (63.1%), agreed that a strong support network of colleagues helps reduce stress and burnout, with an additional 27 nurses (17.2%) strongly agreeing. This indicates that approximately 80.3% of the respondents believe in the positive impact of a supportive network on mitigating stress and burnout. However, a notable portion of respondents disagreed (8 nurses, 5.1%) or strongly disagreed (19 nurses, 12.1%), with a small number remaining undecided (4 nurses, 2.5%). These findings suggest that while a significant majority recognize the value of a strong support network, there is still a segment of the nursing population who may not fully experience or acknowledge these benefits.

The data indicates that a majority of respondents, 84 nurses (53.5%), agreed that they participate in initiatives or programs promoting peer support, with an additional 32 nurses (20.4%) strongly agreeing. This suggests that approximately 73.9% of the respondents are involved in or support peer support programs. However, a notable proportion of respondents disagreed (20 nurses, 12.7%) or strongly disagreed (21 nurses, 13.4%), implying that about 26.1% of the participants do not engage in or benefit from such initiatives. These findings suggest that while a majority of nurses recognize and participate in peer support programs, there remains a segment who may not be involved or perceive these programs as beneficial.

The responses suggest that all the respondents agree that peer support program is an important intervention in preventing burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya. When strategic peer programs are implemented appropriately, it can significantly enhance the prevention of burnout from the nurses. This is tandem with the responses from nurse managers and psychologists.

These findings are consistent with the research conducted by Bowers, Creswell, and McKenzie (2015), who explored the role of support systems such as mentoring and peer support groups in reducing workplace stress and improving job satisfaction among healthcare professionals. Bowers *et al.* (2015) found that such mechanisms significantly contribute to a supportive work environment and help mitigate burnout. The recognition of these support systems in this study aligns with Bowers *et al.* (2015), emphasizing their critical role in enhancing nurse well-being and job

satisfaction. These findings align with the research conducted by Laschinger, Leiter, and Day (2009), who investigated the role of support networks in reducing burnout and enhancing job satisfaction among healthcare professionals. Laschinger *et al.* (2009) found that strong support systems within the workplace are crucial for alleviating stress and preventing burnout. The high level of agreement in this study regarding the benefits of a support network reinforces the findings of Laschinger *et al.* (2009), highlighting the importance of cultivating supportive relationships among colleagues to improve mental health and job satisfaction.

4.5.1 Thematic analysis on Peer Support Program as an Intervention to Prevent Burnout

This section provides responses from the nurses on the interviews that were carried out among the nurses concerning peer support program as an intervention to prevent burnout.

4.5.1.1 Current Level of Peer Support and Camaraderie among Nurses

The current level of peer support and camaraderie among nurses is generally positive but could be improved. *“While nurses often rely on each other for emotional and professional support, high workloads and stress can sometimes hinder the development of deeper connections,”* a psychologist noted. She suggested that increasing opportunities for team-building activities might strengthen these relationships and create a more supportive work environment. A nursing manager highlighted that camaraderie among nurses is particularly strong during challenging times. *“Nurses come together and support one another when faced with high-pressure situations,”* she observed, which helps alleviate stress. However, she also noted that more structured peer support programs could enhance this camaraderie by providing consistent opportunities for nurses to connect and share their experiences.

The level of peer support among nurses varies depending on the department and individual personalities. *“Some teams have developed a close-knit atmosphere, while others may struggle with communication and mutual support due to differences in work styles or personalities,”* a psychologist mentioned. She recommended fostering an inclusive culture where all nurses feel valued and encouraged to support one another. Strong camaraderie among nurses is essential for navigating the demands of

their work. *“Many nurses form close bonds that help maintain morale and prevent burnout,”* a nursing manager stated. To further enhance peer support, she suggested implementing regular peer review sessions and informal gatherings where nurses can discuss their challenges and successes in a relaxed setting.

The level of peer support is good, with nurses often collaborating effectively during busy shifts. *“There is always room for improvement in encouraging more consistent peer interactions across different shifts and departments,”* another nursing manager observed. He proposed creating a mentorship program where experienced nurses can guide and support newer staff, which would strengthen the overall sense of camaraderie. These perspectives illustrate that while there is a solid foundation of peer support among nurses in Tharaka-Nithi County hospitals, there is potential for further enhancement through structured programs, team-building activities, and fostering an inclusive work culture.

4.5.1.2 Peer Support Programs have on the Well-Being and Resilience of Nursesin High-Stress Work Environment

The positive impact of peer support programs on nurses’ well-being and resilience in high-stress environments is notable. *“Peer support programs provide a safe space for nurses to share their experiences and emotions, which can reduce feelings of isolation and stress,”* a psychologist explained. These programs foster a sense of community, help nurses develop coping strategies, and ultimately enhance their ability to manage work demands. According to a nursing manager, peer support programs are crucial for building resilience among nurses. *“Through these programs, nurses can learn from each other’s experiences and gain practical advice on handling difficult situations,”* she pointed out. This shared knowledge and mutual support help nurses bounce back from challenges, reducing the risk of burnout and improving job satisfaction.

Peer support programs also contribute significantly to the emotional well-being of nurses by providing reliable support networks. *“These programs encourage open communication and trust among colleagues, allowing nurses to express their concerns and receive immediate feedback and encouragement,”* a psychologist noted. This emotional support helps manage stress more effectively and enhances resilience amid ongoing pressures. A nursing manager highlighted that peer support programs

promote a positive work environment where nurses feel valued and understood. *“These programs help to create strong bonds among staff, which improves teamwork and boosts morale,”* she observed. In high-stress settings, this camaraderie is essential for maintaining mental and emotional stability, enabling nurses to perform their duties with greater confidence and less anxiety.

The impact of peer support programs on reducing turnover rates among nurses in high-stress settings was emphasized by another nursing manager. *“When nurses have access to supportive colleagues through structured programs, they are more likely to stay in their positions and less likely to experience severe burnout,”* he explained. The resilience built through these programs aids in managing workloads effectively and enhances long-term commitment to the profession. Collectively, these insights demonstrate that peer support programs are vital for enhancing nurses’ well-being and resilience. By fostering a supportive and collaborative work culture, these programs significantly reduce stress, improve job satisfaction, and help nurses maintain their mental health and professional longevity.

4.5.1.3 Influence of a Well-Designed Peer Support Program in the Prevention of Burnout among Nurses in Hospitals

A well-designed peer support program is crucial for preventing burnout among nurses. *“Such a program allows nurses to regularly share their challenges, receive emotional support, and develop coping strategies collectively,”* noted a psychologist. This structured environment fosters a sense of community and belonging, helping nurses feel more resilient and less isolated. The proactive role of integrating a peer support program into daily hospital operations was emphasized by a nursing manager. *“Encouraging participation in peer support activities, such as regular check-ins or debriefing sessions, helps nurses process their stress constructively rather than letting it accumulate,”* she highlighted. This ongoing support is vital for maintaining mental health and preventing the exhaustion and detachment associated with burnout.

Practical tools and resources provided through a well-designed peer support program can also be instrumental in managing stress. *“Including training on stress management techniques, emotional resilience, and effective communication equips nurses with the knowledge and support they need to handle job demands more*

effectively,” a psychologist explained. This approach reduces the likelihood of burnout by empowering nurses to thrive in their roles. The importance of early identification and intervention for burnout was stressed by another nursing manager. *“Regular interactions within the program allow signs of stress and burnout to be recognized early by peers, who can then offer immediate support or encourage the nurse to seek additional help,”* she stated. Early intervention is key to preventing burnout from escalating and ensuring that nurses receive the necessary care before their well-being is severely impacted.

Enhancing teamwork and communication through a peer support program was discussed as a critical factor in burnout prevention. *“When nurses feel comfortable relying on and supporting each other, they are better able to manage their workload and navigate stressful situations,”* a nursing manager observed. This collaborative environment helps distribute the individual burden, reducing the likelihood of any nurse feeling overwhelmed to the point of burnout. These insights collectively underscore the significant role that a well-designed peer support program can play in preventing burnout. By offering consistent emotional support, facilitating early intervention, enhancing stress management skills, and promoting a collaborative work environment, such a program can substantially improve the well-being and resilience of nurses.

4.5.1.4 Key Elements That Should Be Incorporated into a Peer Support Intervention to Ensure Its Success in Preventing Burnout

Incorporating regular and structured peer meetings into a peer support intervention is essential for preventing burnout among nurses. *“These meetings provide a dedicated time for nurses to discuss their challenges, share coping strategies, and offer emotional support to each other,”* noted a psychologist. Consistency in these interactions is crucial for building trust and ensuring ongoing support, which is vital for managing stress effectively. Training on effective communication and stress management techniques should also be a key component of the peer support program. *“Equipping nurses with these skills not only enhances their ability to support one another but also empowers them to manage their own stress more effectively,”* emphasized a nursing manager. This dual focus ensures the program’s impact in preventing burnout.

Confidentiality and creating a safe space within the program are critical for its success. *“Nurses need to feel that they can share their experiences and emotions without fear of judgment or repercussions,”* a psychologist explained. Establishing clear confidentiality guidelines and a secure environment are vital for encouraging open communication and support. Including a mentorship component in the peer support program can also be beneficial. *“Experienced nurses providing guidance and support to newer staff members help ease their transition, reduce stress, and prevent burnout,”* recommended another nursing manager. This mentorship fosters a culture of collaboration and mutual respect, enhancing overall support among the nursing staff.

Leadership involvement plays a significant role in the effectiveness of the peer support program. *“When nursing leaders actively participate in and endorse the program, it sends a message that the hospital values the well-being of its staff,”* observed a nursing manager. This top-down support encourages greater participation and commitment, helps identify early signs of stress, and reinforces the program’s goals. These insights collectively highlight the essential elements for a successful peer support intervention. Regular meetings, training in communication and stress management, confidentiality, mentorship, and leadership involvement are all critical components that contribute to a supportive and resilient nursing environment in Tharaka-Nithi County hospitals.

4.5.1.5 Effectiveness of a Peer Support Program in prevention of Burnout among Nurses

The effectiveness of a peer support program in mitigating burnout among nurses can be assessed using both quantitative and qualitative measures. *“Regular surveys should be conducted to evaluate changes in burnout levels, stress management abilities, and overall job satisfaction before and after implementing the program,”* noted a psychologist. This approach allows for a broad assessment of how the program impacts various aspects of nurses’ well-being. Tracking key performance indicators (KPIs) such as nurse turnover rates, absenteeism, and sick leave is also essential. *“A successful peer support program should lead to a decrease in these indicators, reflecting improved resilience and job satisfaction among the nursing staff,”*

recommended a nursing manager. Monitoring these metrics provides objective evidence of the program's impact.

Assessing the program's effect on team dynamics and communication is another crucial aspect. *"Using tools like the Maslach Burnout Inventory (MBI) to measure burnout levels and including questions on the quality of peer relationships and communication within the team can indicate whether the program is effectively reducing stress and preventing burnout,"* a counselling psychologist suggested. Improved team communication and relationships are key signs of the program's success. Cross sectional studies can offer valuable insights into the program's long-term effectiveness. *"Following a cohort of nurses over an extended period helps assess how burnout levels and overall well-being evolve with continued participation in the program,"* observed another nursing manager. This approach helps identify sustained impacts and areas for adjustment over time.

Incorporating regular feedback loops into the program is also important for maintaining its relevance and effectiveness. *"Periodic evaluations where nurses can provide input on what is working well and what could be improved allow for real-time adjustments,"* advised a nursing manager in charge. This continuous feedback ensures the program remains responsive to the evolving needs of the nursing staff. Together, these perspectives emphasize the importance of a comprehensive approach to evaluating a peer support program. By integrating quantitative metrics, qualitative feedback, and cross sectional studies, hospitals can gain a thorough understanding of the program's impact and make informed decisions to enhance its effectiveness in supporting nurses' well-being.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

This section provides a summary of the findings in relation to the research objectives of the study. The study was on psycho-education interventions for prevention of burnout among nurses in public hospitals in Tharaka Nithi County, Kenya. The study sought to examine the stress management techniques for prevention of burnout among nurses in public hospitals in Tharaka Nithi County, Kenya, examine the communication skills as an intervention for prevention of burnout among nurses in public hospitals in Tharaka Nithi County, Kenya and to assess the peer program as an intervention for prevention of burnout among nurses in public hospitals in Tharaka Nithi County, Kenya.

The first objective was on stress management techniques in preventing nurse burnout in public hospitals in Tharaka-Nithi County, Kenya. The findings revealed that the majority of nurses perceive their workload as well-managed, recognize the importance of regular breaks, and engage in proactive stress management practices. The study emphasized the critical role of external support systems and maintaining a work-life balance in managing stress. Interviews with healthcare professionals underscored the significant impact of stress on nurses' well-being and performance, highlighting the importance of stress management strategies like mindfulness, breaks, and peer support groups. Practical examples demonstrated improvements in team morale and reduced burnout, underscoring the need for continuous enhancement of stress management interventions. The study concluded by stressing the importance of prioritizing stress management in healthcare settings to ensure nurses' effectiveness and well-being.

The second objective was on examining communication skills as an intervention for preventing burnout among nurses in public hospitals in Tharaka-Nithi County, Kenya. The findings emphasized that effective communication, including expressing concerns, active listening, assertiveness, and clear communication channels, significantly reduces stress and fosters a supportive work environment. Most nurses in the study recognize and practice these skills, contributing to a positive workplace atmosphere and preventing burnout. However, the study also identified

communication challenges among a minority of nurses, indicating areas where further training or interventions are needed. The study highlighted the critical role of communication in improving patient outcomes, preventing burnout, and creating a cohesive work environment. It also discussed the challenges in implementing communication interventions, such as resistance to change and time constraints, and suggested practical solutions.

The third objective was on assessing peer support programs for prevention of burnout among nurses in public hospitals in Tharaka-Nithi County, Kenya. The findings revealed that peer support is crucial for managing workplace challenges, fostering a supportive environment, and enhancing well-being. The study underscored the importance of structured peer support programs, regular team-building activities, and an inclusive work culture in preventing burnout among nurses. It also emphasized the need for continuous monitoring and evaluation of these programs to ensure their effectiveness in fostering resilience and supporting nurses' mental health. In conclusion, while most nurses value and participate in peer support initiatives, there is a need to address gaps where some nurses do not fully engage with or recognize the benefits of these systems. Strengthening peer support structures can enhance the well-being of nurses and contribute to a more resilient healthcare environment.

5. 2 Conclusion

This thesis examined psycho-educational interventions in preventing burnout among nurses in public hospitals within Tharaka-Nithi County, Kenya. The study focused on three key areas: stress management techniques, communication skills, and peer support programs. The findings from these areas provide a nuanced understanding of the challenges faced by nurses and the effectiveness of the interventions implemented to mitigate these challenges.

Basing on the findings of the first specific objective it was determined that The study revealed that the nursing workforce in public hospitals in Tharaka-Nithi County is predominantly female, with a significant portion of nurses in the mid-career stage. The findings showed that a majority of the nurses perceive their workload as well-managed and actively engage in stress management practices such as mindfulness, regular breaks, and relaxation techniques. The conclusion of this study is that these

strategies not only contribute to reducing stress levels but also enhance job satisfaction and overall well-being. In addition, the importance of external support systems and maintaining a healthy work-life balance was underscored as essential components in managing stress. Interviews with healthcare professionals further reinforced the need for continuous enhancement of stress management interventions, with practical examples demonstrating improvements in team morale and reduced burnout.

Basing the findings on the second objective the findings indicated that effective communication is a cornerstone in fostering a supportive and collaborative work environment. Nurses who are proficient in expressing concerns, practicing active listening, and engaging in assertive communication are better equipped to handle the emotional and psychological demands of their profession. It was therefore concluded that that most nurses in the study are confident in their communication abilities, which significantly contributes to reducing stress and preventing burnout. The study also identified communication challenges faced by a minority of nurses, highlighting areas where further training and interventions are necessary. These challenges, which include difficulties in expressing concerns and seeking support from colleagues, suggest that not all nurses feel equally supported in their communication efforts.

Basing the findings on the third objective the revealed that peer support is integral to managing workplace challenges and fostering a nurturing work environment. The study therefore concluded that there is room for improvement in formalizing and expanding these support structures. In addition, the effectiveness of these programs is closely linked to their ability to provide consistent emotional support, encourage early intervention, and equip nurses with essential stress management skills. The study recommended continuous monitoring and evaluation of peer support initiatives to ensure their long-term success in fostering resilience and supporting the mental health of nurses.

5.3 Recommendations of the study

- i. The government should establish comprehensive and mandatory stress management programs, including regular training on mindfulness, relaxation techniques, and time management.
- ii. Policymakers should develop policies that encourage a healthy work-life balance, such as flexible working hours and adequate leave days.
- iii. Hospital management should provide continuous professional development in communication, focusing on active listening, assertiveness, and conflict resolution.
- iv. The policy makers should create and maintain clear communication channels between nurses, supervisors, and other healthcare professionals, including regular team meetings and feedback mechanisms.

5.4 Suggestions for Further Studies

- i. Conduct cross-sectional studies to assess the long-term effectiveness of stress management, communication skills, and peer support interventions in preventing burnout among nurses.
- ii. Perform comparative studies to analyze how burnout prevention interventions in Tharaka Nithi County to measure up against those in different regions or countries.
- iii. Study different models of peer support programs to determine which are most effective in reducing burnout and improving job satisfaction.

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APPENDICES

Appendix I: Letter of Introduction

PSYCHO-EDUCATION INTERVENTION FOR PREVENTING BURNOUT AMONG NURSES IN PUBLIC HOSPITALS IN THARAKA-NITH COUNTY, KENYA

Dear Respondent

My name is Victoria Kimani a master's student Chuka University, undertaking a Master's programme in Counseling Psychology at Chuka University. I am carrying out a study on psycho education intervention for preventing burnout among nurses.

Purpose: The researcher is interested in nurses working at various hospitals in order to examine the burnout levels and how psychoeducation interventions can either decrease or increase of burnout levels.

Procedure: kindly answer all the questions without consulting others. There are no right or wrong answers and your honesty is of great value to the researcher. If there are any questions about the study, such as how to fill the questionnaires or complains on the research project, please do not hesitate to call the researcher on 0721101735.

Risk/discomforts: There are no risks associated with participating in this research; your responses will only be available to the researcher. Your participation is completely voluntary and you have a right to withdraw from participation at any level of filling the questionnaire.

Confidentiality: Do not write any personal identification on the questionnaire. The responses you give to the questions will remain confidential and anonymous. All respondents' forms are coded and your responses will not be used to identify you. The information provided even if published will not be used to identify you in any way and hence anonymity is assured.

RESEARCHER.....

CONSENT

I do understand that there are no risks associated with participating in this research. I voluntarily give my consent to participate in this study.

Respondent Signature.....date.....

Researcher signature.....date.....

Thank you for taking the time to participate in this study

Appendix II: Questionnaire For Nurses

Instructions:

This study is designed to clarify psycho education interventions for prevention of burnout among nurses in Public Hospitals in Tharaka-Nithi County, Kenya. Please answer all questions honestly. The information provided will be kept confidential and will only be used for this purpose. Read each question carefully and then tick (✓) or fill in your correct answer in the spaces provided.

SECTION A: DEMOGRAPHIC INFORMATION:

1. Gender:

Male

Female

Other (please specify): _____

2. Age:

18-25

26-35

36-45

46-55

56 and above

3. Years of Nursing Experience:

Less than 1 year

1-5 years

6-10 years

11-15 years

16 years and above

4. Department:

Medical

Surgical

Critical Care

87

Maternity

Other (please specify): _____

5. Professional Qualification
Enrolled Community Nurse

Kenya Registered Community Nurse

Higher Diploma

BSN

Others

6. Religion:

Christianity

Islam

Hinduism

Traditional African Religion

Other (please specify): _____

SECTION B: Stress Management Techniques as an Intervention to Prevent Burnout

Indicate your level of agreement using a tick with regard to stress management techniques as an intervention to prevent burnout among nurses. Where **5. Strongly agree, 4. Agree, 3. Undecided, 2. Disagree, 1. Strongly Disagree**

		5	4	3	2	1
		SD	A	U	D	SD
7	I actively participate in activities that help me relax, such as deep breathing or meditation.					
8	I am confident in my ability to manage my workload effectively					
9	I prioritize taking breaks throughout my workday to avoid feeling overwhelmed					
10	I can easily identify early signs of stress in myself and take steps to manage them.					
11	I have a good support system outside of work that helps me de-stress.					
12	I feel comfortable seeking help from colleagues or supervisors when feeling overwhelmed					
13	I am confident in my ability to maintain a healthy work-life balance.					

SECTION C: Communication Skills as an Intervention to Prevent Burnout

Indicate your level of agreement with regard to communication skills as an intervention to prevent burnout among nurses Where **5. Strongly agree, 4. Agree, 3. Undecided, 2. Disagree, 1. Strongly Disagree**

		5	4	3	2	1
		SD	A	U	D	SD
14.	I feel comfortable expressing my concerns to colleagues and supervisors.					
15	I am confident in my ability to listen actively and understand the perspectives of others.					
16	I feel comfortable assertively expressing my needs and opinions at work.					
17	I am confident in my ability to effectively communicate with patients and their families. I feel comfortable asking for clarification or additional information when needed					
18	I feel our team has established clear communication channels for sharing information and concerns.					
19	I believe effective communication helps create a supportive and collaborative work environment.					
20	I feel comfortable expressing my concerns to colleagues and supervisors.					

SECTION D: Peer Support Program as an Intervention to Prevent Burnout

Indicate your level of agreement with regard to peer support program as an intervention to prevent burnout among nurses Where **5. Strongly agree, 4. Agree, 3. Undecided, 2. Disagree, 1. Strongly Disagree**

		5	4	3	2	1
		SD	A	U	D	SD
21	I feel comfortable seeking support from colleagues when facing challenges at work.					
22	I believe our workplace fosters a sense of camaraderie and support among nurses.					
23	I feel comfortable sharing my experiences and challenges with colleagues without judgment.					
24	I feel confident in offering support and encouragement to colleagues who are struggling.					
25	Our workplace has established mechanisms for peer support, such as mentoring programs or support groups.					
26	I believe having a strong support network of colleagues can help reduce stress and burnout.					
27	I feel comfortable participating in initiatives or programs that promote peer support among nurses.					

Appendix III: Interview Guide For Nursing Manager Incharge and Counselling Psychologist

I am Victoria Waithera Kimani pursuing Master’s Degree in Counseling Psychology at Chuka University. I am humbly requesting you that you provide response in the following questions for research purposes. All responses will be treated with confidentiality. Please give the researcher accurate feedback

1. Could you provide an overview of your experience as a nurse in Tharaka-Nithi County Hospitals?

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2. How familiar are you with stress management techniques for healthcare professionals?

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3. In your opinion, what are the most common sources of stress for nurses in your hospital?

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4. Do you believe stress impacts the well-being and performance of nurses in hospital?

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5. What stress management techniques have you found functional in your experience? Please provide examples of how these techniques have helped prevent burnout.

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6. From your perspective, how do stress management techniques contribute to preventing burnout among nurses in our hospital?

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7. Could you share any specific instances where stress management interventions have positively impacted your well-being or that of your colleagues?

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8. What are your suggestions for improving or enhancing the effectiveness of stress management interventions for burnout prevention among nurses?

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9. Could you share your insights on the significance of effective communication skills in the nursing profession?

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10. What role do you believe communication skills play in preventing burnout among nurses in our hospital?

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11. In your experience, how have effective communication skills positively influenced your interactions with colleagues, patients, and supervisors?

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12. Can you provide examples of how improved communication has contributed to a healthier work environment and reduced burnout risk among nurses?

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13. From your perspective, how do you think enhancing communication skills can contribute to preventing burnout among nurses in our hospital?

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14. What are the potential challenges in implementing communication skills interventions, and how do you propose addressing them?

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15. In your opinion, how can we ensure that these interventions are sustained and integrated into the daily practices of nurses?

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16. How would you describe the current level of peer support and camaraderie among nurses in our hospital?

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17. What impact do you think peer support programs have on the well-being and resilience of nurses in high-stress work environments?

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18. From your perspective, how can a well-designed peer support program influence the prevention of burnout among nurses in your hospital?

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19. What are the key elements that should be incorporated into a peer support intervention to ensure its success in preventing burnout?

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20. How can we measure the impact and effectiveness of a peer support program in mitigating burnout among nurses in our hospital?

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Appendix IV: Sampling Table

Table 1: Krejcie and Morgan Table

N	S	N	S	N	S
10	10	220	140	1200	291
15	14	230	144	1300	297
20	19	240	148	1400	302
25	24	250	152	1500	306
30	28	260	155	1600	310
35	32	270	159	1700	313
40	36	280	162	1800	317
45	40	290	165	1900	320
50	44	300	169	2000	322
55	48	320	175	2200	327
60	52	340	181	2400	331
65	56	360	186	2600	335
70	59	380	191	2800	338
75	63	400	196	3000	341
80	66	420	201	3500	346
85	70	440	205	4000	351
90	73	460	210	4500	354
95	76	480	214	5000	357
100	80	500	217	6000	361
110	86	550	226	7000	364
120	92	600	234	8000	367
130	97	650	242	9000	368
140	103	700	248	10000	370
150	108	750	254	15000	375
160	113	800	260	20000	377
170	118	850	265	30000	379
180	123	900	269	40000	380
190	127	950	274	50000	381
200	132	1000	278	75000	382
210	136	1100	285	100000	384

Note.— N is population size. S is sample size.

Source: Krejcie & Morgan, 1970

Appendix V: Chuka University Introduction Letter



CHUKA UNIVERSITY INSTITUTIONAL ETHICS REVIEW COMMITTEE

Telephones: 020-2310512/18

P. O. Box 109-60400, Chuka

Direct Line: 0772894438

Email: info@chuka.ac.ke,

Website: www.chuka.ac.ke

12th July, 2024

REF: CUIERC/NACOSTI/567

TO: Victoria Waithera Kimani

RE: Psycho-Educational Interventions for Prevention of Burnout Among Nurses in Public Hospitals in Tharaka Nithi County, Kenya

This is to inform you that *Chuka University IERC* has reviewed and approved your above research proposal. Your application approval number is *NACOSTI/NBC/AC-0812*. The approval period is 12th July, 2024 – 12th July, 2025.

This approval is subject to compliance with the following requirements;

- i. Only approved documents including (informed consents, study instruments, MTA) will be used
- ii. All changes including (amendments, deviations, and violations) are submitted for review and approval by *Chuka University IERC*.
- iii. Death and life threatening problems and serious adverse events or unexpected adverse events whether related or unrelated to the study must be reported to *Chuka University IERC* within 72 hours of notification
- iv. Any changes, anticipated or otherwise that may increase the risks or affected safety or welfare of study participants and others or affect the integrity of the research must be reported to *Chuka University IERC* within 72 hours
- v. Clearance for export of biological specimens must be obtained from relevant institutions.
- vi. Submission of a request for renewal of approval at least 60 days prior to expiry of the approval period. Attach a comprehensive progress report to support the renewal.
- vii. Submission of an executive summary report within 90 days upon completion of the study to *Chuka University IERC*.

Prior to commencing your study, you will be expected to obtain a research license from National Commission for Science, Technology and Innovation (NACOSTI) <https://oris.nacosti.go.ke> and also obtain other clearances needed.

Yours sincerely

Dr. Benjamin Kanga
SECRETARY

Appendix VII: Research Authorization Letter



COUNTY GOVERNMENT OF THARAKANITHI
DEPARTMENT OF HEALTH SERVICES AND SANITATION
OFFICE OF THE DIRECTOR

P. O. BOX 10, 60406
KATHWANA

Email: countyhealthdirector@gmail.com

REF: TNC/CDH/R/VOL.2/121

DATE: 25th July, 2024

Victoria W. Kimani
P.O Box 641-60400
CHUKA

Dear Victoria,

RE: RESEARCH AUTHORIZATION

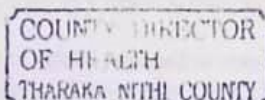
Following your application for authority to carry out research in Tharaka Nithi County on "**Psycho-educational Intervention for Prevention of Burnout among Nurses in Public Hospitals in Tharaka Nithi County, Kenya**" for the period ending 18th July, 2025, I am pleased to inform you that your request to carry out the exercise has been approved.

Ensure that you comply with the research Regulations and Ethics. After the completion of the research you are required to give a copy of research report to the Department of Public Health, Medical Services and ICT

This approval is valid for the stated duration of your research.

Wishing you all the best.

Dr. Elijah Kameti
County Health Director
Tharaka Nithi County



CC:

- CECM – Public Health, Medical Services and ICT
- Chief Officer Public Health and Sanitation
- Chief Officer Medical Services and ICT
- Medical Superintendents, Magutuni, and Marimanti Hospital