BURNOUT OF DIRECT PATIENT-CARE STAFF SERVING FORENSIC POPULATION

BY

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DEDICATION

I dedicate this thesis to my family who has continuously supported me throughout my educational career. A special feeling of gratitude to my parents, Mario and Oralia Garcia, who have remained patient through this long and stressful process. My sisters, Brenda and Cristina, who have comforted me through the bad days and laughed with me through the good days. I may not say it enough, but I am truly grateful for the love and encouragement throughout these past years.

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ABSTRACT OF THE THESIS

Burnout of Direct Patient-Care Staff Serving Forensic Population

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Burnout has been found to be a widespread occurrence throughout all workplace environments. Although research regarding burnout does exist, there is limited research focusing on direct patient-care staff working with forensic populations. A quantitative research design was developed to assess burnout levels among 100 direct patient-care staff serving a forensic population. An independent samples t-test was conducted to examine gender differences for total burnout scores. It was hypothesized that females would report higher levels of burnout in comparison to male counterparts. Results revealed a significant between group difference by gender. A linear regression was conducted to

examine the extent to which years of employment predicted burnout. It was hypothesized that longer length of employment would predict higher levels of burnout. Results were not statistically significant. A one-way multivariate analysis of variance (MANOVA) was conducted to examine gender differences in anger, frustration, and emotional drain related to the work environment. It was hypothesized that males would report more anger in comparison to females, whereas, females would report higher levels of emotional drain and frustration in comparison to male counterparts. Results were not significant. Burnout affects all professionals across all work place. For this reason, it is important to take necessary precautions within all work environments.

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Chapter 1

THE PROBLEM STATEMENT

Burnout has been found to be a widespread occurrence throughout all workplace environments. However, burnout has been found to exist primarily in emotionally challenging professions (Genly, 2016). These professions include those within the medical, social work, and law enforcement, and mental health fields. In addition, the symptoms associated with burnout have been correlated to experiencing physical and psychological health problems (Luken & Sammons, 2016). As a result, the presence of burnout has become a topic of concern.

Problem Statement

Although research regarding burnout does exist, there is limited research focusing on direct patient-care staff working with forensic populations. This becomes an issue because burnout symptoms among these healthcare professionals are not being addressed and may be linked to negative outcomes.

Purpose of the Study

The present study aimed to address the gap that exists in the literature. This research study examined the

differences in burnout levels for direct patient-care staff serving a forensic population. Differences in total burnout scores were assessed between genders. In addition, gender differences in anger, frustration, and emotional drain were compared. Moreover, total burnout score in correlation to years working in a forensic setting were examined. It is important to study these topics because these issues are not being addressed. Burnout affects all work environments. For this reason, focusing on these concerns become more necessary. Studying this gap in the literature, provides researchers with a basis for understanding the importance of identifying burnout amongst healthcare professions. Recognizing the existence of high burnout levels among healthcare professionals, allows a greater chance of implementing prevention strategies within these working environments.

Research Questions & Hypotheses

The following research questions and hypotheses were explored:

RQ1: Is there a significant mean difference in levels of burnout between males and females?

HO: There will be no significant group difference in levels of burnout between females and males.

HA: Female healthcare professionals will report being more burned out than male healthcare professionals.

RQ2: Is there a significant group difference in anger, frustration, and emotional drain between males and females?

HO: There will be no significant mean difference in anger, frustration, and emotional drain between males and females.

HA: There will be higher levels of anger reported by male participants and higher levels of frustration and emotional drain reported by female participants.

RQ3: Do years working with a forensic population affect total burnout score?

HO: Years working with a forensic population will not affect total burnout score.

HA: Total burnout score will increase as years of working with forensic population increases.

Delimitations

The present study intended to address the gap in the literature by bringing awareness regarding burnout symptoms experienced by healthcare professionals working with forensic populations. For purposes of this study, only individuals working directly with a forensic population were considered. Healthcare professionals working with

alternative populations were not considered for this study due to the limited research focusing on forensic populations.

Participants were recruited from one Southern California Behavioral Health Center. Due to lack of access to direct patient-care staff working in other forensic settings, other behavioral health centers were not targeted. Additionally, healthcare professionals in all other states were not considered due to lack of accessibility. Moreover, these healthcare professionals were selected for convenience purposes. Therefore, participants in this study were selected based on opportunity and availability.

Due to lack of available funds, the Maslach Burnout Inventory was not utilized for the present study. Instead, a brief burnout survey was developed and used to calculate total burnout scores among direct patient-care staff serving a forensic population.

Assumptions

It is assumed that the existing literature used in this study was collected in an ethical manner. In addition, it is assumed that the previous research used for this

present study is accurate. Moreover, results of this study are assumed to be accurate and valid.

Definition of Key Terms

Bottom-up solution: The idea that solving burnout begins when an employee is encouraged to enhance the work environment in order for work activities to better fit their personal abilities and preferences (Bakker & Oerlemans, 2016).

Burnout: A state of exhaustion where an individual is cynical about the value of their occupation and doubtful of their capacity to perform (Bakker & Oerlemans, 2016)

Cynicism: A callous, distanced, cynical attitude toward work or people whom one works with (Bakker & Oerlemans, 2016)

Depersonalization: Others being perceived as or treated as objects rather than actual human beings which may lead to social withdrawal (Bakker & Oerlemans, 2016)

Engagement: Focused energy on organizational goals (Bakker & Oerlemans, 2016)

Emotional exhaustion: A feeling of chronic fatigue caused by continuous exposure to demanding working environment (Bakker & Oerlemans, 2016)

Inefficacy: A person no longer feeling that their efforts have value or meaning (Bakker & Oerlemans, 2016)

Listen-Act-Develop Model: Model that fosters engagement to increase physician satisfaction and meaning in relation to work and to improve organizational effectiveness, in an effort to reduce burnout (Swensen & Kabecenell, 2016)

Self-determination Theory: The belief that humans have three innate psychological needs which include self-motivation, development, and well- being (Bakker & Oerlemans, 2016)

Structural empowerment: Access to information, support and resources needed to do the job, and opportunities to learn and grow (Bogaert, Clarke, Willems, & Mondelaers, 2013)

Top-down solution: The idea that solving burnout starts with management improving work environment by making it more resourceful with adequate feedback,

social support, skill variety, opportunities for development (Bakker & Oerlemans, 2016)

Work engagement: A positive work-related state that may be characterized by dedication and absorption (Bakker & Oerlemans, 2016)

Workplace stressors: Circumstances or things within an individual's working environment that may lead to distress (Salem, 2015)

Chapter 2

BURNOUT OF DIRECT PATIENT-CARE STAFF SERVING FORENSIC POPULATION

Burnout has been found to be a widespread occurrence throughout all workplace environments. Recent studies have found that 20%-60% of professionals across all specialties, report experiencing burnout symptoms ((Montero-Marin, Zubiaga, Cereceda, Piva Demarzo, Trenc, & Garcia-Campayo, 2016). These percentages vary depending on the measuring instruments, cut-off points, and definitions for burnout. Burnout Syndrome has been found to affect millions of employees around the world, impacting the quality of life and services that these workers provide (Vlachou, Damigos, Lyrakos, Chanopoulos, Kosmidis, & Karavis, 2016). Similarly, researchers have often considered burnout a threat to mental health services because burnout has the ability to affect professional well-being, which may often result in the delivery of low-quality care (Bogaert, Clarke, Willems, & Mondelaers, 2013).

Despite the wide range of research in the field of job burnout, there is no universal definition. Within the United States, burnout was first described in 1974 when

studies on loss of motivation and commitment, which was accompanied by psychological and physical symptoms, were conducted (Sanches, Vale, Souza Pereira, Almeida, Preto, & Sailer, 2017). Some of the symptoms included energy loss and presence of fatigue. Freudenberger conducted the first investigation targeting employees' feelings about their workplace (Vlachou et al., 2016). More significantly, Freudenberger conducted the first study to recognize, identify, and describe Burnout Syndrome.

According to Dickinson and Wright (2008), burnout is a psychological experience that manifests itself in individuals as part of their working practice. In addition, burnout is described as a negative experience resulting from interaction between the environment and an individual. Similarly, burnout is often defined as a state of exhaustion where individuals are cynical about the value of their occupation and doubtful of their capacity to perform (Bakker & Oerlemans, 2016). Although research regarding burnout does exist, there is limited research focusing on direct patient-care staff working with forensic populations. The present study aimed to address this gap that exists in the literature while examining gender

differences and how length of time working with a forensic population affects burnout levels.

Understanding the Construct of Burnout

Researchers have examined the construct of burnout within the workforce. Based on the Maslach Burnout Inventory (MBI), burnout can be described by three areas which include emotional exhaustion, depersonalization, and inefficacy (Genly, 2016). According to Bakker and Oerlemans (2016), emotional exhaustion refers to a feeling of chronic fatigue caused by continuous exposure to demanding working environment. This exhaustion can lead to an employee feeling as if he or she cannot offer anything to his or her work (Montero-Marin et al., 2016). Moreover, emotional exhaustion appears to be frequently accompanied by cognitive weariness and physical exhaustion. This may cause cynicism which may lead to a callous, distanced, cynical attitude toward work or people with whom one works (Bakker & Oerlemans, 2016). The second area of burnout is depersonalization which refers to others being perceived as or treated as objects rather than actual human beings, which in turn may lead to social withdrawal (Bakker & Oerlemans, 2016). Due to their association with adverse and unfavorable outcomes, emotional exhaustion and

depersonalization have shown to be the most crucial symptoms of burnout. Bakker and Oerlemans (2016) argue that the third dimension of burnout, inefficacy, is frequently excluded from research because reduced professional efficacy or accomplishment is not necessarily the core of burnout rather than a potential consequence. In addition, inefficacy refers to a person no longer feeling that their efforts have value or meaning (Bakker & Oerlemans, 2016). In other words, people may feel their efforts do not help make a difference. For these reasons, examining burnout within all professions becomes critical when determining ways to intervene. Before intervening, it is important to analyze gender differences as well as the role that time may play in individuals working in environments that foster burnout.

Psychological and Physical Correlates of Burnout

According to research, burnout syndrome is manifested within four symptomatologic classes. The first includes *physical,* which involves the worker presenting constant fatigue, lack of appetite, and sleep disturbance (Sanches et al., 2017). The next is *psychic*, where the worker exhibits lack of attention, increased anxiety and frustration, and memory changes. The *behavioral* class can

be identified through the negligence of the individual at work, irritability, inability to focus, and high rates of conflict (Sanches et al., 2017). Lastly, the *defensive* class includes the worker being isolated, cynical attitude, and feeling impotent. All of these characteristics describe psychological and physical symptoms associated with burnout syndrome.

Prior research reveals many unfavorable and harmful symptoms associated with burnout. According to Luken and Sammons (2016), burnout can produce depression, aggression, decreased commitment to patients, lower cognitive performance, poor judgment, and lack of motivation. Other psychological symptoms may include anger, fear, anxiety, inability to feel happy, being unprofessional, feeling overwhelmed, disillusionment, hopelessness, lack of empathy, and feeling insufficient at work (Moss & Good, 2016). The physical and emotional exhaustion that professionals experience as a response to burnout, may be reflected through negative attitudes. These negative attitudes include absences at work, unforeseen mood changes, aggression, low self-esteem, headaches, palpitation, sweating, muscle aches, sleep disturbances, and asthma attacks (Sanches et al., 2017). In addition,

other researchers argue that burnout is a source of substantial suffering which is manifested through various psychosocial signs. More specifically, these psychosocial signs include excessive consumption of drugs or alcohol and a fall in productivity (Sanches et al., 2017). Despite the wide range of research on burnout symptoms, limited research exists regarding gender differences on anger, frustration, and emotional drain.

As a result, the present study intended to examine these differences to better assist individuals in the future who may be suffering from burnout effects. In addition, burnout may also be linked to higher risks of physical health problems such as increased blood pressure and cardiovascular disease (Luken & Sammons, 2016). Additional physical symptoms include exhaustion, muscle tension, headache, and gastrointestinal problems.

According to Bogaert, Clarke, Willems, and Mondelaers (2013), the mental health practice, particularly within the inpatient setting, poses many challenges for employees. One of these challenges includes interpersonal stressors which may result in health problems. Moreover, burnout may lead to posttraumatic stress disorder, alcohol abuse, and suicidal ideation (Swensen & Kabcenell, 2016). It becomes

clear that burnout is a dangerous issue that must be addressed. According to Bakker and Oerlemans (2016) individuals suffering from burnout feel disillusioned, irritated, worked out, and helpless. This involves loss of connection to work where individuals may distance themselves both emotionally and mentally from work activities. For this reason, employees may experience reduced feelings of personal accomplishment. Moreover, higher burnout levels have been correlated to lower feelings of job satisfaction, increased judgment errors, and decreased levels of work efficiency (Fennessey, 2016). Based on this information, the present study's objective is to understand whether working for longer periods of time in places that create these symptoms increased burnout level.

Previous research has shown that there are several risk factors associated with burnout syndrome. According to Moss and Good (2016), personal characteristics linked to burnout syndrome may include idealism, perfectionism, over-commitment, being self-critical, engaging in unhelpful coping strategies, sleep deprivation, and work-life imbalance. Furthermore, medical issues, work environment and personality, may also play a role in greater burnout levels (Swensen & Kabcenell, 2016). By providing awareness

of risk factors correlated to burnout, health care providers will have a better chance at fighting against burnout.

The Influence of Type of Employment & Workplace Stressors on Burnout

Research suggests that burnout is a response to chronic occupational stress. According to Fennessey (2016), burnout may be correlated to exposure to chronic emotional and interpersonal workplace stressors. In other words, burnout may develop from working in a setting that requires overwhelming amount of emotional and interpersonal involvement. Interpersonal stressors that develop when providing intensive services to patients with mental illnesses often result in low job satisfaction and poor occupational health outcomes (Bogaert et al., 2013). As a result, the research reveals that working in an environment surrounded by mentally ill individuals is strongly correlated to symptoms of burnout. Similarly, Dickinson and Wright (2008) argue that some of the main stressors related to burnout include inter-professional conflicts, workload, and lack of involvement in decision-making. In addition, individuals with burnout may feel pressured and incapable

of meeting job demands which may lead to occupational stress.

Current studies have also found other sources of workplace stress. According to Salem (2015), workplace distress among nurses include relationship with clinical staff, emotional demands of caring, problems related to leadership and management, lack of rewards, the shift being worked. Other contributing factors were identified as including lack of control over the workplace, concern for quality of nursing, shortage of resources, and noncompliance among patients, families, and staff (Salem, 2015). Comparably, primary healthcare professionals have reported high levels of distress and burnout due to profound stress (Montero-Marin, et al., 2016). This chronic stress was associated with gradual loss of energy and enthusiasm. Based on this research, it is evident that the development of occupational stress can be influenced by multiple factors.

It is important to recognize that burnout is not the same as occupational stress. According to Sanches and colleagues (2017), burnout is the result of a prolonged attempt to cope with specific stress conditions. Not only is burnout a result of inevitable stress presented to care

professions, it is also a stress which appears to have no possible solution (Sanches et al., 2017). Therefore, burnout is not necessarily an event, rather burnout is a process. Additionally, burnout and occupational stress differ on the depersonalization component. Burnout and occupational stress share two characteristics which include emotional exhaustion and little personal fulfillment (Sanches et al., 2017). However, occupational stress lacks a depersonalization element. Distinguishing between these two experiences becomes essential when examining preventative measures and other ways to address these frequent concerns.

Burnout is often associated with changes in behavior based on the influence of emotional load (Sanches et al., 2017). These changes have been found in health professionals, lawyers, and social workers. Furthermore, Genly (2016) argues that burnout is the result of an individual's attempt to cope with excessive and prolonged stress. As the stressors continue, employees lose their interest and motivation, which can be damaging to the work environment (Bakker & Oerlemans, 2016). This is due to the fact that psychological stress occurs when external demands may exceed their adaptive abilities. The more stress, the

more staggered and tense a person becomes, which can result in insomnia, fatigue, irritability, anxiety, and depression (Moss & Good, 2016). For this reason, prior research reveals that occupational stress can negatively impact job performance. For instance, increased levels of stress and burnout in mental health personnel can lead to losing the ability to empathize with patients or clients (Genly, 2016). Therefore, examining the role of burnout in a forensic setting is necessary. Additionally, assessing whether years working in the forensic field increases burnout level becomes significant when trying to find solutions to the burnout problem.

Past research shows that burnout is a widespread issue due to its detrimental component towards employees, organizations, and patients. Researchers argue that burnout mainly affects professionals who work directly with people (Sanches et al., 2017). Prior literature also shows that burnout exists primarily in professions that are more emotionally challenging such as medicine, social work, and law (Genly, 2016). However, more current research has found burnout in almost every profession. Although burnout exists within all working environments, it is most prevalent among health care professions. According to Moss and Good (2016),

critical care health care professionals have the highest rates of burnout syndrome. Additionally, the quality of working relationships and exposure to end-of-life can be factors related to the development of burnout. Moreover, those most affected are individuals who provide care for the critically ill.

In a study conducted by Mohamed (2016), intensive care nurses were exposed to burnout because they dealt with life and death on a regular basis. For this reason, nurses appear to experience greater maximum stress levels compared to other health care providers. According to Mohamed (2016), the study found that nurses working in a coronary care unit or intensive care unit experienced greater stress and burnout levels. In addition, other health care professions appear to also display burnout symptoms. For example, Luken and Sammons (2016) argue that occupational therapy is an emotionally demanding profession that may be correlated to risk factors for burnout. As a result, high levels of burnout have been found among occupational therapists. In another study conducted by Dickinson and Wright (2008), mental health professionals, specifically inpatient forensic nursing staff working with individuals with mental health issues, were identified as being at risk

of suffering from occupational stress and developing burnout syndrome. Based on their working environment, forensic nurses were more prone to experiencing burnout. Results revealed that forensic mental health nurses did not experience any greater degree of occupational stress than acute adult mental health nurses (Dickinson & Wright, 2008). However, acute care nurse experienced stress from perceived lack of resources to their jobs, while the forensic nurses experienced stress from inter-professional conflicts. Montero-Marin and colleagues (2016) argue that although burnout was originally observed within helping professions who had personal interactions with clients, it has now been studied throughout multiple occupations. This is based on the growing stress related to the working environment.

According to previous research, poor working conditions have been found to be correlated to increased levels of emotional exhaustion and depersonalization and decreased levels of personal accomplishment (Bogaert et al., 2013). Hence, type of employment may be associated to levels of burnout. It is important to consider that there is little research on stress and conflict in forensic settings. As a result, it is important for healthcare

providers to become aware of their own risk factors and predispositions to developing burnout in an effect to avoid detrimental consequences. Recognizing the prevalence of burnout in health care professions is vital to preventing harm within the mental health field.

Based on former research, when healthcare providers experience burnout, they place themselves, their organization, and their clients at risk. According to Swensen and Kabcenell (2016), burnout places health care professionals at risk of having higher rates of medical errors, reduced professionalism, less patient satisfaction, and lower productivity, which could potentially harm patients or clients. For this reason, a crucial component of burnout is workplace error because workplace errors have a significant likelihood of causing harm. According to Genly (2016), medical errors occur more often when burnout is present and may affect both patients and healthcare providers. Additionally, it is vital to recognize that burnout increases the rates of severe injuries not only inside the work environment, but also outside. Previous research has found that for each unit increase in burnout score, there was a 10% increase of severe injury risk (Genly, 2016). In other words, the higher the burnout

score, the greater the risk of severe injury both inside and outside the job. It was concluded that burnout was a risk factor for future injuries. In comparison, Fennessey (2016) argues that burnout has been identified as a major contributor to nurses' ability to perform necessary assessment skills. In addition, burnout may be associated to a lack of consistency and thoroughness which may lead to risks of inaccuracy. Since burnout influences job performance, it is important to examine the quality of patient care because it can also be affected and may become detrimental.

Understanding the potential risks of harming oneself and others due to burnout is necessary in order to develop future prevention plans. Although, certain types of working environments appear to be correlated to increased burnout levels, research has shown that the structure of an organization may also lead to higher levels of burnout (Bogaert et al, 2013). Additionally, organizational factors associated with burnout include increased workload, lack of control in work place, and insufficient rewards (Moss & Good, 2016). Therefore, the organization or company itself may impact burnout levels rather than the work environment an employee works in.

The Role of Engagement in the Workplace & Burnout

Previous research reveals a connection between satisfaction of psychological needs and burnout levels. According to Vlachou and colleagues (2016), our society uses work to receive satisfaction in order to fulfill not only our basic needs, but also deeper psychological needs. Additionally, the modern world believes that through work an individual can learn to become more independent and self-confidence. For this reason, people spend the majority of their time at work, determined to attain personal happiness (Vlachou et al., 2016). A large amount of time is spent in efforts to achieve happiness which may often lead to negative outcomes. Vlachou and colleagues (2016) argue that overtime a satisfactory job may become a source of frustration that eventually leads to burnout.

According to the literature, there is a need for work engagement. Bakker and Oerlemans (2016) argue that engagement is defined as focused energy on organizational goals. Whereas work engagement refers to a positive work-related state that may be characterized by dedication and absorption. In addition, work engagement refers to involvement and efficacy within the workplace (Bogaert et al., 2013). Engaged employees have shown to better satisfy

their psychological needs through their work than burned-out employees (Bakker & Oerlemans, 2016). Moreover, employees who exhibit more engagement at work have higher levels of energy and mental resilience that may lead to greater sense of significance, enthusiasm, and challenge (Bakker & Oerlemans, 2016). Therefore, engaged employees work harder than those who are not as engaged. Similarly, Swensen and Kabcenell (2016) argue that higher levels of burnout often result in lower rates of engagement and commitment to the job. For this reason, steps must be taken to increase work engagement.

According to the self-determination theory, humans have three innate psychological needs which include self-motivation, development, and well- being (Bakker & Oerlemans, 2016). When these basic needs are met, a person is more likely to experience task enjoyment, job satisfaction, and psychological adjustment. Based on prior research, unbalanced work demands and resources have shown to be associated to strain, while increases in job resources was found to predict work engagement due to perceived motivation and encouragement from employers (Bogaert et al., 2013). According to a study conducted by Bakker and Oerlemans (2016), people who are engaged in

their work, rather than burned-out, are better able to satisfy their basic psychological needs through work activities. In other words, individuals exhibiting high levels of burnout have failed at managing to satisfy their basic needs through their work, while individuals with high levels of work engagement have demonstrated a satisfaction for their daily needs and remained happy (Bakker & Oerlemans, 2016).

Genly argues (2016) that burnout diminishes the ability to work safely, but engagement reestablishes motivation among workers and helps maintain a safe working environment. This is important to consider because satisfying one's basic psychological needs is fundamental to establishing a safe and successful working atmosphere. However, it is necessary to note that a low score on burnout does not always imply low engagement (Baker and Oerlemans, 2016). In addition, a low engagement score does not always imply that the individual is burned-out. Nonetheless, since people with high burnout levels tend to not satisfy their psychological needs at work, it is critical to monitor employee levels of burnout in order to intervene appropriately. According to Bogaert and colleagues (2013), the increased interest in work

engagement reflects the widespread recognition that enhancing employee skills and knowledge through company support and resources has the ability to make positive changes within the organization. This proactive approach is essential for the reduction of burnout. Healthcare facilities should focus on establishing efforts that develop and sustain environments that engage their workers with the goal of stabilizing the workforce through increased knowledge, skills, and abilities for the delivery of care (Bogaert et al., 2013). Overall, healthcare professionals should be aware of the importance of work engagement for care environments within mental healthcare facilities.

Reducing Burnout

Since burnout affects people in all professions, finding ways to reduce it should be a top priority. According to healthcare staff, including psychiatrist, nurses, and social workers, there is a need for improvement in the workplace environment in order to prevent burnout (Bogaert et al., 2013). Additionally, healthcare professionals report feeling less emotional exhaustion and depersonalization when working in favorable environment. Research shows that providing social support and improving

team cooperation in the workplace environment has the ability to protect healthcare professionals against burnout as well as create more favorable working environments (Salem, 2015). Therefore, improving the workplace environment could assist in decreasing emotional exhaustion and depersonalization. Similarly, Swensen and Kabcenell (2016) argue that creating a healthy organization-physician relationship is vital for the organizational success. In other words, it is important to establish good rapport between the organization one works for and the actual employee. Bogaert and colleagues (2013) argue that in order to ensure adequate care to patients, work environments should foster a place with supportive peers, managers, and colleagues. In addition, Vlachou and colleagues (2016) argue that burnout can be decreased through the use of emotional management and psychological help. Thus, companies should offer support services to ensure the well-being of their employees. Therefore, ways to reduce stress and burnout involve providing staff with access to support systems.

Prior research argues that structural empowerment is linked to job satisfaction, commitment, and productivity (Bogaert et al., 2013). In other words, offering employees

access to information, support, and resources necessary to effectively do the job, and providing opportunities for growth and learning has shown to reduce burnout levels. According to Swensen and Kabecenell (2016), the Listen-Act-Develop model was developed to reduce burnout by fostering engagement to increase physician satisfaction and meaning in relation to work as well as to improve organizational effectiveness. Essential steps to decrease burnout may include enhancing physician engagement and increasing safety and teamwork. Similarly, Genly (2016) argues that increasing feelings of safety at work can help lessen stress and burnout. For example, when working with a dangerously perceived population such as a forensic population, feeling unsafe may be common and may contribute to increased levels of burnout. For this reason, implementing safety measures and establishing teamwork appears to be successful at reducing burnout.

Since prior research has shown that burnout is a result of unfavorable work environment, two solutions have been developed to address this problem. The top-down solution starts with management improving work environment by making it more resourceful with adequate feedback, social support, skill variety, and opportunities for

development (Bakker & Oerlemans, 2016). This could help employees gain a sense of challenge and purpose. Whereas, the bottom-up solution is when an employee is encouraged to enhance the work environment in order for work activities to better fit their personal abilities and preferences (Bakker & Oerlemans, 2016). In other words, employees would be allowed to have an input by making contributions and stating their opinions.

Research also shows that the use of self-care, reflection and recognition, community, coping styles, and structure serve to decrease stress produced by burnout. Genly (2016) argues that self-care is necessary because sleep deprivation can increase the risk of error and injury. In addition, since burnout can make a person feel disconnected to others, it is essential to recover community relationships in order to fight against burnout. Moreover, other research argues that mindfulness decreases stress levels. Luken and Sammons (2016) argue that the use of mindfulness can help reduce job burnout among health care professionals.

According to Genly (2016), in order to improve coping strategies related to burnout, it is important to provide educational programs that address mental health issues.

Additional research agrees that there is a need for the implementation of training programs to better assist employees who experience burnout or work overload (Mohamed, 2016). Staff should be encouraged to continue their professional development through training. For example, training in psychosocial interventions (PSI) has shown to reduce burnout rates in forensic nurses (Dickinson & Wright, 2008). Future research should focus on examining the correlation between job satisfaction, job stress, personality traits, and burnout. Assessing these factors would help develop better prevention programs.

Chapter 3

METHOD

Participants

A total of 100 participants were obtained through a sample of convenience comprised of direct patient-care staff working at a Southern California Forensic Behavioral Health Center. Participants were employees that worked directly with individuals diagnosed with severe mental illnesses and criminal backgrounds. Participants ranged in age from 22 to 62 years (*M*=35; *SD*=11). A total of 35% (*n*=35) of participants were males, and 65% (*n*=65) were females. Ethnicity breakdown was as follows: A total of 14% (*n*=14) were White/Caucasian, 31% (*n*=31) Hispanic or Latino, 50% (*n*=50) Black or African American, 1% (*n*=1) Native American or American Indian, and 4% (*n*=4) Asian or Pacific Islander. Education levels were as follows: A total of 47% (*n*=47) had a High School Degree, 29% (*n*=29) Some College, 7% (*n*=7) Associate's Degree, 16% (*n*=16) Bachelor's Degree and 1% (*n*=1) Master's Degree. Occupational classification was as follows: A total of 32% (*n*=32) were Programming Staff, 46% (*n*=46) Nursing Staff, 3% (*n*=3) Administrative Staff, 2% (*n*=2) Social Service Staff,

6% (*n*=6) Housekeeping Staff, 5% (*n*=5) Maintenance Staff and 6% (*n*=6) Dietary Staff.

Design

The present study used a self-report quantitative research design.

Instruments

A brief burnout survey (Appendix A) was developed to examine levels of burnout amongst healthcare professionals. There was no existing reliability and validity associated with the survey. A total of 13 items were developed to examine symptoms of burnout. All items were measured using a 5-point Likert Scale ranging from Strongly Disagree (1) to Strongly Agree (5). The items addressed emotional and physical drain, frustration, anger, mental pressure, dread, feelings of threat, and stress. A total of six demographic items were included in the survey.

Procedures

Institutional Review Board was obtained prior to data collection. Survey data was collected at a Southern California Behavioral Health Center. Potential participants falling under the selection criteria were provided with information concerning the research topic and research procedures. A recruitment script (Appendix B) was

read to all potential participants. A consent form was provided to all participants. Each participant signed the consent form. Completion of the survey took approximately 10 minutes. Participation was voluntary. No inducements were offered for participation. No names or identifying information were collected. After completion of questionnaire, participants were debriefed about the purpose of the study. All participants were provided with community resources (Appendix C) as needed.

Statistical Analyses

The present study used a quantitative research design to assess burnout levels among direct patient-care staff serving a forensic population. The data was screened for univariate, bivariate, and multivariate outliers. The statistical data analyses used included an independent samples *t*-test, linear regression, and a one-way multivariate analysis of variance (MANOVA). An independent samples *t*-test was used to assess gender differences in levels of burnout. A linear regression was used to examine burnout levels in correlation to years working in a forensic setting. A one-way MANOVA was used to examine gender differences in anger, frustration, and emotional drain.

Chapter 4

RESULTS

Table 1 (Appendix D) shows mean and standard deviation ratings of burnout levels for female and male healthcare professionals.

An independent samples *t*-test was conducted to examine gender differences for total burnout scores. It was hypothesized that females would report higher levels of burnout in comparison to male counterparts. Results revealed a significant between group difference by gender, $t_{(98)}$=2.316, *p*=.02. As hypothesized, females (*M*=37.14, *SD*=10.46) reported significantly higher levels of burnout, in comparison to male counterparts (*M*=32.11, *SD*=10.13).

A linear regression was conducted to examine the extent to which years of employment predicted burnout. It was hypothesized that longer length of employment would predict higher levels of burnout. Results were not statistically significant (p>.05).

A one-way multivariate analysis of variance (MANOVA) was conducted to examine gender differences in anger, frustration, and emotional drain related to the work environment. It was hypothesized that males would report

more anger in comparison to females, whereas, females would report higher levels of emotional drain and frustration in comparison to male counterparts. Results were not significant ($p>.05$).

Chapter 5

DISCUSSION

Prior research reveals that burnout is a widespread occurrence throughout all workplace environments. Although research regarding burnout does exist, there is limited research focusing on direct patient-care staff working with forensic populations. A quantitative research design was developed to assess burnout levels among 100 direct patient-care staff serving a forensic population. Findings revealed a need for further examination of burnout experienced by healthcare professionals working with forensic populations.

Conclusions

This present research study examined the differences in burnout levels for direct patient-care staff serving a forensic population. For Hypothesis 1, it was hypothesized that female employees would report higher levels of burnout in comparison to male employees. Results indicated a significant group difference between gender, where female staff reported significantly higher levels of burnout compared to male staff. In Hypothesis 2, it was hypothesized that longer length of employment would

correlate with higher levels of burnout. However, results revealed no statistical significance. In Hypothesis 3, it was hypothesized that males would report more anger in comparison to females, whereas, females would report more emotional drain and frustration. However, results were not significant.

Burnout is a growing phenomenon affecting all working professions. Although, males in this study reported lower levels of burnout, this does not necessarily mean that they were not experiencing feelings of effectiveness or lack of accomplishment within their work environment. Since burnout reveals to be correlated more with the organization rather than the population an individual works with, there is a need for prevention plans and prevention strategies to be implemented within these healthcare facilities.

Recommendations

Burnout affects all professionals across all work place. For this reason, it is important to take necessary precautions no matter what field of work one is in. It is important to notify healthcare professionals about ways to prevent and reduce burnout. This requires educational training to be provided by these healthcare and forensic facilities. Moreover, it is important to build rapport

between supervisors and employees in order to foster an environment of safety and understanding. Furthermore, it is essential to practice mindfulness in order for employees to reduce the risk of getting burnt out.

Psychologists. Psychologists should use preventative strategies to reduce the risk of experiencing burnout symptoms. This includes practicing mindfulness and self-care by constantly being aware of their surroundings and appreciating every moment. In addition, there is a need for clinical supervision, coworker support, and compassion satisfaction which may eventually lead to improvements within the working environment.

Healthcare professionals. Healthcare professionals should also take preventative measures by encouraging their company or facility to provide continuous educational trainings and foster a safe working environment. When healthcare professionals feel overloaded with responsibilities, few financial rewards, underappreciated, an inability to have input or progress, passion for the job is often not enough to prevent burnout. Therefore, direct patient-care staff should be aware of the impact that work environments within mental healthcare professions have on employees. Again, healthcare professionals should find a

balance between their personal and professional life. These two areas of life should not overlap, instead work and personal life should be kept separate. Future efforts should focus on creating a stable workforce that possesses knowledge, skills, and abilities for providing adequate care.

Limitations

This study presented a number of limitations. First, participants were gathered through a sample of convenience. Therefore, participants may have felt obligated to fill out the survey in a biased way, especially since the researcher was a fellow coworker. In addition, gender was not equally dispersed since there were more female participants than male participants. As a result, when running the statistical analyzes regarding gender differences, results could not be highly generalizable to the greater population of interest. Accordingly, results may not be highly representative of both genders. There should have been a better balance between the number of female and male participants in the study. Another limitation was the size of the facility where participants were recruited. Again, there is a problem with generalization because the facility was small.

It is also important to consider that the mental health facility where participants were recruited for this study, hire employees for an entry-level job. As a result, participants in the present study may lack experience or knowledge about the forensic population. This may contribute to higher rates of burnout levels because employees may lack awareness about effective ways to work within the field or with the forensic population.

Self-report and interpretation was also a limitation. The burnout survey that was used in the study has no existing reliability and validity since it was created by the researcher. This study was the first and only study to use this survey. The answers provided are only as valid as reported results and not "truth." Therefore, future research studies may want to utilize a reliable and validating survey to measure burnout levels.

Future Research

Based on the gender discrepancy in the present study, future research studies should consider collecting statistical data on a larger sample size, with a more equally dispersed gender ratio. In this way, future studies can be more representative and generalizable of the population of interest. For the same reason, future studies

should aim at targeting larger and multiple forensic facilities to ensure results are more representative of the population.

Future studies should examine how education plays a role in levels of burnout. It may be the case that lack of preparation for working with a forensic population due to a lack of education, may increase burnout levels. Therefore, it is important to ensure that employees undergo the proper educational training to prevent burnout from developing. In addition to education, future research should also assess how lack of experience working with a forensic population affects burnout scores amongst direct patient-care staff. Lack of education may only play a small part in the development of burnout, whereas lack of experience be a greater contributing factor.

More importantly, future research should focus on examining the impact of prevention strategies for burnout syndrome on direct patient-care staff. By addressing the burnout issue through the use of prevention plans, companies could save millions of dollars. Based on the research regarding physical and psychological symptoms related to burnout, it becomes evident that mental health services as well as medical services are required by

employees suffering from burnout syndrome. Most often, companies provide their employees with these services. However, if burnout was prevented, the cost of these services would not be as necessary. As a result, this money could eventually be used for other more productive measures. If prevention plans were implemented before burnout actually became a problem, more time and money would be saved. Additionally, more significant matters would be addressed without the presence of burnout syndrome.

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APPENDICES

APPENDIX A

GARCIA'S HEALTHCARE PROFESSIONAL BURNOUT SURVEY

GARCIA'S HEALTHCARE PROFESSIONAL BURNOUT SURVEY

Demographics

1. What is your Gender?
   - ☐ Female
   - ☐ Male

2. What is your Age? (Years) _____

3. What is your Ethnicity?
   - ☐ White
   - ☐ Hispanic or Latino
   - ☐ Black or African American
   - ☐ Native American or American Indian
   - ☐ Asian or Pacific Islander

4. What is the highest degree of school you have completed?
   - ☐ High school graduate (GED)
   - ☐ Some college
   - ☐ Associate Degree
   - ☐ Bachelor's Degree
   - ☐ Master's Degree

5. How long have you worked at Sierra Vista?
   _____ Years
   _____ Months

6. What is your position?
   - ☐ Programming Staff
   - ☐ Nursing Staff
   - ☐ Administration
   - ☐ Social Services
   - ☐ Housekeeping Staff
   - ☐ Maintenance Staff
   - ☐ Kitchen Staff

	1	2	3	4	5
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Work is emotionally draining.					
2. I think about work at home.					
3. Work is physically exhausting.					
4. My job is frustrating.					
5. I feel overworked.					
6. Work makes me angry.					
7. I feel used at work.					
8. I feel mentally pressured at work.					
9. I worry about my work.					
10. I dread arriving at work.					
11. I feel threatened at work.					
12. Work burns me out.					
13. Work is stressful.					

APPENDIX B

RECRUITMENT SCRIPT

Recruitment Script

"My name is Adriana Garcia. I am a student at California Baptist University. I am conducting a research study that examines burnout amongst healthcare professionals. Participation in this study is voluntary. You are being asked to answer 20 Likert scale questions, followed by a demographic questionnaire. Refusing to participate or stop the study will not result in any penalties or loss. No identifiable information will be connected to the survey responses. Would you care to participate in the study?"

APPENDIX C

COMMUNITY RESOURCES

Community Resources

1. CBU Counseling Center	(951) 689-1120
2. Access Unit (Counseling Referrals)	(888) 743-1478
a. San Bernardino Department of Behavioral Health	
3. Alta Loma Psychological Association	(909) 980-3567
4. Mesa Counseling (Rialto)	(909) 421-9301
5. Redlands Psychological & Family Services	(909) 793-8312
6. West End Counseling (Ontario)	(909) 983-2020
7. Vista Counseling Center (Fontana)	(909) 854-3420
8. Victor Community Support Services (San Bernardino)	(530) 893-0758
9. Riverside Country Department of Mental Heath	(951) 358-4705
a. Adult Mental Health Clinic	
10. Riverside Country Department of Mental Heath	(951) 509-2400
a. Riverside Older Adults Services	

APPENDIX D

TABLE 1: GENDER DIFFERENCES IN BURNOUT LEVELS

Table 1

GENDER DIFFERENCES IN BURNOUT LEVELS

	Gender			
	Male		Female	
	M	SD	M	SD
Work is emotionally exhausting.	2.40	1.27	2.88	1.21
I think about work at home.	2.69	1.37	2.77	1.33
Work is physically exhausting.	2.29	1.15	2.82	1.25
My job is frustrating.	3.29	1.38	3.32	1.32
I feel overworked.	2.43	1.17	2.97	1.31
Work makes me angry.	2.43	1.34	2.77	1.25
I feel used at work.	2.23	1.03	2.80	1.09
I feel mentally pressured at work.	2.37	1.21	2.71	1.22
I worry about work.	1.89	.90	2.45	1.13
I dread arriving at work.	2.63	1.19	2.86	1.18
I feel threatened at work.	1.89	1.05	2.14	.98
Work burns me out.	2.6	1.19	3.20	1.27
Work is stressful.	3.00	1.33	3.46	1.26
Total Burnout Score	32.11	10.13	37.14	10.46