

Occupational stress among social workers at Francistown City, Botswana

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Abstract

Occupational stress is a harmful physical and emotional response that occurs when job demands do not match individuals' capabilities, resulting in employees' psychological state deviating from normal functioning. Occupational stress is a challenge in organizations and professions as it impacts job performance and the quality of service provided. A qualitative study was conducted to explore factors influencing occupational stress among social work practitioners in Francistown and the effects of occupational stress on social work practitioners and service delivery. The study was guided by the ecological systems theory. Fourteen social work practitioners employed by the Ministry of Local Government and Rural Development were purposively selected to participate in the study. Thematic analysis was conducted to determine the study themes. Factors identified as influencing occupational stress among social work practitioners include poor working environment, client violence, and practitioner's family responsibilities. The effects alluded to include poor health and poor service delivery. The findings of the study call on the employers of social work practitioners to ensure a supportive and safe work environment with the potential for professional development as a way to buffer the effects of occupational stress.

Keywords: burnout, occupational stress, social work, social worker, Botswana

Introduction

A body of scholarship on occupational stress among social work practitioners points to several factors that contribute to social work practitioners experiencing occupational stress (Knight, 2015; Rogowski, 2019). Occupational stress is a pattern of reactions that occurs when workers are presented with work demands not matched to their knowledge, skills, or abilities and which challenge their ability to cope (DCom et al., 2017). It is a harmful physical and emotional response that occurs when job demands do not match individuals' capabilities or resources to such an extent that their psychological state deviates from normal functioning (DCom et al., 2017). Factors that contribute to occupational stress include a personal history of trauma, burnout, working with traumatized clients (Rogowski, 2019); work-family balance and conflict (Quick & Henderson, 2016), and client violence

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toward social worker practitioners (Weinger, 2000). Another factor is trying to balance between clients' raw emotions such as anxiety, anger, and depression while trying to control one's emotional responses (Kadushin & Harkness, 2014). Other factors include delayed career development and progression, absence of standard of operation procedures/service standards (Kadushin et al., 2014), outdated policies, and work environment stressors such as workload, shortage of staff, and lack of enough office space (Rogowski, 2019). Social worker practitioners in Korea are reported to be exposed to poor working environments, including low salary levels, heavy workloads, emotional labor, low-quality relationships with supervisors, and lack of communication (Choi, Son, & Shin, 2015). Emotional labor is said to be a result of physical and emotional violence from clients (Cho & Song, 2017). Schaufeli (1999) also identified biographic characteristics (young age, little work experience), personality, work-related attitudes, and general job stressors such as workload and lack of social support as contributing to occupational stress.

In some cases, social work practitioners meet with clients who are trauma survivors. However, practitioners feel ill-equipped to provide services that are reported to be frustrating (Knight, 2015). Working with survivors of trauma is reported as a risk factor for practitioners to be traumatized (Knight, 2015). In addition, social work practitioners might be exposed to various emotional expressions such as grief, pain, fear, and posttraumatic symptoms due to exposure to treating survivors of trauma, resulting in psychological distress (Gil & Weinberg, 2015). This therefore can result in exposure to secondary traumatic stress, vicarious trauma, and compassion fatigue. This indirect trauma that social work practitioners get exposed to, impacts the practitioners themselves (Knight, 2013).

Social work practitioners in developing countries are particularly at risk of experiencing burnout and occupational stress due to the work environment and the kind of client problems that they deal with (Malinga & Mupedziswa, 2009). Issues raised are that practitioners deal with challenges that may emanate from the clients and their families, the practice setting, and complex cases that might make them question their competencies. Researchers in Botswana have investigated factors that contribute to occupational stress and its effects (Hiri-Khudu, 2005; Lesejane-Mnkandla, 2015; Ongori & Agolla, 2008). Tshupeng (2014) explored personal life history and professional impairment among social workers. Tshupeng (2014) reported personal history of trauma and working with traumatized clients as some reasons social work practitioners in Botswana are stressed. However, there is no specific study that has been conducted to explore why social work practitioners in general are exposed to occupational stress. Currently, there is minimal empirical and theoretical research in understanding how occupational stress impacts social work practitioners, especially in developing countries like Botswana. To address issues of

underperformance and poor delivery of service, it is necessary to explore factors that might be exposing social work practitioners to occupational stress so that measures can be put in place to curb such factors.

This study explored factors that might be exposing social work practitioners to occupational stress in Botswana and the effects of occupational stress on service delivery and social work practitioners. The ecological systems theory by Urie Bronfenbrenner is used to explain the study findings. The ecological systems theory deems occupational stress to be related to life course trajectories and stressful work environments where there is limited support and unavailability of resources, government policies that clash with professional interventions, and societal attitudes and values that conflict with the statutes (Kadushin & Harkness, 2014). This theory argues that individuals do not exist in a vacuum but are in constant interaction with other systems –individual, family, community, and society (Bronfenbrenner & Morris, 1998). Its emphasis is that individuals are influenced by the micro, exo, macro, and chrono systems of the ecology (Bronfenbrenner, 1994). The theory can help in identifying levels of exposing social work practitioners to the risk of occupational stress and, hence can be entry points for interventions.

Social work practice

Social work, as defined by IFSW “is a practice-based profession and an academic discipline that promotes social change and development, social cohesion, and the empowerment and liberation of people” (IFSW, 2014). Social work practitioners are devoted to helping vulnerable, marginalized, and oppressed individuals and communities. They are also dedicated to advocating for and improving the lives of individuals, groups, and communities (Hepworth et al., 2017; IFSW, 2014). They practice in diverse settings where they are charged with the responsibilities of promoting social welfare, helping individuals overcome challenges they face, and advocating for social and economic justice for diverse communities (IFSW, 2014).

In executing their roles and responsibilities, social work practitioners in the UK are faced with challenges such as the absence of standardized assessment frameworks for assessing complex cases and the use of old policies that do not meet contemporary social problems (Rogowski, 2012). In addition, lack of autonomy, role conflict, clashes of job demands and values, and a lack of ability to use professional knowledge, all contribute to occupational stress for social work practitioners (Munro, 2011). Occupational stress among social work practitioners might be caused by a combination of family roles and work stressors (Quick & Henderson, 2016). In China, occupational stress was found to be prevalent due to work overload (Sun, Song, Liu, et al., 2021). Effects

include intention to leave the job and absenteeism (Cho & Song, 2017) and decreased job performance (Wagaman, Geiger, Shockery & Segal, 2015). Occupational stress is a health risk for psychological, medical, and behavioral diseases (Quick & Henderson, 2016).

In South Africa factors that contribute to occupational stress include client violence, delayed career development and progression, lack of resources, organizational climate, work environment, and workload resulting in compromised service delivery and psychological distress (Christo & Pienaar, 2006). The high level of stress and burnout in social work practitioners is endemic to the profession and is associated with turnover in employment and poor organizational climate (Munro, 2011). In Norway, some challenges facing social work practitioners include cultural differences in families, health problems of clients as well as structural barriers to addressing some of the client's needs (Bø, 2015).

Social work practice in Botswana

Social work practice in Botswana has grown since it was started by the British government to take care of returning soldiers from the Second World War. Social work practice is found in primary and secondary settings. Primary settings include public and private social work-based agencies where social work practitioners are the key players. In secondary settings like hospitals and schools, however, social work practice is not the central business. Social work training started in Botswana in 1985 when the Department of Social Work was established in the University of Botswana (Lucas, 1993). Since then, many social work practitioners have graduated with a Diploma in Social Work (DSW), Bachelor in Social work (BSW) and Masters in Social Work (MSW). These graduates are charged with the responsibility of providing services to vulnerable and marginalized populations to promote their quality of life. They ensure the provision of social protection programmes to those in need and provide restorative/curative and preventive services.

Method

This was a qualitative exploratory study. The qualitative method is a type of inquiry in which the researcher carries out research about people's experiences, in a natural setting, using techniques such as interviews and reporting findings mainly in words rather than statistics (Yegidis & Weinbach, 2006). The qualitative method was adopted as it allows an understanding of human experiences from the perspective of those who go through the experience (Krysik & Finn, 2006).

Study setting and sampling

This study was conducted in Francistown City. The city has been chosen looking at the number of the social work practitioners who are based in the area.

Francistown City has a population of 102,444 (Statistics Botswana, 2022). Within the city, the Department of Social Protection (DSP) under the Ministry of Local Government and Rural Development (MLGRD) is the coordinating body of social work practitioners placed in the hospital while the Department of Social and Community Development (S&CD) oversees social work practitioners in the city council. The total number of social work practitioners employed under S&CD is twenty-one (21) and in the hospital is eight (8).

Ethical clearance was sought from the University of Botswana Institutional Review Board and a permit from MLGRD to allow access to social work practitioners. The participants were recruited through word of mouth with area supervisors. The first author identified study site supervisors who assisted in recruiting the participants and facilitated site access. These supervisors provided a list of potential participants for each extension area. For participants to be included in the study, they had to be based in Francistown City, and working in the main hospital and the City Council. In addition, they should have been practicing for more than a year and willing to consent to the study. Using the list of potential participants provided, a purposive sampling technique was used. It allowed the researcher to choose participants who met the purposes of the study. As indicated by Yegidis and Weinbach (2006) the researcher selects the elements they believe are good sources of information, with varied experience on the phenomena under investigation. The first author approached the individuals who met the inclusion criteria and told them about the study. A total of 14 participants took part in the study. Three ethical principles that constitute the basis for ethics in research were shared with potential participants. These are the principle of beneficence, respect for individuals (autonomy), and the principle of justice. Participants were informed that all the information they share will be kept confidential and no names will be linked with the data. Only those willing to sign the consent form were included in the study.

Data Collection procedures

The interviews were conducted face-to-face at the participants' workplaces. A separate room was identified and used for the interviews. It was easier to conduct the interviews in their locality. A semi-structured and open-ended interview guide was used and interviews lasted an average of 30 minutes. Using an interview guide for all the interviews enhanced the credibility of the study. Face-to-face interviews allowed for flexibility, and probing and guided the discussion, and provided clarity on the matter under discussion. During data collection, the researcher took notes and recorded what was being said using a tape recorder. The participants consented to being recorded. However, some who were not comfortable with the recording were not recorded. Thick

descriptions of study procedures and member checking of the results were done as proposed by Creswell (2013) to enhance the study rigor.

Data Analysis Plan

The study adopted Braun and Clarke (2006) data analysis technique. The recorded interviews were transcribed verbatim. This data was then coded, organizing the ideas and recurring themes from the data in a table format in preparation for the report writing. The theme's frequency was counted to note if they worked in relation to the coded extracts and the entire data. The themes that emerged are as follows: factors that influence occupational stress among social workers; effects of occupational stress on service delivery; and strategies that can address occupational stress among social. During data analysis, quotes to be used in the result presentation were identified.

Results

Participants' demographics

A total of 14 (2 men and 12 women) participants took part in the study, indicating that the social work profession in Botswana is dominated by females. Eleven hold a Baccalaureate of Social Work (BSW) while three were Diploma holders (DSW). Nine participants had worked for eight to 12 years while four had worked for more than twelve years and one had less than four years of work experience. See Table 1 below tabulating the demographics of the participants. The main aim of the study was to explore factors that influence occupational stress among social work practitioners employed in S&CD and those placed in the hospital and to examine the effects of occupational stress and strategies to address the effects.

Table 1: Participants' demographics

RESPONDENT	Age	Sex	Setting	Educational Level	Years worked
1	40	Male	S & CD	BSW	8-12
2	41	Female	S & CD	BSW	12+
3	37	Female	S & CD	BSW	8-12
4	34	Female	S & CD	BSW	8-12
5	38	Female	S & CD	BSW	8-12
6	36	Female	S & CD	BSW	8-12
7	34	Female	S & CD	BSW	8-12
8	41	Female	S & CD	DSW	12+
9	42	Female	S & CD	DSW	12+
10	34	Female	S & CD	DSW	8-12
11	31	Female	DSP	BSW	2-4
12	43	Female	DSP	BSW	8-12
13	41	Male	DSP	BSW	12+
14	35	Female	S & CD	BSW	8-12

Source: Fieldwork, 2023

Factors that influence occupational stress

Several factors were identified as influencing occupational stress among social work practitioners in the City of Francistown. These include poor working environments such as agency bureaucratic procedures, unclear procedures, client issues and violence, and practitioner's family roles. These are discussed below.

Poor work environment

Poor working environment was also reported to be stressful and cited as influencing occupational stress. Poor work environment included factors such as workload, shortage of resources, and limited office space. Poor supervision was also cited as influencing occupational stress. Participants reported that they are forced to share limited office space. This was especially reported by participants working under S & CD. They reported that at times four officers share two office spaces where they are expected to meet with clients as well as store some office supplies and client files. One participant in S & CD lamented:

There are three of us social work practitioners here, and one community development officer, and we all share the two office space. At times trying to have some privacy with a client can be clanging as other officers will be knocking looking for some files here. It's challenging. We don't have computers and printers and we have to go to the main office to type reports (R5).

Furthermore, the majority of the participants in S & CD lamented about the shortage of resources in their workplaces. In addition to limited office space and lack of computers, they also said at times they need transport to go around their localities to check on their clients or conduct assessments, or even to make home visits and follow-ups. However, lack of transport hinders their productivity. This is illustrated by the following quote:

There is transport but we are sharing it with other divisions, which mean some days we do not have transport but clients come to office daily for assistance. As a result, clients are not assisted timely. Even when it's an emergency, you have to wait until you have access to transport (R1).

Moreover, participants lamented about the procedures which are based on old policies such as the Adoption of Children's Act of 1952, and unclear organizational procedures. Participants felt that some procedures are unnecessary and delay service delivery. This was captured by one participant who said:

Some procedures are unnecessary and too long. For example, a client will wait for payment for two weeks. You find that the person who signs cheques has gone away with a password. Some policies are also outdated. Some programmes, for example, the disability programme, do not have a policy and we rely on unclear guidelines (R3).

Another respondent remarked;

Some policies do not match the current situation. Some are outdated, and they were formulated looking at those issues which were taking place at that time. eg Children's act is not in line with Birth and Deaths act. Age of children or definition of age differs with acts/policies (R2).

Another concern raised by social work practitioners was inadequate supervision. Social work practitioners working at the hospital expressed that their challenge was being supervised by people who do not have social work background. They reported that they are supervised by medical doctors, who at times do not have an understanding of their mandate. One participant from the hospital narrated; 'It is a little bit ahh.... The supervisors, mostly medical doctors, do not have social work background, and it is difficult for them to understand what we do' (R13).

Those in S & CD, also reported some frustration around the issue of supervision. They indicated that within S & CD, there are some Home Economist and Adult Education graduates who are in most cases at the management level, and end up being their supervisors. Participants reported that being supervised by non-social work practitioners is frustrating as they do not share the same professional ethics. They reported that this is a hindrance to service delivery as they spend lots of time on meetings trying to explain and educate non-social work practitioners on how some issues should be addressed professionally. This was captured by one participant who said:

It is so frustrating being supervised by someone whom you do not speak the same language. Social work is a profession with ethics that these people do not know. They also do not have the skill to handle cases, and even when you report on an emergency case, they take it lightly. How then can such people who have no understanding of how social work profession work be our supervisors, our system is painful (R10).

Client violence

Participants reported that they deal with contemporary and challenging client cases and other factors that come from client family members. Some of these cases question social work practitioners' competency as they lack some skills as have not been exposed to on-the-job training or short courses to ground them

on emerging issues they face when working with clients and families. Another reason advanced was grappling with issues of client culture and traditional belief systems that tend to go into conflict with social work practice, such as in settling family conflicts. In such cases, social work practitioners indicated that clients' family members will put emphasis on addressing some conflicts traditionally. Social work practitioners also detailed the violence they face from clients. They reported being harassed and assaulted by clients in the workplace. Risky work environments and failure of management to proactively respond to such cases were reported to be worrisome issues. A participant reported; 'What is seen on our faces is sadness and too much anger. Our safety is not taken seriously. We are not safe at all in the work environment. Clients assault social work practitioners' (R10). Such violence was especially common in S & CD cases where social work practitioners deal with social protection programmes. It was also reported that such cases are instigated by politicians who promise their voters that they will get them registered, only to be found not to qualify for the said package by social work practitioners.

The majority of the participants in S & CD reported that political pressure makes their job difficult as politicians threaten and force them to go against the organizational procedures and policies in place. Participants reported that in such cases they are forced to serve the interests of the politicians fearing to lose their jobs. However, for those who resist the politician's pressure, they are the ones who are exposed to client violence. Participants reported that such practice impacts creativity in engaging and helping clients. This is illustrated by the following quote:

Politicians sing a different song about these policies.

They forget that they are the ones who formulate such policies. We end up serving politicians' interests because we do not want to lose our jobs. We depend too much on politicians; our decision making is influenced by politicians. All programmes are influenced by politicians. We do not have autonomy on how we assist clients (R9).

Practitioner's family life events and responsibilities

Family life events were indicated as influencing occupational stress. Participants reported that in most cases, they have no control over such events which eventually impact their productivity. These include death, and family conflicts among others. They reported that their family roles and responsibilities have a bearing on their work productivity, which in most cases exposes them to occupational stress. It was reported that there are unresolved family conflicts which has a negative impact on their work, despite trying to separate their personal life from their professional life. Some of the conflicts

are family financial burdens they have to attend despite the low pay they get. This was reported as frustrating as family members view them as not interested in partaking in family matters yet they are constrained by what they get from the employer. This was captured by one participant who said:

We are confronted with so many challenges in our lives, both personal and professional. Source of these challenges include interpersonal relations in our families- marriages and siblings. So much happens and one ends up being unable to control anger and fail to assist clients or the client ends up being a surrogate to that anger (R8).

Effects of occupational stress

Having examined the factors that exposed social work practitioners to occupational stress, the study also examined the effects of occupational stress on the practitioners. The social work profession is referred to as an emotional job which sometimes drains social workers. Some of the effects that the participants alluded to include poor health and poor service delivery which are discussed below.

Poor health among social work practitioners

All participants reported that they experience anxiety and emotional exhaustion due to the high workload and from clients' complex issues. The poor working environment with limited resources was indicated to be taxing on the participants. One respondent from the hospital lamented:

Knowing that you are really trying to help a helpless person but there are things that make it difficult to do that causes emotional exhaustion because you cannot even sleep knowing that you have not helped a person. Sometimes you end up using your money to assist the client but if you are dealing with five thousand clients you cannot manage to use your personal resources (R12).

The second respondent under the same organization stated:

We are in a referral hospital...yeah...we receive many cases daily. Some are horrible cases which the clinics failed to resolve. The families come here stressed because this is an environment where people die. There are also cases of pregnant women being referred here if the clinic is unable to assist them. These patients sometimes end up giving birth and die or their infants die immediately after birth. These cases are so stressing, traumatic and bring emotional exhaustion (R11).

Another respondent under S & CD echoed the same sentiments by saying that 'Social work practitioners are human beings and the cases that come to us are issues that affect us at our homes. I am affected when I have not assisted the

client fully and this leads to emotional exhaustion (R3). Majority of the participants also alluded to the emotional exhaustion due to political interference which obstructs their creativity in executing their roles and responsibilities. They indicated that they are at times forced to go against set procedures as politicians threaten them hence they oblige for fear of losing their jobs.

Some participants cited that they deal with court cases which cause them sleepless nights as they are afraid that they might be detained for not meeting submission dates or for not appearing at court due to other work commitments. Limiting factors such as shortage of resources, inadequate skills, and sensitive client issues may cause anxiety and emotional exhaustion. The participants indicated that dealing with traumatic cases in a resource-limited environment inhibits their ability to engage effectively with clients hence poor service delivery.

Poor service delivery

The working environment characterized by minimal resources, client violence, and political influence which exposed participants to occupational stress was reported to be hampering service delivery resulting in decreased job performance and compromised quality of service. Participants reported that at times they are given sick off which delays their progress at work and eventually one is unable to meet deadlines. They indicated that they also continuously have to deal with such issues of arguing their cases with supervisors who are non-social workers, hence delaying assisting clients. One participant commented that;

...stress has a big impact on my job performance. You cannot be productive while you have stress and you cannot be productive when the work environment does not make you happy and is not conducive. Even serving clients with a smile becomes impossible if you are not happy (R10).

Another participant also had this to say about effects of the stress on their work:

On a serious note, stress affects productivity. We have taken stress as part of us and normalized it but this issue affects us and productivity a lot. We are too relaxed on this issue and have made it part of us (R9).

Poor service delivery was reported to not only impact the agency but also bring negative perceptions from the public about the social work practitioners. They are viewed as unproductive and not able to assist clients effectively.

Discussion

This study explored factors influencing occupational stress among social work practitioners in the City of Francistown. The effects of stress and strategies that can assist in addressing occupational stress experienced by social work practitioners were also explored. The ecological systems theory, an eclectic approach to assessing and understanding an individual or people within an organization is used to explore the results of the study. As per the ecological systems theory, social work practitioners can be exposed to occupational stress through individual factors, family factors, community and peer factors, and institutional and societal factors. The theory assumes that part of our environment places demands on us, and it constantly presents us with realities requiring an adaptive response. This theory also points out the interdependence of organisms with their environment (Germain & Knight, 2021).

The study discusses the factors that might be exposing social work practitioners to occupational stress and its effects on them and service delivery. These are discussed by looking at the family, community, and institutional factors. Firstly, interpersonal factors play a significant role in influencing individual behaviors. The results of the study indicated that social work practitioners were overwhelmed by their family events and transitions which in turn affected their work productivity. It was reported that there are family traumatic events that social work practitioners experience which hampers their work performance. Family events and transitions have been found to affect individuals in various ways and even in ways that they respond to situations (Quick & Henderson, 2016). Work-family conflict is a risk factor for occupational stress as individuals' demands from home and work clash (Quick et al., 2016).

Secondly, there were some community and organizational factors that were reported as influencing occupational stress among social work practitioners. These are the interactional processes between multiple microsystems, including the social work practitioner and the institution/organization. The results indicated that there are some procedural and policy issues that affect social work practitioners. For example, delayed career development and progression and failure by the organization to appraise the employees have been reported as major contending issues leading to occupational stress. In addition, a lack of continuous education and short courses can be stressful for employees (Pack, 2013), similar sentiments were reported in the study. The results illustrated that social work practitioners are dealing with changing clients' problems needing continuous exposure to new skills and techniques. Malinga and Mupedziswa (2009) reported that the limited skills and expertise of social work practitioners can be frustrating and expose them to occupational stress.

Moreover, supervision was another contending issue raised in the results. Social work practitioners indicated that supervision was not adequate as they were

supervised by non-social work practitioners. National Association of Social Workers (NASW) (2013) indicates that ‘supervision ensures that supervisees obtain advanced knowledge so that their skills and abilities can be applied to client populations in an ethical and competent manner’ (pg. 7). The purpose of supervision is to provide guidance and improve service delivery. However, in the case of the study results, there were some mixed emotions as social work practitioners received supervision from individuals with different training backgrounds. With such, practitioners were likely to be exposed to stress as NASW (2013) argues that supportive supervision is essential for reducing job stress.

Resource inadequacy was alluded to in the results of the study. This was reported to delay service provision as clients have to wait for days before they are assisted. Resource inadequacy is linked with emotional exhaustion (Khamisa, Oldenburg, Peltzer, K., & Ilic, 2015), the same sentiments that were alluded to in this study. Furthermore, unclear policies/procedures in the work environment were cited as contributing factors to occupational stress, hence affecting practitioners and hampering service delivery. The results indicated that some procedures are ambiguous and unclear which can be frustrating for the practitioner when trying to provide a service. Lastly, in relation to community and organizational factors, the results alluded to safety and security risks that social work practitioners are exposed to. Exposure to safety risks might bring some uneasiness for social work practitioners as they attempt to engage with their clientele. As articulated in Maslow’s needs hierarchy in cases where an employee’s safety and security are compromised, service provision also becomes compromised (Khamisa, et al., 2015).

Thirdly, there were some exosystem-level factors that encompass community-level system that may not relate directly to the social work practitioners but that affects them. There are forces within the societal system in which the social work practitioners and the organizations they work for are embedded and that have an immediate effect on their work. Political pressure can be an example as was elaborated on in the results. It was reported that the influence of politicians in the roles and responsibilities of social workers is a cause for concern. Politicians tend to force and threaten social work practitioners to make decisions that favor them even if going against organizational procedures/policy requirements and professional ethics.

The effects of occupational stress can be explored at the individual level and organizational levels. Firstly, at the individual level, there are some health implications that social work practitioners might be exposed to. Ecological theory’s emphasis is on ensuring that the environment in which individuals live

and work is able to support health and wellbeing (Germain & Knight, 2021). However, the results indicated that social work practitioners while executing their roles and responsibilities tend to be exposed to negative outcomes and emotional exhaustion such as emotional stress which has adverse effects on their general health and productivity. Providing services in an environment with lots of safety risks is a challenge for social work practitioners. Constant harassment and assaults by clients are traumatizing life events that can haunt social work practitioners leading to low productivity.

As alluded to by the ecological theory, an employee who has negative experiences on the job is likely to experience stress and burnout (Yaribeygi, Panahi, Sahraei, Johnston, and Sahebkar, 2017). Steege and Nussabaum (2013) also observed that demanding aspects of work led to constant overtaxing and long-term exhaustion. Due to occupational stress, physical and medical problems are reported. Yaribeygi, et al. (2017) indicate that many disorders and diseases are due to chronic stress. They indicated that working and living in a stressful environment is likely to expose one to stress and some disorders. Besides the strain on the employees' health due to occupational stress, occupational stress eventually affects the economic costs of the agency, as absence from work due to ill health becomes prominent (Shahsavarani, Azad Marz Abadi, & Hakimi Kalkhoran, 2015).

Conclusion

In executing their daily duties, social work practitioners interact with multiple systems - their families, the client, the client's family, the community, and the organization at large. The study indicated that social work practitioners in Botswana are exposed to occupational stress due to the interactions they have in the micro, macro, meso, and exo systems. The study reported that social work practitioners in Botswana are faced with challenges relating to complex client problems, unfavorable physical work environments, heavy workloads, and an emotionally exhausting environment. This in turn can lead to physical illness, emotional and behavioral problems, and eventually decreased job performance (Khamisa, et al., 2015). Therefore organizations should ensure that they capitalize on strategies to support employees as a way of buffering the effects of occupational stress. This study calls for employers of social work practitioners to develop interventions that can create a safe and supportive working environment as well as ensure that adequate resources are available for them to execute their duties. This study, however, was without limitations. Future studies should consider having a larger sample, covering both rural and urban areas as well as social work practitioners in non-governmental organizations to explore if they share the same sentiments aired by government-employed social work practitioners.

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