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Assessment of the Level of Psychosocial Support, the Level of Burnout, and the Relationship Between Them
A Field Study on a Sample of Nurses at the Public Hospital Institution for Mental Health,university Of Hamdani Adda , Tiaret, Algeria

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Abstract:
This study aimed to investigate the level of psychosocial support, the level of psychological burnout, and the relationship between them among nurses at the Public Hospital Institution for Mental Health, Hamdani Adda, in Tiaret, Algeria.
The study sample consisted of 80 male and female nurses working at the Public Hospital Institution for Mental Health, Hamdani Adda. Data were collected using a researcher developed psychosocial support questionnaire and the Maslach Burnout Inventory (MBI). The descriptive method was adopted in accordance with the objectives of the study. The following results were obtained:

- The level of psychosocial support among nurses at the Public Hospital Institution for Mental Health, Hamdani Adda, in Tiaret was high.
- The level of psychological burnout among nurses at the Public Hospital Institution for Mental Health, Hamdani Adda, in Tiaret was high.
- There was no statistically significant correlation between psychosocial support, in its two dimensions (coworker support and friend support), and psychological burnout among nurses at the Public Hospital Institution for Mental Health, Hamdani Adda, in Tiaret.
- There was a statistically significant correlation between family support and psychological burnout among nurses at the Public Hospital Institution for Mental Health, Hamdani Adda, in Tiaret.

Keywords: Psychosocial support; coworker support; family support; friend support; psychological burnout.

Introduction:

The mental health of healthcare professionals has become a subject of growing interest in psychological, sociological, and organizational studies. This is largely due to the diverse occupational and psychological stressors these workers face, particularly in hospital settings where the nature of the work demands a high degree of responsibility, commitment, and continuous patient interaction. Nursing, in particular, is considered a highly demanding healthcare profession due to the physical, psychological, and emotional burdens it imposes. Consequently, nurses are highly susceptible to occupational stress and burnout, especially those working in specialized psychiatric institutions caring for patients with mental disorders.

In this context, psychosocial support emerges as a crucial factor that can enhance workers' mental health and mitigate the effects of occupational stress. It provides emotional, social, and professional backing whether from family, friends, or coworkers. However, the nature of the relationship between psychosocial support and burnout may vary depending on the sources of support and the level of stress experienced by the individual. This necessitates further research and analysis to understand the extent to which these support sources contribute to reducing burnout among nurses.

Given the significance of this topic, the present study aims to shed light on the levels of psychosocial support and burnout among nurses at the Hamdani Adda Public Hospital for Psychiatric Illnesses in Tiaret. It seeks to explore the nature of the relationship between these two variables through a field study conducted on a sample of male and female nurses. The ultimate goal is to contribute to the understanding of specific psychosocial factors associated with their professional reality, thereby providing empirical indicators that can be utilized to develop psychosocial support programs within hospital settings.

Problem Statement:

Modern work organizations across various sectors are among the primary spaces where individuals spend a significant portion of their lives. Within these environments, roles, tasks, and professional relationships intertwine, and stressors continuously multiply. Therefore, institutions are now required, more than ever, to provide safe and healthy working conditions that account for the psychosocial needs of their employees, particularly in highly complex professions.

The healthcare sector stands out as one of the most stressprone fields due to the nature of tasks that demand high emotional labor. These challenges are exponentially greater in specialized psychiatric institutions, directly impacting the health and safety of the staff. These workers face elevated daily stressors resulting from continuous interactions with patients, complex cases, and unpredictable aggressive behaviors.

This profession goes beyond performing routine tasks; it requires a superior ability to regulate emotions and make critical decisions. The work environment in such departments demands a high level of emotional resilience, as this specific group of nurses suffers from higher rates of anxiety and exhaustion compared to their peers in other healthcare sectors. This increases the need to provide support systems that help nurses cope with these pressures and maintain their mental wellbeing. Psychosocial support is considered one of the most prominent of these factors, acting as a primary source of psychological security for this group.

Numerous studies have addressed the topic of psychosocial support, such as the studies by Boubekeur Abla (2022), Khadija Hammou Ali (2023), and Sabahi Fawzia & Boufateh Hajer (2025).

Psychosocial support is a fundamental factor that healthcare institutions, in particular, rely on to maintain the equilibrium of their workforce. Through its various emotional, organizational, and professional forms, this support enhances workers' coping capacities, providing them with a sense of occupational security and the ability to continue performing their duties without breaking down. However, the disparity or absence of such support in the work environment can directly and negatively impact employees' mental health. It deprives workers of the protective mechanisms needed to face stressors, making them more vulnerable to emotional exhaustion, a lack of personal accomplishment, and depersonalizationthe core components of burnout. Burnout is particularly complex in this context due to the nature of psychiatric work, which necessitates managing critical cases.

Consequently, psychiatric nurses frequently encounter problems, difficulties, and pressures during their shifts that lead to psychological disorders culminating in burnout. Several studies have highlighted this issue, including Azzouz Hamida (2022), Khadija Ashour (2023), and Chabil ElHadj (2024). The complex nature of the work generates varying levels of burnout, where nurses experience severe fatigue due to continuous stress and intensive interaction with patients, ultimately impairing their ability to provide effective care. This indicates a significant issue regarding occupational health that demands attention and support to improve working conditions. The level of psychosocial support can differ based on the work environment, management styles, and the nature of prevailing relationships, leading to disparities in burnout levels among nurses.

In light of the above, the following research questions can be posed:

1. What is the level of psychosocial support among nurses at the Public Hospital for Psychiatric Illnesses in Tiaret?
2. What is the level of burnout among nurses at the Public Hospital for Psychiatric Illnesses in Tiaret?
3. Is there a correlational relationship between psychosocial support with its dimensions (coworker support, friend support, family support)and burnout among nurses at the Public Hospital for Psychiatric Illnesses in Tiaret?

Study Hypotheses:

1. The level of psychosocial support among nurses at the Public Hospital for Psychiatric Illnesses in Tiaret is moderate.
2. The level of burnout among nurses at the Public Hospital for Psychiatric Illnesses in Tiaret is high.
3. There is no correlational relationship between psychosocial support with its dimensions (coworker support, friend support, family support)and burnout among nurses at the Public Hospital for Psychiatric Illnesses in Tiaret.

Study Objectives:
The current study aims to:

- **Assess** the levels of both psychosocial support and burnout among nurses at the Public Hospital for Psychiatric Illnesses.
- **Investigate** the relationship between psychosocial supportacross its dimensions (coworker support, friend support, family support)and burnout among nurses at the Public Hospital for Psychiatric Illnesses.
- **Propose** actionable recommendations to support nurses at the Public Hospital for Psychiatric Illnesses.

Operational Definitions:
1. Psychosocial Support: Processes aimed at enhancing the psychosocial adjustment of individuals facing challenges and traumas by providing them with a supportive environment that offers safety, a sense of belonging, positive relationships, and opportunities for selfexpression. Operationally, it is expressed by the total score the respondent obtains by answering the items of the Psychosocial Support Questionnaire adopted in this study.
2. Coworker Support: The extent to which psychiatric hospital nurses perceive the presence of backing and cooperation from colleagues within the work environment. It is measured by the total score obtained from responses to the items of the "Coworker Support" subscale.
3. Family Support: The degree to which psychiatric hospital nurses perceive the psychological and moral support they receive from family members to cope with work stress. It is measured by the total score obtained from responses to the items of the "Family Support" subscale.
4. Friend Support: The extent to which psychiatric hospital nurses feel the availability of psychosocial support from friends. It is measured by the total score obtained from responses to the items of the "Friend Support" subscale.
5. Burnout: An internal psychological state experienced by the individual as a result of work pressures and excessive workloads. It is the individual's response to psychological tension and occupational stress, typically encompassing feelings of psychological exhaustion, emotional blunting (depersonalization), and a reduced sense of personal accomplishment. Operationally, it is expressed by the score the respondent obtains by answering the items of the Burnout Inventory adopted in this study.

The Concept of Psychosocial Support:

- **Psychological Support:** A term denoting the provision of assistance to those in need on a psychosocial basis. It implies that certain psychosocial factors are responsible for individuals' wellbeing, aiming to protect psychosocial integrity, or to prevent and treat disorders in order to achieve mental health (Abdel Wahab, 2018, p. 9). It involves helping others with the intention of providing psychological backing, boosting their morale, and developing their self efficacy to face life stressors and prevent psychological frustration.
- **Social Support:** Ezzat Abdel Hamid (1996) defines it as the degree to which an individual feels the availability of emotional sharing, as well as financial and informational backing from others (family, relatives, friends, coworkers, supervisors), in addition to having individuals who

provide advice and guidance, forming deep social relationships (Yaqoub, 2023, p. 178). Social support also refers to the perception of actual care and receiving help from others. Being part of a supportive social network especially for those living with hardships or chronic illnesses not only provides emotional comfort and alleviates anxiety, fear, and loneliness caused by the illness, but it also bolsters their confidence and courage to face it (Riman, 2025, p. 29).

Psychosocial Support:

According to the International Federation's Psychosocial Framework (20052007), psychosocial support is defined as a process to facilitate and assist individuals and families suffering from crises to restore their willpower and face future events. It also encourages the restoration of social cohesion, strengthens social bonds between individuals, and improves individuals' psychosocial health and their capacity to overcome future obstacles. Psychosocial support can play a major role in both prevention and treatment; preventively, it helps avert the development of psychological problems, while therapeutically, it assists individuals in overcoming and treating psychological issues caused by trauma and crises (Hammou Ali, 2018, p. 247).

It is also defined as the processes aimed at enhancing the psychosocial adjustment of individuals in the face of challenges and traumas by providing them with a supportive environment that offers safety, belonging, positive relationships, opportunities for self expression, and community participation (AlMomani, 2025, p. 53).

Conclusion on Psychosocial Support:

From the above, we conclude that psychosocial support is the backing an individual receives from their immediate or extended environment, such as family, friends, coworkers, or institutions. This support is not limited to mere material assistance; it also encompasses encouragement through active listening, empathy, and providing a sense that the person is not alone in what they are going through. This support helps the individual confront stressors and difficulties, granting them greater psychological resilience, thereby making them more capable of adapting and maintaining their psychological equilibrium in daily life.

The Concept of Burnout:

The concept of burnout was first described by the psychoanalyst Herbert Freuden berger based on his subjective observations. He considered it a form of exhaustion linked to psychological alienation among his patients, accompanied by a decline in their psychological capacities. Freudenberger posited that excessive idealism and unrealistic self expectations form the foundation for the emergence of this type of exhaustion.

According to Maslach and Jackson, burnout is defined as an internal psychological state resulting from work stress due to a mismatch between the individual and their work environment, including its pressures. It manifests as a cluster of psychological and physical symptoms, such as: **emotional exhaustion**, **depersonalization**, **reduced personal accomplishment**, loss of a sense of commitment, and chronic fatigue, in addition to negative reactions toward others. It is particularly prevalent in professions that require emotional commitment and direct interaction with people (Mellal Mehrezi, 2018, p. 784).

Furthermore, depersonalization (emotional blunting) is defined as the individual's feeling of being cynical and rigid, as well as experiencing a disturbance in mood. A reduced sense of personal

accomplishment is defined as the individual's perception of diminished success and the belief that their efforts are in vain (Ben Yahia & Yeznad, 2017, p. 24).

Burnout is also characterized by negative changes in an individual's attitudes and behaviors as a reaction to work stress. Its most prominent manifestations include a loss of interest, performing tasks mechanically, a lack of motivation, resistance to change, and a loss of creativity.

It is an emotional response to chronic work related stressors that, over time, can lead to emotional exhaustion, depersonalization, and reduced personal accomplishment. Emotional exhaustion can be described as prolonged feelings of severe physical and emotional depletion. Depersonalization is characterized by cynicism, pessimism, or responding with detachment from others. Reduced personal accomplishment is marked by feelings of professional incompetence and failure.

Finally, it is also defined as a state of physical and emotional exhaustion, encompassing a set of somatic and emotional responses that make workers feel helpless and incapable of performing their tasks optimally. This is the result of their exposure to repeated and continuous frustrations that hinder the achievement of set goals and assigned duties.

Field Study (Methodology):

Research Method:
To achieve accurate and clear results, this study adopted the **descriptive method**, as it is best suited to the nature of our research. This approach aims to diagnose the phenomenon, uncover its various aspects, and determine the relationships among its elements, as well as interpret and analyze these connections in light of various studies. The descriptive method (specifically, the descriptive correlational approach) allows for predicting a certain level of significance and ascertaining whether a correlational relationship exists between two or more variables, and subsequently understanding the nature of that relationship.

Spatial and Temporal Boundaries of the Study:

- **Spatial Boundaries:** The study was conducted at the Hamdani Adda Public Hospital for Psychiatric Illnesses in Tiaret. It is a public institution with an administrative nature, possessing legal personality and financial autonomy.
- **Temporal Boundaries:** The study was conducted during the month of March. Respondents were given ample time to accurately fill out the questionnaire, along with a clear explanation regarding its content and purpose.

Study Population and Sample:
The study population comprises 117 male and female nurses. After excluding the pilot sample (exploratory sample), the main study sample consisted of 80 participants. Initially, a comprehensive enumeration (complete census) approach was adopted to avoid sampling errors, which subsequently transitioned into a partial census.

Characteristics of the Study Sample:
Table No. (01) illustrates the distribution of the study sample according to the gender variable:

Gender	Frequency (N)	Percentage (%)
Males	44	55%
Females	36	45%
Total	**80**	**100%**

Table No. (02) illustrates the distribution of the study sample according to the variables of age and experience:

Variable	Minimum Value	Maximum Value	Mean (*M*)	Standard Deviation (*SD*)	Total (*N*)
Age	22	60	37.01	10.655	80
Experience	01	39	11.79	8.342	80

Study Instruments:

The questionnaire was utilized as the primary tool for research and data collection. The questionnaire designed for this study consists of three main sections:

- **Section One:** Contains personal and demographic data (Gender, Experience, Age).
- **Section Two:** Relates to the independent variable, which is **Psychosocial Support**. It comprises 32 items divided into three subscales: the *Coworker Support* subscale (items 1 to 10), the *Family Support* subscale (items 11 to 19), and finally, the *Friend Support* subscale (items 20 to 32). This section was developed based on the theoretical framework and a review of previous studies.
- **Section Three:** Relates to the dependent variable in this study, namely **Burnout**, consisting of 22 items. This section was based on the Maslach Burnout Inventory (MBI).

Psychometric Properties of the Study Instruments:

A. Internal Consistency Validity:

Table No. (03) illustrates the correlation coefficients of the items with their respective subscales, and the subscales with the total score of the Psychosocial Support Questionnaire:

Subscales	Item Number	ItemSubscale Correlation Coefficients	SubscaleTotal Correlation Coefficients
Coworker Support	01	0.322**	**0.572****
	02	0.379**	
	03	0.469**	
	04	0.369**	
	05	0.712**	

Subscales	Item Number	ItemSubscale Correlation Coefficients	SubscaleTotal Correlation Coefficients
	06	0.640**	
	07	0.324**	
	08	0.483**	
	09	0.384**	
	10	0.298**	
Family Support	11	0.400**	**0.605****
	12	0.403**	
	13	0.574**	
	14	0.646**	
	15	0.642**	
	16	0.658**	
	17	0.758**	
	18	0.650**	
	19	0.742**	
Friend Support	20	0.634**	**0.842****
	21	0.640**	
	22	0.626**	
	23	0.222*	
	24	0.318**	
	25	0.385**	
	26	0.276*	
	27	0.272*	
	28	0.529**	

Subscales	Item Number	ItemSubscale Correlation Coefficients	SubscaleTotal Correlation Coefficients
	29	0.508**	
	30	0.514**	
	31	0.448**	
	32	0.472**	

As observed in the previous table, most of the Pearson correlation coefficients between the items, the subscales, and the total score were statistically significant. These values indicate that the questionnaire possesses an adequate level of internal consistency validity.

B. Reliability of the Study Instrument:

Table No. (04) illustrates the results of the reliability calculation using Cronbach's Alpha method:

Instrument	Number of Items	Cronbach's Alpha
Psychosocial Support	32	0.777

As indicated in the table above, the study instrument possesses a statistically acceptable reliability value for conducting the research, with the reliability coefficient for the Psychosocial Support questionnaire estimated at 0.777.

Presentation and Discussion of the Study Results:

Presentation and Discussion of the First Hypothesis Results:

To test the first hypothesis, which posited that "The level of psychosocial support among nurses at the Public Hospital for Psychiatric Illnesses in Tiaret is moderate," the mean, hypothesized mean (test value), and standard deviation of the sample's responses to the Psychosocial Support Questionnaire were calculated. The results are as follows:

Table No. (05): The level of psychosocial support based on the sample's responses (N=80)

Variable	Mean (*M*)	Std. Deviation (*SD*)	Hypothesized Mean	OneSample ttest	Sig. (*p*)
Psychosocial Support	118.48	16.30	96	12.335	0.000

Table No. (05) reveals statistically significant differences between the calculated mean of psychosocial support among psychiatric nurses and the hypothesized mean. The calculated mean is significantly higher, indicating a **high level** of psychosocial support. Consequently, the first hypothesis is **not supported (rejected)**.

This elevated level can be attributed to the effective role of the external social environment, particularly the family, which serves as a primary source of emotional support. Given the psychological stressors characteristic of psychiatric nursing, this support helps alleviate tension and achieve psychological balance. Furthermore, this result can be explained by the nurses' accumulated professional experience, which enables them to develop effective coping strategies and build positive,

trustbased, and cooperative professional relationships, thereby enhancing their perception of available support.

These findings align with previous research, such as the study by Khadija Hammou (2018), which indicated a high level of psychosocial support among its sample. It also aligns conceptually with the study by Boumagouas Ibrahim (2026), which found a moderate level of psychosocial support among healthcare workers, indicating that employees do receive psychosocial backing from various sources such as family, coworkers, and friends.

Presentation and Discussion of the Second Hypothesis Results:
To test the second hypothesis, the mean, hypothesized mean, and standard deviation of the sample's responses to the Burnout Inventory were calculated. The results are as follows:

Table No. (06): The level of burnout based on the sample's responses (N=80)

Variable	**Mean (*M*)**	**Std. Deviation (*SD*)**	**Hypothesized Mean**	**OneSample ttest**	**Sig. (*p*)**
Burnout	79.73	21.45	66	5.727	0.000

Table No. (06) demonstrates statistically significant differences between the calculated mean of burnout and the hypothesized mean among psychiatric nurses. This indicates a **high level** of burnout among the nurses at the Public Hospital for Psychiatric Illnesses. Therefore, the second hypothesis is **supported (confirmed)**.

This outcome is attributed to the nature of the work, which is considered one of the most sensitive and complex professional environments. Nurses interact daily with diverse psychological conditions, ranging from anxiety and depression to acute disorders and sometimes aggressive behaviors. This continuous interaction demands immense psychological and emotional effort, which, over time, leads to the depletion of the nurses' psychological energy.

These current findings agree with several previous studies, including Milli Faiza (2022), Toufik Labied (2021), Mourad Khalassi (2013), and Fathi Guira & Saadallah Yabrir (2022). Conversely, these results contrast with the studies by Ihab Sebaa & Nabil Mansouri (2023) and Khadimi Nesrine (2022), which found low levels of burnout, as well as the study by Mohammed Al Ali Al Momani (2025), which reported a low level of social support among its sample.

The high burnout level found in the current study can be explained by a lack of professional motivation both material and moral. The absence of appreciation or recognition for exerted efforts can lead to decreased job satisfaction, thereby amplifying the sense of burnout. Additionally, working in a psychiatric department forces nurses to strictly regulate their emotions (emotional labor) and maintain a calm and balanced demeanor even in highly challenging situations. This emotional suppression and lack of expressive outlets compound internal stressors, increasing the likelihood of emotional and psychological exhaustion.

Presentation and Discussion of the Third Hypothesis Results:
To address the third hypothesis, which stated: "There is no correlational relationship between psychosocial support with its dimensions (coworker support, friend support, family support)and

burnout among nurses at the Public Hospital for Psychiatric Illnesses in Tiaret," Pearson correlation coefficients were calculated. The results are detailed in the following tables:

Table No. (07): The relationship between Coworker Support and Burnout (N=80)

Variables	Sample Size (*N*)	Correlation Coefficient (*r*)	Sig. (*p*)	Decision
Coworker Support / Burnout	80	0.017	0.879	No significant relationship

Table No. (08): The relationship between Family Support and Burnout (N=80)

Variables	Sample Size (*N*)	Correlation Coefficient (*r*)	Sig. (*p*)	Decision
Family Support / Burnout	80	0.247*	0.027	Significant negative relationship

Table No. (09): The relationship between Friend Support and Burnout (N=80)

Variables	Sample Size (*N*)	Correlation Coefficient (*r*)	Sig. (*p*)	Decision
Friend Support / Burnout	80	0.024	0.835	No significant relationship

As observed in the tables above, the analysis revealed **no statistically significant correlational relationship** between two dimensions of psychosocial support (coworker support and friend support) and burnout. However, a **statistically significant negative relationship** was found between the *family support* dimension and burnout.

This finding aligns with the conclusions of Fawzi Mihoubi (2013), who emphasized that burnout is not directly tied to a single variable but is determined by a complex network of personal and professional factors. His study showed that variables such as work pressure, task nature, and individual traits are more influential in explaining burnout than social factors. This is consistent with the current study, which found no overarching significant relationship between total psychosocial support and burnout.

It can also be argued that while coworker support may exist in the workplace, it might not reach the level of deep, effective buffering required to mitigate the severe psychological and occupational stress faced by psychiatric nurses. This support may be limited to superficial social interactions without extending to genuine psychological backing or professional assistance, thus diminishing its effectiveness in reducing burnout.

The current study's finding of a statistically significant inverse (negative) relationship between family support and burnout aligns with the study by Sarah Mohamed and Ahmed ElKashef (2023) on burnout and its relationship with family adjustment. Their study confirmed a significant inverse relationship, indicating that as family support and adjustment increase, burnout levels decrease. This conclusion is further reinforced by the study of Karima Serrag and Hanane Belabbas (2025).

The lack of a significant relationship regarding "friend support" can be explained by the fact that, despite its importance, friend support remains outside the professional framework. It is rarely tailored to address the specific, highly complex occupational stressors of a psychiatric hospital. Furthermore,

burnout does not stem from a general deficit in social relationships; rather, it is primarily linked to organizational and occupational factors such as workload and patient characteristicswhich friends cannot directly influence or intervene in.

General Conclusion:

In light of the findings of the current study which aimed to explore the levels of psychosocial support and burnout, and the relationship between them among nurses at the Hamdani Adda Public Hospital for Psychiatric Illnesses in Tiaretit can be concluded that the sample participants experience a high level of psychosocial support, while simultaneously suffering from a high level of burnout. This dual finding reflects the complex dynamic between psychosocial support and burnout within the clinical work environment.

Results regarding the relationship between the sources of psychosocial support and burnout revealed no statistically significant correlation between friend support and burnout. Similarly, coworker support did not show a statistically significant relationship. This indicates that support provided by social and professional circles is not necessarily linked to the burnout levels of the sample, and the impact of these sources may vary depending on the nature of social and professional relationships and the specific circumstances nurses endure.

In contrast, the findings revealed a statistically significant negative correlational relationship between family support and burnout (r = 0.247, p = 0.027). This implies that as the level of family support increases, the level of burnout tends to decrease. This highlights the vital importance of the family as a primary source of psychosocial backing, offering emotional and social support that helps individuals cope with occupational stress and job demands.

Despite the high level of psychosocial support among the participants, the concurrently high level of burnout confirms that this phenomenon cannot be explained by social support alone. Burnout must be viewed as a multifactorial phenomenon shaped by an intersection of occupational, organizational, psychological, and social conditions. Furthermore, the nature of work in specialized psychiatric institutions imposes psychological and professional demands on nurses that necessitate special attention to their working conditions and psychosocial needs.

Consequently, this study emphasizes the importance of bolstering family and social support, alongside developing psychological and professional support mechanisms within hospitals, improving working conditions, and providing burnout prevention programs for affected staff. There is also a pronounced need for future studies addressing the occupational, organizational, and personal factors associated with burnout. This will allow for a deeper understanding of the phenomenon and the identification of appropriate interventions to mitigate it.

Ultimately, the results of this study underscore the significance of psychosocial support in the lives of nurses. Concurrently, it confirms that high levels of support do not automatically guarantee low levels of burnout. Family support was the sole source examined that demonstrated a significant correlational relationship with burnout among the sample. This calls for the adoption of a comprehensive approach that combines social support with a deep focus on occupational and organizational conditions, thereby

contributing to the enhancement of nurses' mental health, the improvement of their professional quality of life, and the elevation of the healthcare services provided to patients.

Conclusion:

In conclusion, it is evident that psychosocial support, despite its elevated levels, may be insufficient to counteract complex stressors. To effectively mitigate burnout, support must be continuous and intrinsically aligned with the specific nature of occupational stress a condition that is frequently unmet within hospital environments, particularly in psychiatric care.

Furthermore, the persistence of high burnout despite robust psychosocial support can be attributed to qualitative discrepancies in the support provided. While nurses may attempt to cope by maintaining positive social relationships and reporting high levels of support, they concurrently endure internalized psychological depletion that remains inadequately expressed. This paradox explains the weak correlation observed between psychosocial support and burnout among nurses at the Public Hospital for Psychiatric Illnesses.

Recommendations and Suggestions:

Based on the study's findings, the following recommendations are proposed:

- **Conducting** similar comparative studies across different professional categories within the healthcare sector.
- **Prioritizing** the mental health of nurses through targeted psychological awareness campaigns within the institution.
- **Organizing** periodic meetings between hospital administration and nursing staff to discuss professional concerns and collaboratively seek solutions to the challenges they face.
- **Implementing** specialized training programs for nurses focused on occupational stress management and emotion regulation.
- **Improving** working conditions within the institution by restructuring task distribution and alleviating excessive workloads.

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