

Factors Associated with Substance Use among Nurses and Midwives in Referral Hospitals in Botswana

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Abstract

Substance use among nurses and midwives is escalating globally. Nurses and midwives face numerous workplace challenges and resort to substance use to cope. The specific factors associated with substance use in this population group remain underexplored. The purpose of this study was to explore factors associated with substance use among nurses and midwives in referral hospitals. A qualitative, descriptive research design was employed. Based on saturation, a semi-structured interview guide was used to collect data from purposively selected 38 nurses and midwives working in three referral hospitals. Researchers collected data through interviews, audio-recordings, and field notes. Thematic data analysis was employed using the six steps of the Braun and Clarke process. Nurses and midwives perceive numerous factors as contributing to substance use. Three major themes related to work, psychosocial, and economic factors emerged. Psychological support, recreational activities, and rehabilitation were suggested as ways to assist in curbing substance use behaviours. The results may inform policy development, guidelines, and standard operating procedures to guide nursing practice, protect patient safety, and promote quality care. They will also inform curriculum development to emphasise adaptability and resilience during periods of work stress and hardship. Prevention and rehabilitation interventions to support nurses and midwives are critical in ensuring the safety of patients, nurses, and midwives.



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Introduction

Substance use presents a global challenge and a public health concern. According to Dongying et al. (2025, 2), from 1990 to 2021, the number of individuals grappling with substance use disorders (SUDs) increased by 45%. The substance use burden is particularly acute in sub-Saharan Africa, with an estimated potential increase of up to 130% by 2050 (Jaguga et al. 2020, 2). In light of this alarming trend, the healthcare sector faces a rising tide of substance use among nurses and midwives.

In a study by Mumba and Kraemer (2019, 87) in Texas (USA), 348 nurses were enrolled in substance abuse rehabilitation centres. Although there are varied methods of estimation of SUD among nurses, it is reported that in the USA, of the 3.1 million nurses in the country, 8% of them experience substance use disorders (Verve Editorial Staff 2023). It is also estimated that five to 20% of nurses abuse substances in the USA (Mumba and Kraemer 2019, 87).

There is a surge in the use of harmful substances in sub-Saharan Africa, including Botswana. Alcohol consumption rates in SSA are among the highest globally, with an estimated per capita consumption of 9.4 litres of pure alcohol per year. Deaths are estimated at 3.3 million annually, and at least 15 million live with SUD in the region. The consumption of alcohol is highest in low-income countries like Malawi and Mozambique and lowest in high-income countries like the USA (WHO 2024). Substance use among health professionals, including nurses, is also reported in various countries. In Nigeria, young doctors (4.1% and 12% used hazardous and moderate, respectively) were found to be using alcohol due to heavy workload (Issa et al. 2012, 98). In Kenya, a study among medical doctor trainees, nurses, and allied healthcare workers found that 51.7% were using substances (Sha et al. 2025, 4). The commonly used substances were alcohol (93.7%), followed by cannabis (28.9%), and tobacco (27.6%). In South Africa, 11% of the 650 participants were current smokers, and male health workers were more likely to smoke than females (Okeke et al. 2012, 63). However, studies on factors associated with substance use are still lacking among nurses and midwives.

Stressful work environments: long hours, high patient-to-nurse ratios, and unfavourable working conditions place an immense emotional burden on these nurses and midwives (Siddiqui et al. 2024, 403). There is a clear link between a stressful work environment and substance use. Nursing is a highly demanding profession, especially when working in acute care settings, leading nurses to seek solace in substance use as a coping mechanism (Manning et al. 2023, 3). Constant exposure to critically ill patients and death, compassion fatigue, and burnout cause a dangerous cycle in substance use (Okon et al. 2024, 1–2). A study in Nigeria reported a significant association between

psychological distress and harmful alcohol use among health professionals, especially nurses with 10 to 20 years of experience (Obadeji et al. 2018).

The detection of substance use among healthcare workers is difficult. This is due to the nature of their work, where they have increased accessibility to mood-altering and narcotic drugs. Varying shift work and the capability to conceal their emotional problems make them hide their behaviours perpetually. In addition, a lack of confidential reporting protocols is implicated as a barrier to identifying substance use among nurses and midwives (Farhoudian et al. 2022, 6–7). Some may not seek assistance even when they use substances because of embarrassment, fear of loss of their job, and stigmatisation by colleagues (Camacho-Ruiz et al. 2024, 3). All these issues underscore the need for more studies to investigate this phenomenon. WHO (2022) guidelines on mental health at work encourage organisations to reduce mental health stigma and uphold confidentiality to promote voluntary disclosure.

Additionally, this escalating problem may undermine the foundation of nursing care delivery, leading to compromised patient outcomes, diminished quality of care, and a tarnished professional image (Lo et al. 2020). The burden of substance use is increasing such that it's no longer possible to ignore. This epidemic infiltrates the daily lives of nurses and midwives, negatively affecting their families and leading to failure to uphold professional standards (Lo et al. 2020; Mumba and Kraemer 2019, 87).

Botswana is not immune to this growing crisis, with a significant rise in substance use and SUDs in the general population. A 2017 survey in Botswana on alcohol use found that 56% of the general population consumed alcohol. In that survey, beer was the most popular (43.7%), followed by cider (17.2%) and *Chibuku* (traditional beer) (17.9%) (Botswana Alcohol Consumer Survey 2017). However, no studies have been conducted among nurses and midwives. Whether nurses and midwives in Botswana use substances and what factors are associated with their use is unknown.

Nurses and midwives are the backbone of the nation's healthcare system, providing care and promoting health. Understanding the factors associated with substance use is crucial, and in this context, a qualitative approach is appropriate given the limited data on the phenomenon. Qualitative studies lay the groundwork for future large-scale research. Therefore, this qualitative study sheds light on factors associated with substance use among nurses and midwives in Botswana, contributing to the nursing profession's body of knowledge. In accordance with Sustainable Development Goal 3, which calls on countries to strengthen the prevention and treatment of substance abuse (WHO 2024), studies on substance use among nurses and midwives are paramount.

The findings of this study will inform the nursing and midwifery regulatory body and the Ministry of Health in formulating professional and ethical regulations, stringent psychoactive-substance operating standards, procedures for handling psychoactive

drugs in healthcare settings, and staff rehabilitation and workplace mental health interventions to prevent and treat substance use.

Aim of the Study

1. To explore factors associated with substance use among nurses and midwives in referral hospitals in Botswana.

Objectives

1. To describe the perception of nurses about factors associated with substance use among nurses and midwives.
2. To identify perceived strategies to mitigate substance use among nurses and midwives in Botswana.

Methods and Materials

Study Design

A qualitative descriptive research study was conducted to understand the perceptions of nurses and midwives regarding substance use and the factors associated with it.

Study Setting

The research was conducted in three referral hospitals in Botswana: Princess Marina Hospital (PMH), Nyangagbwe Referral Hospital (NRH), and Sbrana Mental Hospital (SMH). Referral hospitals are tertiary and specialised healthcare facilities that offer specialised care to patients referred from district hospitals. These hospitals were chosen for their high patient volumes and a diverse range of health conditions they manage, including medical, surgical, orthopaedic, psychiatric, and mental health issues.

Princess Marina Hospital (PMH), located in the capital city, Gaborone, has a capacity of 567 beds. It has various wards and clinics, including medical, surgical, orthopaedic, accident and emergency, gynaecology, maternity, paediatric, and eye wards, along with specialist clinics.

Nyangagbwe Referral Hospital (NRH), located 431 km from Gaborone, is the referral hospital for the second capital city. It has a 560-bed capacity. NRH offers services similar to those offered by PMH. These include medical, surgical, orthopaedic, accident and emergency, gynaecology, maternity, paediatric, and eye wards, and various specialist clinics.

Sbrana Mental Hospital (SMH), in the southern district, 70 kms from Gaborone, has a 300-bed capacity. It specialises in mental and psychiatric care, with wards for acute, observation, forensic, and recovery patients.

Study Population

The study population comprised nurses and midwives of varying educational backgrounds and professional roles, including those in leadership positions. This inclusive approach was based on the understanding that all nurses and midwives engage in dispensing and administering drugs with potential for misuse, regardless of their specific area of practice (medical, surgical, orthopaedic, mental, or psychiatric care).

Sampling Method

Participants who met the inclusion criteria were purposively selected and could provide rich, diverse information.

Inclusion and Exclusion Criteria

Nurses and midwives working in referral hospitals who consented to participate in the study were included. Exclusion criteria were for nurses and midwives not working in referral hospitals or those who declined to participate. Deliberate efforts were made to ensure diversity within the sample by work area/unit, age, gender, and socioeconomic background to capture a broad spectrum of experiences and perspectives.

Sample Size

Sample size was determined by data saturation, resulting in a final sample of 38 participants: 13 participants from PMH, 13 from NRH, and 12 from SMH. This sample size is considered sufficient for qualitative research, allowing for the identification of patterns and themes that might be missed in smaller or single-setting studies.

Recruitment of Participants

Participants were recruited by one of the researchers, assisted by unit ward managers, to minimise bias. Participants were recruited in one day in each hospital from 12 to 14 November 2026. One researcher presented the study details to the matrons and hospital administrators at each hospital. An assistant matron in each hospital was assigned to assist the researchers with recruitment, and the researchers further assigned unit managers at each hospital to inform the nurses and midwives on duty about the study details. The two researchers also met each participant to further explain the purpose, data collection methods, interview durations, inclusion and exclusion criteria, and ethical considerations of the study. Each participant voluntarily signed the informed consent form, and codes were used instead of their names.

Data Collection Procedures

Research Instrument

A semi-structured interview guide, adapted from a previous study (Diraditsile and Rasesigo 2018, 1–11), was pilot tested by principal researchers at the district hospital with five nurses and midwives. The questions were clear and comprehensible to the participants. The interview guide consisted of demographic data, open-ended and closed-ended questions designed to explore participants' perceptions and experiences related to substance use, such as: What are you aware of in terms of substance use among nurses and midwives? What, in your opinion, would make a nurse or midwife use substances? What type of help do you think nurses and midwives who use substances need?

Data Collection Process

With participants' permission, two researchers collected data from 16 November 2024 to 17 July 2025 in English and Setswana, took field notes, and audio-recorded data. Interviews were conducted face-to-face for 30 to 45 minutes in a private office in each ward to maintain confidentiality. Data was collected from each referral hospital until data saturation was reached at 12 participants in SMH, 13 in PMH, and 13 in NRH. Saturation was reached when there were no more new emerging insights during data collection as researchers listened to the participants' responses in all three referral hospitals.

Data Analysis

Thematic content analysis was conducted, using the process outlined by Braun and Clarke (2022). This involved the Principal Investigator (PI) and an independent researcher engaging in a multi-step process: The researchers familiarised themselves with data by initially reading transcripts and listening to audio recordings, comparing with field notes, re-reading and re-listening before actual coding. The PI and an independent researcher developed a coding book. Subsequently, the other three researchers independently coded the data to enhance inter-coder reliability. All researchers then convened to discuss the coded transcripts, collapsing codes into categories, and further organising them into themes and sub-themes that reflected the study's findings. Direct quotes from participants' narratives were incorporated into each theme and sub-theme.

Ethical Considerations

Ethical approval was secured from multiple authorities by the PI: the Office of Research (UBR/RES/IRB/BIO/417), the Ministry of Health Research Committee (HPRD: 6/14/1), and the Hospital Research Committees at PMH, NRH, and SMH. Permissions were also obtained from the respective unit managers. One researcher was responsible for obtaining informed consent from all participants. Participants were informed that

they could withdraw from the study without being victimised. Participants' names were not used; instead, codes were assigned. Data was stored securely in a lockable cabinet, with access to the PI.

Researchers' Positionality

The research team comprised four professionals: nurses and midwives. The researchers do not work at any of the three hospitals where the data was collected. None of the four researchers had prior acquaintance with the study participants, nor had they worked at the referral hospitals or had personal ties. To minimise bias and ensure objectivity throughout data collection and analysis, the PI and the three researchers conscientiously set aside their personal assumptions, perceptions, and values. The researchers ensured reflexivity during the study through debriefing sessions to discuss results and reduce bias.

Trustworthiness

The researchers maintained trustworthiness by adhering to the stages by Ridvan (2020, 325–329), including transferability, where a diverse sample, encompassing individuals of different ages, working in various wards/units, and holding differing positions, contributed to a broader view of the phenomenon. Conformability was upheld through pilot testing of the interview guide, conducted before data collection, which enabled necessary question modifications. The probing technique was used during interviews to elicit in-depth data and a comprehensive understanding of factors associated with substance use. A tape recorder was used to supplement field notes, ensuring the accuracy of captured data. In terms of dependability, an independent researcher was involved in data analysis to ensure transparency and consistency. In order to ensure credibility, participants were engaged to verify findings to accurately represent their narratives.

Results

Demographic Data of the Participants

Thirty-eight participants (13 from PMH, 13 from NRH, and 12 from SMH) were interviewed. Of this total, 15 (40.5%) were aged between 25 and 35 years, and 23 (59.5%) were aged over 35 years. Twenty-seven (71.03%) were females and 11 (28.9%) males. The age ranged between 25 and 59 years. Eighteen (47.4%) were single, and 17(44.7%) were married. The majority had more than 10 years (63.2%) of work experience, while a few had less than 10 years (37.8%). The majority (57.8%) hold a diploma in general nursing, and many (47.4%) hold senior positions. The majority (92.1%) of participants were Christians. Table 1 shows the demographic characteristics of the participants.

Table 1: Demographic characteristics of participants in three referral hospitals

Variable	N (%)
Age	
25–35	18 (47.4)
Above 35	20 (52.6)
Gender	
F	28 (73.7)
M	10 (26.3)
Marital status	
Married	18 (47.4)
Single	17 (44.7)
Divorced	3 (7.9)
Qualifications	
BNS	9 (23.7)
Diploma	22 (57.8)
Diploma RN, RM	7 (18.4)
Work + experience	
Less than 10 years	14 (36.8)
Above 10 years	24 (63.2)
Role category	
RN	10 (26.3)
SRN	2 (5.3)
PRN	18 (47.4)
NO 1	3 (7.9)
NO 2	2 (5.3)
CRN	3 (7.9)
Religion	
Christian	35 (92.1)
None	3 (7.9)

Key: RN- registered nurse, RM- registered midwife, NO- nursing officer, BNS- Bachelor of Nursing Sciences, SRN- senior registered nurse, PRN-Principal registered nurse, CRN- Chief registered nurse

Themes and Sub-Themes

Three major themes and sub-themes emerged. These are work-related, psychosocial, and socioeconomic factors.

Theme 1: Work-Related Factors

A substantial number (27) of participants highlighted that an overwhelming workload often pushes nurses and midwives to use substances as a coping mechanism. When asked about the reasons behind substance use, participants consistently pointed to

numerous work-related factors. These included high nurse-patient ratios, nurses being overwhelmed with caring for critically ill patients, working long hours, poor interpersonal relationships, a lack of recreational facilities for staff, and the development of chronic back pain. Participants emphasised that these stressors lead to emotional exhaustion, driving nurses and midwives to resort to substances. The easy access to habit-forming drugs within hospitals further exacerbates the problem. Sub-themes are explained below:

Sub-Theme 1: High Nurse-Patient Ratios

Participants highlighted high nurse-to-patient ratios in referral hospitals. Some wards have many patients, with only two nurses on night duty. Participants stated that the day shift is slightly better, though the number of nurses per shift is far below what nurses can manage.

Participants reported that work was intensely stressful. Caring for many critically ill patients who need total patient care, especially during night shifts, is unbearable.

Many nurses and midwives are put off sick, leaving a skeleton staff, thereby further increasing nurse-to-patient ratios, as stated by Participant 3, “Wards are congested with patients; the work environment can make one have a mental burden or breakdown and take substances to feel better and forget about it.” Another stated that “... nurses and midwives abuse drugs because they are overwhelmed with patient numbers, two nurses per shift, yet many patients and some on the floor beds, especially during night duty.” (Participant 13).

Sub-Theme 2: Working Long Hours

Many participants (35) indicated that nurses and midwives work long hours. Nurses work in three shifts; however, they exceed these working hours due to staff shortages and unpredictable, frequent absenteeism. Illness or other social factors are causes of absenteeism, leading to nurses working straight shifts from morning to evening. Participant 28 stated that “Nurses work long hours and use substances to keep them going. Participant 35 added, “You cannot work more than you can manage; the body will tell you, and one has to take something to sustain energy.”

Sub-Theme 3: Poor Interpersonal Relationships

Several participants (22) identified poor interpersonal relationships within the hospitals as a risk factor for substance use. Participants indicated that poor work relationships between staff members and between staff and their supervisors increase work stress. Unfairness, favouritism, and lack of supervision cause interpersonal conflicts as seen in the statements: “The work is stressful with many conflicts, and one may end up using substances and abusing drugs to cope.” (Participant 11). Another stated that poor interpersonal relationships between colleagues at work lead to substance use. (Participant 18)

Sub-Theme 4: Access to Psychoactive Drugs

Many participants (21) acknowledged that nurses and midwives' access to psychoactive drugs tempts personal use, which worsens existing or creates new substance use issues. They stated that the lax supervision of psychoactive drugs leads to misuse. They stated that work is stressful, and hence, the use of psychoactive drugs prescribed to patients is common. As stated by Participant 10: "When you already have this substance use habit, and you come to work that is stressful and have access to opioids, you take them, and it can exacerbate the existing problem." Participant 32 added, "Ahh, nurses may use drugs prescribed to patients to feel high and have energy to work in a stressful environment."

Sub-Theme: Chronic Back Pain

Some participants (16) highlighted that nurses and midwives often develop chronic back pain due to excessive workload. When managed with psychoactive drugs, this pain can lead to addiction. Many of the midwives and nurses in the surgical and orthopaedic wards noted that back pain is common because they care for many bedridden patients who require complete patient care. Eventually, assisting patients in meeting their daily needs results in back strain, as stated, "I was once taking morphine for a backache and ended up stopping because I had side effects of addiction." (Participant 5). Another added, "prescription of opioids predisposes midwives who have chronic backaches to substance use." (Participant 30).

Theme 2: Psycho-Social Factors

Data from all three hospitals show that nurses and midwives face significant psychological hardships due to family conflicts, relationship problems, and burnout. They also reported a pre-existing history of substance use as a factor associated with substance use.

Sub-Theme 1: Family Conflict and Relationship Problems

Unresolved family conflicts are the primary cause of stress and depression, leading some individuals to resort to substance use. Chronic marital challenges were cited as a factor, which at times result in gender-based violence, as stated by Participant 21, "Nurses and midwives use substances due to marital problems. There is too much fighting between spouses, and one ends up being depressed and starts drinking alcohol and eventually gets addicted." Another added, "Nurses and midwives use substances because of social life problems, or maybe they have a problem at home, and they cannot resolve it, and use these substances as a solution." (Participant 31).

Sub-Theme 2: Burnout

Several participants (33) indicated that nurses and midwives experience burnout, which drives them to use substances. Delayed promotions, lack of appreciation, and even physical abuse from mentally disturbed patients were cited as risk factors for burnout. They stated that their leaders do not address their grievances. Participant 12 said,

“Failure or delayed promotion at the workplace leads to burnout.” Another said, “Nurses and midwives go through emotional trauma because they handle critically ill patients, get beaten by patients, hence develop burnout and end up using substances to cope.” (Participant 29)

Sub-Theme 3: Pre-existing History of Substance Use

Data from one hospital shows that the challenge of substance use among nurses and midwives might often originate from childhood, suggesting that some were using substances before entering the profession. They argued that substance use should be viewed as a societal rather than merely a nursing issue, as stated by Participant 19: “Previous use of alcohol before becoming a nurse is the root of the problem.” Participant 14 stated:

A nurse may start experimenting with alcohol during their teenage years, continue during tertiary years, where they drink with friends, and this habit may continue even when qualified as a nurse because they will have money now to drink frequently and as much as they want.

Theme 3: Socioeconomic Factors

Participants from the three referrals identified numerous economic factors contributing to substance use, such as fast-paced life, peer pressure, and debt.

Sub-Theme 1: Fast Lifestyle

Some participants (14) indicated that nurses and midwives like a fast lifestyle that prioritises convenience, modern life, and driving expensive cars. When an individual cannot afford to sustain it, they become stressed, especially when their circle of friends puts them under pressure. This was expressed by Participant 17: “Fast lifestyles make nurses engage in competition among themselves.” Participant 15 added that “a nurse gets a loan to buy expensive cars to maintain a high lifestyle, which ends up too costly to maintain, leading to stress.”

Sub-Theme 2: Peer Pressure

Friendship and a sense of belonging are important in any relationship. However, peer pressure may cause challenges when not managed properly. It can pose negative or positive pressure. In terms of risky behaviour, peer pressure is not good for the well-being of an individual. Some participants (16) reported peer pressure as a significant factor that may compel individuals to adopt habits similar to those of their friends, even when they are risk behaviours. Many participants noted that nurses make decisions based on what their friends are doing, as expressed by Participant 1, “Young nurses use substances due to peer pressure to relieve work and social stress.” Also, Participant 36 stated that “other nurses, because of competitions, envy others’ property, and getting oneself into debt and end up using substances as a solution.”

Sub-Theme 3: Debt

Some participants (9) expressed concern that nurses and midwives are frequently in debt due to intimate relationships. Participant 15 stated, “Love relationships, where the lover is unemployed, a nurse gets a loan to support him or her and end up entangled in debt and use substances to cope.” Another participant, 26, said, “Some nurses fall in love with taxi drivers, get loans for them to do business, and get cheated as time goes on, and sheriffs have been following some nurses to work because they fail to service their loans.”

Suggested Strategies for Preventing Substance Use

Regarding suggestions to prevent substance use, most participants (33) proposed several approaches to address substance use among nurses and midwives in referral hospitals, highlighting that the healthcare system should offer psychological support through counselling, recreational facilities, and wellness centres at the workplace. Participant 6 stated that “the healthcare system should offer counselling services to workers.” (Participant 6). Participant 3 stated the following:

There is no encouragement from the employer and no time to go for counselling because of a shortage of staff. I started work during the COVID era, during the time of the Delta variant, coming fresh from school, and at that time, people were dying, and it was frustrating, and since there was no counselling, one drinks alcohol to feel better.

Lastly, participants suggested that the employer should ensure that staff supervision is strengthened. They also suggested that rehabilitation services at all referral hospitals should be provided to curb substance use. Participants stated that supervisors have ignored the crises of substance use at the facilities for quite some time. Staff members who use substances are neither reported nor assisted to seek rehabilitation services, let alone encouraged and supported to continue the rehabilitation. Participant 5 stated, “I think supervisors need to see to it and monitor that nurses using substances go to rehabilitation centres.” Participant 12 suggested,

Management may prevent and manage substance use by making sure nurses enjoy their work, giving incentives after nurses are beaten by mentally ill patients, having places where emotional burnout is prevented, and giving risk allowances for nurses in mental hospitals.

Discussion

This study explored factors associated with substance use among nurses and midwives in referral hospitals in Botswana. It is the first of its kind, exploring perceptions of nurses and midwives on factors associated with substance use in referral hospitals. Nurses and midwives who participated in the study unanimously agreed that substance use is a prevalent and escalating problem in this profession, attributing it to multiple

factors. The study revealed three major themes and 12 sub-themes, which participants largely perceived as emanating from interrelated issues: work-related, psychosocial, and socioeconomic factors. While substance use among nurses has been studied in developed countries, more research is critically needed in developing countries, particularly in sub-Saharan Africa, in the post-COVID-19 era.

The demanding work environment in nursing and midwifery creates immense emotional turmoil due to an overwhelming burden of patient care. Participants consistently reported stressful work conditions. These findings align with existing literature that underscores the stressful nature of the nursing profession, citing issues such as role strain, excessive workload, and other environmental stressors (Epstein et al. 2020; Kopitnik et al. 2024; Stimpfel et al. 2020). These findings strongly suggest that prevention strategies for substance use must specifically target and mitigate work-related stressors. WHO (2022) on mental health at the workplace recommends regular occupational risk assessment and monitoring work-related or psychosocial risk factors affecting workers' mental and physical health. This is meant to assist employers in preventing SUDs. Some of these recommended interventions can be focused on workload and schedules.

Chronic back pain emerged as another critical risk factor for substance use. Studies consistently link excessive workload to back pain, especially among midwives (Bryndal et al. 2025; Sisala et al. 2024). When chronic back pain is managed with psychoactive drugs for relief, it can lead to addiction, increasing the likelihood of nurses and midwives misappropriating patient-prescribed drugs for their own use (Redmond 2017). This aligns with a study on Korean nurses that highlighted drug misuse and misappropriation due to easy access (Kim et al. 2024). Easy access to psychoactive drugs predisposes nurses to self-medication (Cotobal-Calvo et al. 2025). Low back pain is also common among nurses who work in surgical wards due to lifting patients and changing the positions of critically ill patients (Cotobal-Calvo et al. 2025), implying a high likelihood that nurses who have back pain may use substances. This highlights both occupational hazards causing pain and the underlying factors that lead to substance use. Therefore, access to effective non-addictive pain relievers is crucial.

Peers and supervisors must be trained to recognise the signs and symptoms of substance use, enabling timely reporting and intervention to assist affected individuals (Kopitnik et al. 2024). This is critical given the nature of work, which makes nurses and midwives hide their unbecoming behaviours.

Low back pain among nurses and midwives is caused by prolonged standing (Said et al. 2024). Therefore, pain relievers are the most misused drugs in the clinical setting (Kim et al. 2024). The misappropriation of drugs has severe consequences, depriving patients of timely treatment and leading to poor health outcomes, compromised patient safety, and a heightened risk of harm. Furthermore, it jeopardises the welfare of the nurses and midwives. There is an urgent need for psychological and physical support for affected

individuals. Currently, there is a lack of rehabilitation centres in the country, which creates a significant public health challenge, leaving individuals with substance use disorders without a dedicated place for treatment and recovery. For nurses and midwives, who face immense occupational stress and high rates of burnout, this lack of support is particularly alarming. They are essential to the healthcare system, and their well-being directly impacts the quality of patient care. Without proper rehabilitation services, those struggling with addiction are left to fend for themselves, which can worsen their condition and lead to professional and personal crises.

A stressful lifestyle and work environment significantly elevate the risk of substance use and psychoactive drug abuse. According to occupational psychology, role overload, home-work interface, and non-work problems are the determinants of job stress (Anderson 2004, 7). This view aligns with a review by Belfiore et al. (2024), which identifies depression and stress as causes for substance use. Depression, workplace stress, emotional trauma, work-related violence, and adverse life events contribute to substance use among nurses (Mercer et al. 2023; Foli et al. 2021). In Iran, nurses reported substance use linked to work-family conflict, burnout, and workplace stress (Afshari et al. 2021). Our findings highlight the critical need for close supervision of junior staff by nurse leaders. While it is an ethical responsibility of nurse managers to detect substance use behaviours and identify warning signs, many are not adequately prepared for this role (Dunn 2025). Nurse leaders must actively observe and confront staff members who exhibit these behaviours, and work collaboratively with junior staff to encourage reporting, establish clear reporting policies and guidelines, and promote adherence to them, all of which are crucial for curbing this problem (WHO 2022).

Burnout positively influences substance use. Strong links between burnout and substance use have been consistently demonstrated in the literature (Kim et al. 2024; Okon et al. 2024). Findings from South Korea, the USA, and other regions confirm that poor working conditions lead to burnout (Campbell et al. 2023). The inherently stressful nature of nursing makes professionals susceptible to mental exhaustion. Alcohol and drug use are common coping mechanisms among health professionals experiencing burnout, including nurses (Shah et al. 2025). Therefore, encouragement and motivation through regular supportive meetings with supervisors and private space to rest at work are vital for promoting staff emotional well-being (Kopitnik et al. 2024). Nurses who experience burnout are susceptible to abusing sleep-inducing drugs (Kim et al. 2024). Therefore, supervisors must cultivate an environment that makes staff feel comfortable seeking help for emotional challenges. Without focused strategies, this situation is likely to worsen, necessitating urgent primary prevention measures, including comprehensive occupational health and safety programmes (Le et al. 2021).

A previous history of substance use can be a long-standing problem, potentially resulting from chronic mental health issues that precede nursing training. Nurses and midwives may have already been using substances as a coping mechanism. Working in referral hospitals, with their inherent access to psychoactive drugs, excessive workload,

and personal life stresses, exacerbates existing substance use habits. This aligns with observations that nurses who use substances often have a prior history of use before entering the profession (New Direction for Women 2021). What is observed in healthcare facilities might, therefore, be merely the tip of the iceberg.

Work stress often combines with personal life stressors, such as family conflict and socio-economic challenges, pushing individuals to seek comfort in substance use (Redmond 2017). Social challenges, family conflicts, and marital problems heighten stress, leading to increased substance use. This aligns with studies that link relationship distress to substance use (Pettersen et al. 2019; Zhang et al. 2023).

Peer pressure is a strong social determinant predisposing an individual to substance use. This aligns with Muhia (2021, 3), who noted that peer pressure contributes to substance use for social acceptance. Providing counselling and life skills education can help mitigate peer pressure. Supervisors are strategically positioned to share life experiences and offer guidance and counselling on managing financial and relationship challenges that staff experience from time to time (Altas et al. 2024).

Socioeconomic challenges are significant stressors that can lead to depression and family or marital breakdown, which, in turn, can prompt substance use as a coping mechanism. This aligns with Casal et al. (2025, 33), who observed that economic crises can lead to substance use. Individuals experiencing financial hardship may suffer from low self-esteem, anxiety, and depression, increasing their susceptibility to substance use (Choi et al. 2023). The study findings are also similar to those of Lindgren et al. (2023) in the USA, which show that debt was directly linked to stress and, eventually, to substance use. Fast-paced lifestyles and debt are directly linked to substance use (The psychology of debt n.d.).

All these factors require urgent intervention strategies from both employers and regulatory bodies. Employers should acknowledge the stressful work environment nurses and midwives face, especially in referral hospitals where high-acuity patients are admitted. Specialised medical services are concentrated in referral hospitals, leading to the referral of many complex cases that cannot be managed at primary healthcare settings. The existing shortage of medical officers in primary healthcare settings leads to congestion in referral hospitals, further overburdening nurses and midwives with excessive workload. The general shortage of nurses and midwives across the healthcare system is due to an exodus to “greener pastures” in developed countries like the United Kingdom, Europe, and the US, where they seek better job satisfaction and remuneration. This brain drain is crippling Botswana’s nursing and midwifery workforce, leading to emerging psychological issues.

Conclusion

This study highlights factors associated with substance use common in the workplace, with alcohol being singled out as the most commonly used substance by nurses. Participants suggested various strategies to prevent substance use. Substance use among healthcare workers represents a significant public health problem in Botswana that has largely gone unaddressed. Nurses and midwives constitute the bulk of the healthcare workforce and are pivotal to the healthcare system. Their well-being is of utmost importance because it directly impacts national health. Further research using a mixed-method design could explore both prevalence and lived experiences. Also, comparative and prospective studies across different cadres of healthcare workers are urgently needed to inform policy on effective preventive modalities for this problem to be aligned with SDG 3: ensuring healthy lives and promoting well-being for all ages, aiming at the prevention of substance use, such as alcohol and narcotic drug abuse, by 2030.

Based on these findings, designing and implementing strategies to reduce workplace stress is paramount. This includes increasing the number of nurses per shift, improving relationships between nurses and their supervisors, and fostering robust peer networks and management support through relevant programmes. Importantly, regulations on substance use in the workplace are needed. A policy call to action is indispensable for addressing the crisis.

Limitations of the Study

The findings of this study may not be fully representative of the broader nursing and midwifery population due to the small sample. Also, social desirability, qualitative generalisability, and gender imbalance, with more females (73%), are limitations. Another limitation is that qualitative research designs are highly subjective and cannot be replicated. The quantitative studies could yield more insights about the phenomenon.

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