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Psychiatric Technicians' Work-Related Stress and Self-Efficacy in Supporting Patient Suicide Prevention Programs

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This is to certify that the doctoral dissertation by

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Abstract

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MA, University of Phoenix, 2011

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Industrial–Organizational Psychology

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Abstract

Psychiatric technicians provide one-on-one daily care for mentally ill persons in inpatient settings. Specifically, suicide prevention may be more intimidating for psychiatric technicians who assume their positions with minimal clinical education and training to meet the needs of the individuals they serve. The present research was conducted to explore self-efficacy in psychiatric technicians who perform suicide prevention protocols for mental health patients. To capture participants' experiences, a phenomenological approach was used and semi structured interviews were conducted to collect data in the study. The conceptual framework of self-efficacy theory was applied to establish theoretical foundations for understanding how psychiatric technicians experience job stress in performing patient monitoring to prevent suicide and how technicians describe their self-efficacy in fulfilling this work. Data were analyzed and themes were detected from the participants' accounts of their experiences. The three main themes identified were (a) vulnerability, (b) unpreparedness, and (c) personal. The findings of this research could provide employers, human resource professionals, and organizations with understanding of how psychiatric technicians are affected by the pressures to ensure the safety of mentally ill persons and may advocate for the creation of corporate policies and social attitudes for improved education, training, and recognition of the beneficial contributions of these workers to the mental health profession. Potential implications for positive social change arising from the findings in this study include improved support of psychiatric technicians and improved patient outcomes for mentally ill patients.

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Dedication

This is dedicated to all psychiatric technicians.

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Chapter 1: Introduction to the Study

Introduction

I explored the experiences of job stress and self-efficacy among psychiatric technicians in performing suicide-prevention protocols based on training provided by their organizations. Existing research has addressed higher-status mental health workers' job stress and self-efficacy, but knowledge regarding psychiatric technicians' specific experiences is needed. The literature review indicated that studies have been conducted addressing job stress and self-efficacy for nurses in the mental health profession. Before this study, the level of work-related anxiety and confidence experienced by psychiatric technicians was unexplored and unknown. This study may provide important occupational and social information for both individuals and organizations employed in psychiatric fields.

I present a summary of the research in this chapter. The background of prior research on the present study's focus, the problem statement, the purpose of the study, the research questions, the theoretical framework, the nature of the study, important definitions, key assumptions, the scope and delimitations of the study, limitations, and the study's significance are provided. Chapter 1 concludes with a summary and a transition to Chapter 2.

Background of the Study

Johnson et al. (2018) presented that job stress among mental health care professionals is disproportionately high and results in greater reports of poor well-being in comparison to relatable health care fields. Mental health care workers face

unparalleled pressure to perform in highly stressful situations such as managing unpredictable and violent patient behaviors. Johnson et al. pointed out that the necessity to exercise profound emotional labor in mental health care roles is particularly distressing for employees in this field. Kim et al. (2018) found that job stress was prevalent among community therapists due to high volume workloads and emotional fatigue from conducting therapy with mentally challenged youth.

Additionally, Zeng et al. (2020) revealed that psychiatric nurses report greater experiences of occupational stress than their colleagues who hold doctorates and psychiatric nurses report greater personal accomplishment associated with their treatment of mentally ill patients. Relatedly, job stress may be minimized by employees' perceptions of their level of personal efficacy in performing work tasks (Wang & Lin, 2019). Verhaeghe et al. (2016) examined self-efficacy among veteran nurses working in the mental health field who were required to address aggression in their patients and reported lower self-efficacy related to negative attitudes toward patients and inability to express objectivity regarding adverse patient behaviors. Some nurses reported compassion was elusive when dealing with difficult patients and burnout is an exasperating factor of low self-efficacy to perform their jobs well (Verhaeghe et al., 2016). The authors suggested that sustained high self-efficacy directly contributes to heightened compassion and improved patient care.

As demonstrated by Sun et al. (2020) in a study on self-efficacy among mental health care workers during the COVID-19 pandemic, occupational stress is lower and self-efficacy is higher for workers who offer mental health help online compared to those

working with patients in person. Similarly, self-efficacy in preventing patients from committing suicide may be associated with psychiatric technicians' perceptions of the effectiveness of suicide prevention training programs.

Suicide prevention programs are implemented in occupations in which consumers are at highest risk to attempt to end their lives such as the mental health profession. According to Hwang and Choi (2016), more than one million lives are claimed annually by suicide and this manner of death is among the three primary sources of loss of life. Suicide prevention programs are designed to create and execute interventions aimed at the reduction of suicide attempts or reattempts (Arafat & Kabir, 2017; Vasiliadis et al., 2015). The zero suicide model is a suicide prevention framework for assessing patients at risk for suicide in clinical settings (Zisook, 2018). Primarily, suicide prevention programs promote awareness and focus on individuals suffering from mood disorders as these populations have a higher likelihood to attempt (Vasiliadis et al., 2015). Counseling on access to lethal means, aka *CALM*, is a suicide prevention program that trains mental health providers to effectively discuss suicide and weapon access restriction with suicidal patients (Sale et al., 2018). Consequently, such instructional programs' success rates are impacted by trainees' perceptions of their process and individual levels of comfort in executing suicide prevention protocols.

Problem Statement

A wealth of research exists in which researchers have examined job stress and self-efficacy in the field of mental health and the effects of working with mentally ill individuals (Hackett, 2020; Lukose & Abdul Azeez, 2015; Richards et al., 2006; Yada et

al., 2014; Yoshizawa et al., 2016; Zaki, 2016). This study emphasized the problem that there is a lack of focus, from literary and organizational contexts, on the experiences of self-efficacy, work-related stress, and suicide prevention training among psychiatric technicians caring for members of this population—namely in preventing their suicides (Dreison, 2018; Itzhaki et al., 2015; Vax et al. 2012). According to Gulfi et al. (2015), individuals working in the mental health profession have an increased potential to experience the self-inflicted death of at least one suicidal patient. Such events illuminate the hazards of the work environment for psychiatric technicians. Jahn et al. (2016) discussed that mental health workers report that patients' loss of life by their own hands is the primary fear involved in their work. In general, protecting mentally ill patients against self-harm involves training staff in charge of their care in suicide prevention practices (Siau et al., 2017).

Historically, health and human services organizations have made efforts to train their employees in suicide-preventing measures such as routine patient monitoring and risk assessment; however, the prevention of suicide is difficult to undertake due to the nuances of the mentalities and behaviors of psychiatric patients and environmental factors such as staff shortages (Ferguson et al., 2018). Suicide prevention programs that emphasize effective communication and appropriate attitudes toward suicide have been found to enhance and stabilize health care workers' competency in addressing and preventing suicide in their patients (Hwang & Choi, 2016).

Psychiatric technicians, those who render therapeutic care to mental health patients, have the duty to perform in-person checks on these patients at 5-minute, 15-

minute, or 60-minute intervals—customarily, 15-minute intervals—to keep them from engaging in self-harm behavior (Longton, 2015). Mental health organizations put such measures in place to attempt to ensure patient safety and minimize their potential for litigious action (Stanley et al., 2019). Self-harm behaviors can include cutting, stabbing, biting, or hitting oneself and, most chronically, taking measures to end one's life (Hawton et al., 2015). A study of suicide prevention policies in the United States revealed that legislation in 10 states has been passed mandating the successful completion of suicide prevention training for mental health workers as of October 2017 (Graves et al., 2018). As a part of this prevention, a one-on-one check in which the technician lays physical eyes on the patient every 15 minutes, known as the *Q15,* is implemented with the intent to keep the patient from committing suicide in the discourse of their psychiatric treatment (Jayaram et al., 2010; Longton, 2015).

Mental health organizations employ psychiatric technicians as a means of providing around-the-clock safeguarding of inpatients **(**Ezeobele et al., 2019). According to Rothes and Henriques (2018), for psychiatric caregivers, suicide monitoring with patients is an essential part of their work and successful observation is a necessary skill for psychiatric care providers. Nearly 18% of resumés from individuals seeking psychiatric technician employment name *crisis prevention* as an occupational ability (Longton, 2015). Employee training and assessment for proper patient observation typically takes place annually for most mental health entities (Flynn et al., 2017). In comparison to other mental health caregivers, such as nurses and therapists, psychiatric technicians spend more time in direct patient care and, thus, have greater expectations to

ensure patient safety against attempts and completion of suicide (Anthony, 2019; Longton, 2015). Furthermore, psychiatric technicians grapple with organizational disadvantages such as low pay, inadequate training, and poor support (Savage, 2021).

According to Dos Santos et al. (2015), few psychiatric technicians hold undergraduate degrees but perform patient care duties including conducting group therapy and aiding in the facilitation of self-care activities with patients. Psychiatric technician positions are entry-level in the mental health field and require consistent patient contact and interaction (Kelly et al., 2015). The Bureau of Labor Statistics (2016) describes psychiatric technicians' fundamental job tasks as "providing therapeutic care, monitoring patients' conditions, assisting patients in their daily activities and, ensuring a safe, clean environment" (para. 3). While monitoring patients' conditions, psychiatric technicians may be required to intercede when a patient poses a threat to themself or someone else.

Psychiatric technicians have increased stress on the job as they are more likely to experience front-line violence or injury from a patient and witness patients' self-injurious behavior (Bureau of Labor Statistics, 2015). Yet, these workers receive marginal attention in studies of the organizational construct of job stress in the mental health profession. Jacq et al. (2020) noted that psychiatric technicians routinely perform 1:1 care for patients in need of direct and constant observation but with limited training on how to manage their behaviors. Here, subpar suicide prevention training provided by a technician's organizations may affect their self-efficacy in performing suicide-prevention duties.

Self-efficacy theory is an acceptable framework for explaining how individuals view their capability to perform distressing work tasks in the mental health field (Bressington et al., 2018; Indregard et al., 2018). Conducting research that concentrates on the self-efficacy of psychiatric technicians in performing vital patient observations offers insight into the influence of this construct on these workers' job performance and critical patient outcomes. Çetin and Aşkun (2018) proposed that investigation into occupational self-efficacy can aid in uncovering personal motivations that play a role in the successful execution of a person's work responsibilities. In addition, Liu (2019) suggested that self-efficacy in the work context be scientifically approached as an indication of levels of work engagement and dedication.

In a qualitative study, De Simone et al. (2018) concluded that occupational self-efficacy positively predicts nurses' turnover intentions. Qualitative methodology is used to address socially scientific constructs and events by exploring significances and perceptions (Mohajan, 2018). Lunenburg (2011) stressed that self-efficacy has a direct influence on the degree of effort employees put into learning and performing challenging work tasks. Therefore, low self-efficacy among psychiatric technicians may pose adverse outcomes for mental health organizations such as poor organizational performance, high turnover, staffing difficulties, poor social perceptions of mental health care providers, and litigation (Ayundasari et al., 2017; Wang & Lin, 2019; Zaki et al., 2019).

According to Holmes et al. (2021), self-efficacy is the most assessed construct in studies of knowledge and competence for suicide prevention training effectiveness and ability. Aligning with concepts of organizational psychology, this research aimed to

examine participants' reports of their experiences of self-efficacy concerning their job duties in protecting patients at high risk for suicide from voluntarily ending their lives based on the suicide prevention training provided by participants' organizations. Self-efficacy can profoundly influence worker ability as it is a personally determined factor thought to play a contributing role in the achievement of desired outcomes (Jacobsen & Bøgh Andersen, 2017).

The severity of job stress faced by psychiatric technicians is minimally addressed in scholarly arenas, thus a research gap exists regarding the burden of psychiatric technicians to monitor psychiatric patients infallibly and consistently for safety and their self-efficacy to do so (Brezina, 2018; Hoyt, 2018; Morrissey & Higgins, 2019). Organizations offering mental health services are under an obligation to ensure the competency of their employees in keeping patients safe (Manuel et al., 2018). This study addressed an underexplored area of research on self-efficacy in psychiatric technicians tasked with monitoring and engaging with mentally ill populations to prevent their deaths by self-inflicted harm.

The population for the study was individuals employed as psychiatric technicians working in mental health roles who are required to perform suicide prevention measures for psychiatric patients. The participants were residents of and held employment in Indiana, were 18 years old or older, and had worked in their positions for at least 6 months. The research method consisted of conducting interviews with participants within a phenomenological design. Semi structured interviews were used to gather data for the

study in which central questions were posed to participants allowing for detailed exploration.

Psychiatric technicians have extensive and critical duties involved in their work roles. Holiday et al. (2019) pointed out that technicians working in the mental health field have expectations to carry out a broad range of clinical responsibilities including a requirement to evaluate and intervene in crises and prevent self-inflicted harm by psychiatric patients. The authors further explained that these workers primarily learn their job skills through on-the-job training methods that are not formally operationalized (Holiday et al., 2019). The current study aimed to incite social change in the form of improving societal views of the role of psychiatric technicians and the talents they lend to enhancing and preserving the lives of mentally ill patients. The identified problem addressed in the study focuses on self-efficacy, work stress, and suicide prevention training in the occupation of mental health care, which is an industrial-organizational entity.

Purpose of the Study

My purpose in this research was to describe self-efficacy in psychiatric technicians' by exploring their experiences of self-efficacy and job stress in performing suicide prevention tasks intended to prevent self-inflicted patient death as guided by suicide prevention programs provided by their organizations (Davidson et al., 2020; Holmes et al., 2021; Yonemoto et al. 2019). Although prior research has been conducted on self-efficacy among mental health workers (Chen et al., 2020; Liu & Aungsuroch, 2019; Shahrour & Dardas, 2020; Sun et al., 2021), a focus on these work-related

constructs specifically for psychiatric technicians is needed. What is known about self-efficacy in mental health professionals concentrates on more recognized populations in the field such as psychiatric nurses and therapists (Foster et al., 2019; Lakioti et al., 2020; Pace et al., 2020, Yada et al., 2020). The knowledge generated from this research emphasizes that job stress can be severe for mental health professionals, adversely affect their self-efficacy, and must be appropriately managed. More research attention is needed concerning psychiatric technicians' self-perceptions of efficacy in their work serving mentally ill patients.

Several authors have noted the impact of self-efficacy on job performance, self-appraisal related to one's work, and individual social perceptions (Chen et al., 2020; Liu & Aungsuroch, 2019; Shahrour & Dardas, 2020; Sun et al., 2021). There is a scarcity of research addressing psychiatric technicians' self-efficacy in performing life-saving suicide prevention measures in their roles as mental health care providers. In this study, I addressed the gap in the literature on psychiatric technicians' self-efficacy by exploring their self-efficacy, job stress, and support for suicide prevention programs provided by their employers.

Research Questions

The following research questions guided this study:

RQ1: What are the experiences of self-efficacy among psychiatric technicians in performing suicide prevention on mental health patients?

RQ2: How does performing suicide prevention on mental health patients contribute to job stress for psychiatric technicians?

RQ3: How do psychiatric technicians describe the support they have for suicide prevention programs provided by their organizations?

Interview questions were created to collect data from participants to address these research explorations. Interview questions can be found in Appendix F.

Theoretical Foundation

Albert Badura's (1977) self-efficacy theory was the theoretical basis for this study. This theory has been used to explain and understand psychological and behavioral responses to distressing events in both personal and occupational contexts (Alessandri et al., 2021). Self-efficacy theory advocates that individuals focus on the self in terms of aptitude to shape and employ behaviors required to handle potential occurrences (Coates & Fossey, 2016; Ozyilmaz et al., 2018). Chapter 2 offers an extensive explanation of this theory. Self-efficacy theory has relevance for understanding how psychiatric technicians perceive themselves as capable of ensuring the well-being of their patients.

Self-efficacy plays an important role in motivation. Motivation reflects the forces that underlie a person's thoughts, emotions, and behaviors and influences what the person will or will not do. An individual's level of self-efficacy is often determined by their motivation. Schunk and DiBenedetto (2021) stressed that occupational self-efficacy can rise or fall based on the motivation a person assigns to a work task. Furthermore, an individual's appraisal of the degree of difficulty in performing work activities influences both motivation and self-efficacy perceptions (Alessandri et al., 2021).

The self-efficacy framework offers insight into how humans internally process and determine their reactions to adverse occurrences. Self-efficacy theory was selected as

a theoretical foundation for the study due to its potential to describe the extent to which psychiatric technicians experience self-efficacy in their work managing mentally compromised patients (see Blair et al, 2018; Coates & Fossey, 2016; Gallo, 2018; Maina et al., 2019). Self-efficacy theory fittingly addresses the research questions as this theory suggests that peoples' self-efficacy, including their occupational efficacy, is largely self-assessed and affected by factors such as environment, stress, and training (Dos Santos, 2020). The premise of self-efficacy theory was used to answer research questions concerning how psychiatric technicians view their competence to prevent suicide in the vulnerable population they serve. Self-efficacy is explained as it relates to work in the mental health care field more thoroughly in Chapter 2.

Nature of the Study

I employed a qualitative, phenomenological approach to this research using one-on-one interviews and interpretive analysis for this study. In-person interviews were used to gain an understanding of self-efficacy to execute suicide prevention procedures as it is demonstrated in personal and occupational contexts for psychiatric technicians. A qualitative approach permitted the collection of narrative data on the central concepts of the study: psychiatric technicians' experiences of job stress, self-efficacy in performing suicide prevention on mental health patients, and perceptions of suicide prevention programs.

The qualitative method was preferable to other approaches because open-ended interview questions would elicit rich and comprehensive accounts of psychiatric technicians' experiences that would not be captured using more closed-ended techniques

such as a survey questionnaire. This manner of research also offered the opportunity to discover variations in definitions and understandings of psychiatric technicians' self-efficacy. A qualitative approach was appropriate for this study as this type of research aims to provide comprehension of experiences and attitudes on a wide range of social phenomena including self-efficacy (McCusker & Guaydin, 2015).

As a method of participant recruitment, I sought psychiatric technicians working in inpatient psychiatric facilities in Indiana. I reached out via social media platforms: Facebook and LinkedIn. Psychiatric technicians were directly requested for voluntary participation once this recruitment approach was approved by the Walden University Institutional Review Board (IRB). Convenience sampling was used to achieve the desired sample size.

Participant criteria included having worked on the job for at least 6 months and a requirement to perform patient suicide prevention protocols and observations. Participant recruitment was achieved through a post on Facebook and LinkedIn soliciting participation in my study. The data collection process for the study involved using semi structured interviews. Data analysis was conducted using the techniques of coding and thematic analysis. The accounts provided by the participants were transcribed and categorically coded using the NVivo coding strategy to identify emerging themes. The themes that surfaced from the data were used to determine the implications of the findings of this study.

Definitions

The key constructs of this study were self-efficacy, job stress, and suicide prevention.

Job stress: The negative physiological and psychological reactions that happen when a worker's needs, resources, or abilities are not met by the demands of their job (Aruldoss et al., 2021; Rizwan et al., 2014; Yang et al., 2016).

Self-efficacy: A concept of social–cognitive theory that proposes that people's anticipations for optimal outcomes determine their potential to perform a particular action (Bandura, 2006; Lightsey, 1999; Shortridge-Baggett, 2000).

Suicide prevention: An assembly of initiatives designed to lower suicide risk (Wasserman et al., 2020; Wu et al., 2012; Yonemoto et al., 2019).

Assumptions

The primary assumption I held in the study was that reality is individual and varied as demonstrated by participants in the study (Cuthbertson et al., 2020). According to qualitative research, as reality is mind dependent and socially created, people can only perceive it via their own views and perceptions. (Moroi et al., 2020). The essential premise is that people behave in accordance with how they interpret their experiences of interpersonal language, behavior, and communication (Urcia, 2021). Another assumption in the study was that coded interviews would reveal the experiences of job stress and self-efficacy for psychiatric technicians who perform suicide prevention with patients. Participant narratives insert subjective reality into the research study. Ronkainen and

Wiltshire (2021) proposed that there are many different subjective realities that take the shape of mental constructs.

Another assumption was that participants would be forthcoming and transparent with their responses to the interview questions. Bergen and Labonté, (2020) explained that the propensity to present oneself and one's social situation in a manner believed to be socially acceptable but not entirely true to one's reality is known as *social desirability bias*. I further assumed that some degree of bias would be present in the study as participant experiences are subjective. Participants' views and self-reports of those impressions are skewed and impacted by the environment, individual characteristics, and the relationship between the researcher and participant (McDaniel et al., 2020). Each assumption was necessary to reflect the theoretical nature of the study. To represent the connections between various concepts and claims, a theory compiles a set of interrelated statements (Varpio et al., 2019). To track influences on the analysis, I journaled my perceptions using reflexive notes. Assumptions affect how a researcher gathers data to address the questions and form the foundation for a study's evaluation (Moroi et al., 2020; Urcia, 2021).

Scope and Delimitations

Akanle et al. (2020) defined the scope of a research study as the area of interest the researcher will aim for. I focused this study on the construct of self-efficacy for psychiatric technicians who perform suicide prevention for mental health patients. This concentration was chosen to describe psychiatric technicians' self-efficacy as there is a gap in current literature for addressing the experiences for this population. Framing the

problem is assisted by establishing the scope of the study, which is what the study will address (Akanle et al., 2020; Barnham, 2015).

To manage a project and keep it focused on the research subject, a researcher must set delimitations on what is and is not included (Creswell, 2017). Delimitations serve as denotations, as a limit to the study and indications of how the results could not be generalizable (Ganapathy, 2016). Because of the sensitive nature of the topic of suicide, I excluded populations of psychiatric technicians who would have been adversely affected or discomforted discussing this subject. In addition, psychiatric technicians who had not been required to perform suicide prevention measures were not appropriate for the study.

Locus of control is a relatable theory and is discussed in the literature review but was not a focus of the study so as not to veer from the central focus of psychiatric technicians' notions of self-efficacy. Self-efficacy theory was selected for the study because its premise reflects the beliefs that people have regarding their ability to successfully perform a specific task (Lunenburg, 2011). Self-efficacy theory aligns with the present study as it was used to describe how psychiatric technicians view their capabilities to carry out suicide prevention duties with mentally ill patients. The use of theory allows researchers to categorize what they see, comprehend and explain linkages, and make sense of how people interact (Kivunja, 2018).

The transferability of a study can be affected by the delimitations present as the exclusions in the research reflect that the study is not generalizable to other settings or populations. In qualitative research, transferability refers to the idea that conclusions

from one study may be transferred to different contexts or populations (Daniel, 2019). Transferability can be addressed by a researcher availing thick descriptions of the data collection method. The provision of a comprehensive understanding of the research setting in which the researcher offers explicit associations to the social and cultural backgrounds involved in data collection aids to enhance the transferability of research **(**Daniel, 2019; Hays & McKibben, 2021). I describe the present research in clear, full terms that contribute to its transferability.

Limitations

Limitations are characterized as unavoidable restrictions on a study that are dependent on the technique and design of the research (Ganapathy, 2016). Limitations are inherent in qualitative research because this type of inquiry involves descriptions of events that are self-reported, subjective, and exploratory. Generalizability is a limitation akin to transferability. Although by its nature qualitative research cannot be aimed at replication, it is important to suggest the applicability of patterns from one context to another (Stahl & King, 2020). I addressed transferability by providing rich descriptions of the research setting and the data collection process, thus increasing the generalizability of the study.

Another limitation of qualitative research concerns the concept of dependability. Dependability refers to the consistency of results over time and entails participants' judgment of the research's conclusions, interpretations, and suggestions for each to be backed by the information given by the study participants (Korstjens & Moser, 2018). Establishing the dependability of research is essential to confirming the study is

trustworthy (Nowell et al., 2017). Sound and valid representation of the study design to the research questions and confirmation the research process was sensible, discoverable, and plainly documented served to establish dependability for the study (Gill et al., 2018).

Triangulation joins techniques, observers, and hypotheses in a research project (Johnson et al., 2020). As a method for founding triangulation for this study, I merged several data sources with a theoretical framework to thoroughly characterize self-efficacy, job stress, and suicide prevention training. Clear documentation of the steps taken in a research project, from the planning stages through the production and reporting phases, is referred to as an *audit trail* (Cacary, 2020). From the beginning of data collection through the conclusion of data analysis, I thoroughly documented the research-related decisions, assumptions, and methodologies in this study.

Significance of the Study

Researchers have primarily emphasized self-efficacy for higher-status psychiatric professionals (Chen et al., 2020; Liu & Aungsuroch, 2019; Shahrour & Dardas, 2020; Sun et al., 2021). The literature review uncovered examinations of the self-efficacy of nurses who work as mental health practitioners; however, no identified research exists examining self-efficacy for psychiatric technicians. In this research study, the perceptions of psychiatric technicians regarding their self-efficacy in preventing suicide in mental health patients were investigated.

A great number of individuals have crossed paths with an area of the mental health arena at some point in their lives (Staniszewska et al., 2019). A focus on this field suggests that mental health care work and those who perform in these roles have

significance for social scientific interests. This study has the potential to fill the existing gap in the literature regarding psychiatric technicians' self-efficacy in performing suicide prevention procedures and their perceptions of organization-provided suicide prevention training.

Significance to Practice

This study could be valuable to those who practice and make pertinent decisions in the psychiatric health care field. This study may offer insight into psychiatric technicians' self-efficacy in preventing suicide in mental health patients. Such research is beneficial for individuals working in the industry to understand how they may or may not experience high levels of self-efficacy in performing this vital task. The present research's discovery is important as psychiatric technicians are also decision makers in the field of mental health and determine whether they seek re-employment in this industry or choose another line of work. Prior studies have revealed that employees experience lower self-efficacy in executing required suicide prevention measures due to lack of suicide prevention training and feeling slighted by their organization (Mitchell et al., 2020; Sylvara & Mandracchia, 2019). Low self-efficacy in the mental health care industry may heighten notions to abandon this type of work for vocations with less to no exposure to suicidal and self-harming individuals.

Significance to Theory

Uncovering how psychiatric technicians view suicide prevention training provided by their organizations can provide rich knowledge as to whether these employees feel that they possess the mental strength to successfully save lives in their

daily work. The findings gleaned from this study could be imperative to industry decision makers as to the contributions of psychiatric technicians whose degree of self-efficacy could determine whether a patient's life will continue. Low risk assessment and high suicide death rates may be associated with low confidence among mental health staff (Marina et al., 2019). The outcomes of this research may beneficially influence theories regarding employee perceptions of their work and what it means to experience self-efficacy in their work.

This study may advance knowledge in the discipline by providing a view into how psychiatric technicians perceive their work environment, the work they perform, and how their organization supports them in carrying out the expectations set for them. Furthermore, the present research may point to knowledge and theory concerning contributory job attitudes such as organizational commitment and job satisfaction for psychiatric technicians who perform suicide prevention. Finally, organizational support in the form of providing suitable suicide prevention training may be a source of knowledge for the discipline that stems from the findings of this study.

Significance to Social Change

The findings of this study have potential implications for positive social change and may contribute to the social benefits of the mental health care industry for individuals, organizations, and society at large. The sustained work of psychiatric technicians benefits the larger societal community who use mental health services. As individuals and communities experiencing mental health crises anticipate the success of mental health care when sought, the findings of this study could improve social ills

surrounding mental health care. As psychiatric technicians have a high rate of contact with mentally ill patients, high self-efficacy among them may lead to improved impressions of mental health care resulting in greater rates of use. Seeking professional psychological assistance is a cause of its own dread and may be thought of as an approach–avoidance conflict (Husain, 2020).

The discoveries of this study may indicate improvement in patient mental health care outcomes as psychiatric technicians experiencing high levels of self-efficacy and support in their work may find more joy in their work resulting in the likelihood of greater success in their efforts to prevent suicide in psychiatric patients. In addition, positive social change in the forms of contributions to an increase in individuals entering the mental health field and a decrease in staff shortages is possible as skepticism and fear may be eased by the findings in this research study. In this study, I examined real-world social phenomena that are supported by prior related research, rooted in established theory, and permit the collection of firsthand participant accounts. This study's research components are intermingled and work together to create a complete picture of a reliable investigation (Rose & Johnson, 2020).

Summary and Transition

In this chapter, I presented an impression of the research study. The research problem and purpose of the study were discussed. The research questions and theoretical framework were outlined, and the essential concepts and description of the study's methodology were detailed. The study's assumptions, boundaries, and limitations as well

as an explanation of the study's importance and the implications for social change were provided.

In the following chapter, I discuss previously mentioned material. Because most former research on self-efficacy and job stress in psychiatric professions has been focused on nursing roles, there is a gap in knowledge as to the experiences for psychiatric technicians. Prior studies also present a lack of emphasis on suicide prevention training for this population.

Chapter 2 is an overview of relatable literature on mental health workers' self-efficacy, work-related stress, and experiences with suicide prevention programs. In this chapter, the literature research strategy and a comprehensive review of relevant literature are presented. The key topic highlighted in Chapter 2 is the gap in the research on psychiatric technicians' job stress, self-efficacy, and support for suicide-prevention programs offered by their employers. In addition, I review the theoretical framework used in this study and the rationale for its selection.

Chapter 2: Literature Review

Introduction

While existing research offers useful knowledge about the distresses of working in the mental health profession for licensed and highly educated employees, little insight has been provided for understanding the work experiences and confidence of unlicensed mental health care employees such as psychiatric technicians. The central problem prompting this research study was an absence of research focus on how psychiatric technicians experience work stress and self-efficacy related to performing suicide prevention intervention on patients and psychiatric technicians' perceptions of suicide prevention instructional programming offered by their mental health organizations. The purpose of this study was to understand how these employees describe their experiences with these constructs. Primarily, published literature has been concentrated on these constructs for psychiatric nurses who provide medical care for mentally ill patients (Labrague & McEnroe-Petitte, 2018; Kang & Kim, 2016; Wang et al., 2015; Zaki, 2016). In this literature review, I aimed to outline psychiatric technicians, job stress, self-efficacy, and suicide prevention training challenges in the mental health field and provide a framework for the importance of the influence of these constructs on psychiatric technicians' self-efficacy in preventing suicide for their patients. A summation of self-efficacy theory as developed by Albert Badura is provided as the theoretical framework for this study.

Literature Search Strategy

The literature search strategy involved the use of the Walden University library and Google Scholar databases. EBSCOhost, ProQuest Psychology Journals, PsychINFO, Academic Search Premier, SAGE Journals, and PsycARTICLES were among the databases accessed to identify and gather related literature. To search the literature, I used the following key search terms: *job stress, burnout, psychiatric technicians, mental health technicians, behavioral health technicians, nurses, nursing, therapists, self-efficacy, self-perception, employee perception, resilience, locus of control, emotional labor, emotional exhaustion, compassion fatigue, suicide prevention, suicide prevention programs,* and *suicide prevention training*. Each of the search terms was entered into each of the identified databases except Academic Search Premier to locate relevant articles and conduct a broad search of the literature. Academic Search Premier was used to locate literature on suicide prevention and self-perception as the broader search returned limited results for these terms. A general Google search with the word *articles* added behind the key term was conducted to locate articles for searches that did not generate desired literature. I found a wide variety of studies and articles on self-efficacy operationally defined and applied in work contexts (Cassidy, 2015; Çetin & Aşkun, 2018; Galvin et al., 2018; Hamill, 2003; Jo & Sung, 2018; Li et al., 2018; Schunk & DiBenedetto, 2020; Song et al., 2018; Varpio et al., 2020; Williams & Rhodes, 2016). My search generated literature on various aspects of occupational job stress for both qualitative and quantitative research studies (Ameen & Faraj, 2019; Brief & George, 2020; Dam and Hall, 2016; Ekienabor, 2016; Hasan et al., 2018; Poursadeghiyan et al.,

2016; Yang et al., 2015). I uncovered plentiful articles and literary works about resilience, locus of control, emotional labor, emotional exhaustion, and compassion fatigue in health care occupations. I found research that addressed the constructs of interest in this present study—job stress, self-efficacy, and suicide prevention training—for other mental health roles but no such studies were found that examined these concepts for psychiatric technicians. This study was conducted to address this gap in the research literature.

I found little current research discussing psychiatric technicians in general. I managed this search issue by entering the terms *nurses, nursing, and therapists* into the research databases. I combined these terms with "*mental health"* and "*psychiatric"* to narrow the search to the appropriate field for the study. The goal of this approach was to locate and access literature that explored closely related populations and experiences to that of the present study. The search parameters were confined to the period of 2005-2023. All the literature referenced in this study is peer-reviewed.

Theoretical Foundation

I applied the philosophies of self-efficacy theory to this study to provide the theoretical background. Credence to the significance and contribution of a research study underlies the principles of a theoretical framework (Varpio et al., 2020). Self-efficacy theory is a theoretical framework that supports discussion, exploration, and explanation of human processes activated in functions of self-appraisal of one's capabilities (Lunenburg, 2011). Self-efficacy reflects the perceptions people hold about their abilities (Cassidy, 2015). Self-efficacy theory encompasses how individuals vie to determine and

understand their capacity to carry out specific behaviors (Williams & Rhodes, 2016). Self-efficacy theory is founded upon the tenets of social cognitive theory as developed by Albert Bandura (2001), which emphasizes the purposeful self-directed actions individuals execute to standardize their inspirations and actions. According to Bandura, who first coined the term, peoples' notions of self-efficacy guide how they think, feel, and behave, and this theory assumes that an individual's action or inaction is guided by how confident they feel in achieving optimal tasks outcomes (Iroegbu, 2015). Azizli et al. (2015) asserted four primary sources of efficacy determinations: (a) physiological responses, (b) vicarious experiences, (c) performance achievements, and (d) social influence. The selection of these sources can largely depend on the situation for which personal ability is in question. Zhao and Namasivayam (2009) revealed that high self-efficacy after receiving training impacts the perceived ability to transition that training into productive work performance.

Primarily, self-efficacy evaluation is signified in the moment of the emergence of a challenging event. Çetin and Aşkun (2018) performed a study of occupational self-efficacy and motivation and found that self-efficacy served as an immediate catalyst for optimal job performance. The perception of self-efficacy in response to difficult work and its severity is deeply rooted in cognitive appraisal theories of stress, which according to Kang and Park (2018), contribute to the understanding of the adaptive processes that humans apply to distressing circumstances. Self-efficacy theory serves as a foundational theory of human motivation that focuses on the self-judgments people engage in to

evaluate their ability to exert functional control over their lives and what happens in their lives (Schunk & DiBenedetto, 2020).

Self-efficacy can be rated by individuals as high or low. This grading system is important for the personal understanding of whether one can behave in a particular manner or accomplish a particular goal (Azizli et al., 2015; Çetin & Aşkun, 2018; Iroegbu, 2015). Based on this principle of self-efficacy theory, the research questions in the current study relate to this theory in that they elicit data on self-established ratings of confidence in performing suicide prevention. In this study, the premise of self-efficacy theory was used to answer research questions concerning how psychiatric technicians view their competence to prevent suicide in the vulnerable population they serve, which relates to existing theory on self-efficacy theory in other mental health roles.

A contributing theory to self-efficacy appraisal is *locus of control theory*. Locus of control theory contends that individuals view events either as internally or externally controlled (Galvin et al., 2018). This ideology is important because internal empowerment and external powerlessness can make significant contribution to how a person views their abilities. Self-efficacy theory can explain individuals' particular responses to experiences that challenge, intimidate, or devastate them (Kang & Park, 2018; Schunk & DiBenedetto, 2020). Occupational demands, requirements, and expectations can fall among personal experiences that call self-efficacy into question and initiate self-perceiving practices. Such appraisal plays an instrumental role in people's propensity to persevere in the execution of stressful tasks. Self-efficacy theory posits people devise a responsive plan of action based on the outcome of their self-determined

ability to satisfactorily react in a situation (Panadero et al., 2017). This self-governance holds meaning for whether the person deems themselves to have successfully managed the situation. Efficacy itself can control degrees of motivation and determinations for how a person will perform or respond (Bandura & Locke, 2003).

Self-efficacy is widely accepted in scholarly arenas as a participatory factor of resilience development and capability (Hamill, 2003; Jo & Sung, 2018; Li et al., 2018). Bingöl et al. (2019) conducted a study of the association between psychological resilience and self-efficacy and found that these constructs are moderately correlated, and higher self-efficacy tends to lead to greater resilience. High degrees of self-efficacy have been linked with multiple life advantages, such as resilience to stressful events, healthy lifestyle practices, improved work performance, and academic success (Schönfeld et al, 2017). Self-efficacy underlies additional self-oriented variables such as value orientation, locus of control, metacognition, and core motivation (Bartimote-Aufflick et al., 2016).

Work stress, in particular work stress in the health care field, has seemingly been determined as high and unique stress to which people can and do apply the ideologies of self-efficacy (Mo et al., 2021; Pérez-Fuentes et al., 2019). Through the lens of theory associated with work-related stress, self-efficacy is critical and serves as both an immediate resource and a reserve resource for managing future stress (Lloyd et al., 2017). Adjustment theories highlight human reactions to alterations or upset of their current statuses or conditions with concentration on self-propelled efforts to thrive (Maddux, 2013). Adaptive problems related to job-related stress are exasperated by the degree of

difficulty of the present stressor (Lorenz et al., 2018a). The experience of job stress has the potential to adversely impact people's capability to optimally perform their job duties.

Alkubaisi (2015) revealed that work-related stressors including workload, substandard working conditions, and work role confusion contribute to poor work performance. A noteworthy barrier to high self-efficacy in work performance is the presence of emotionally taxing components of the work role itself. Fida et al. (2018) performed a study of self-efficacy in the nursing profession and discovered that nurses struggle to demonstrate superior work performance due to job stressors unique to their line of work and self-efficacy is greater with the practice of self-care. Peak self-efficacy may be more readily available to more seasoned and more highly trained mental health workers such as psychiatric nurses and therapists in performing suicide prevention practices, whereas psychiatric technicians may experience difficulty with self-efficacy in executing this task. Keen insight into the meaningful connection between job stress and self-efficacy for psychiatric technicians may hold important implications for organizations, human resources, and instructors for professional development, intervention, and support strategies.

Sources of self-efficacy in the management of job stress include self-care, social support, and work role clarity (Howardson & Behrend, 2015). The intent of this study is to discover self-reported job stress and perceived self-efficacy among psychiatric technicians in performing suicide-preventing patient monitoring and intervention. The impact of job stress on psychiatric technicians' self-perceptions of personal work competency aligns with self-efficacy as a theoretical basis and phenomenological

construct. Job stress is upending to the normalcy and balance of work life; can have far-reaching effects on individuals, families, communities, and societies; is intrusive to human regulatory processes; and is potentially paralyzing to the psychological and cognitive determinants of well-being (Lee & Nam, 2015).

High self-efficacy may serve as a buffer against job stress and poor job performance for psychiatric technicians and stabilize their abilities to successfully prevent mentally ill patients from taking their own lives. Grosemans et al. (2020) asserted that sound self-efficacy boosts self-confidence and aids in positive appraisals of personal achievement capabilities. Self-efficacy is a self-determined system that can be enhanced through intensive and thorough training in the skill for which self-efficacy is needed (Howardson & Behrend, 2015; Li et al., 2018). Advanced instruction in suicide detection and prevention for psychiatric technicians may be useful for increasing their self-efficacy in performing the life-saving activities their jobs demand. This may also result in positive social change in the form of decreased suicide rates among mentally ill populations and improved social perceptions of the mental health field.

Literature Review

Relatable Qualitative Approaches

To further understand the extent to which nursing care assistants feel confident in their abilities to care for dementia patients, Coates and Fossey (2016) conducted a qualitative research study. The authors conducted a phenomenological investigation with a total of eight participants, recruiting them through a letter of invitation to participate. Coates and Fossey collected data using semi structured interviews, and the data analysis

was completed by coding and theme analysis. The phenomenological nature of the study allowed for detecting recurring ideas regarding how employees may handle difficult situations and calling attention to key topics for training and research in the health care industry.

Dos Santos (2020) employed phenomenology to study the link between work stress and self-efficacy among South Korean nurses. The researcher employed snowball sampling to recruit participants and held interviews using open-ended questions to collect data. To examine the study's data and identify common themes, Dos Santos used open-coding techniques and uncovered that workplace bullying, family stress, and the pursuit of personal growth and professional advancement were found to play significant effects in raising stress and burnout and decreasing self-efficacy for the participants.

Dubue and Hanson (2020) performed semi structured interviews with five licensed psychologists to uncover their experiences with completing suicide risk assessments (SRAs) with at-risk patients. The investigators distributed flyers inviting participation in the study as a means of participant recruitment, and coding techniques including theme notes for data analysis. Using this phenomenological method, Dubue and Hanson found that the participants felt burden from customers and coworkers to conduct SRAs in an ethical and productive manner despite having received what they saw as inadequate and ineffective graduate-level SRA training. This study's findings provide a solid qualitative groundwork for additional studies on SRA professional norms, education, and use.

Researchers have addressed the problem by conducting phenomenological studies that capture the lived experiences and identify themes to answer under-researched and unanswered questions about participants' experiences. The strengths of their approaches are that phenomenological research offers in-depth and personal data directly from those who live the events of interest to a researcher. Another strength is that qualitative interviewing permits more tangible collection of intangible information such as thoughts, perceptions, and feelings. Additionally, phenomenology is suitable for the investigation of interest rooted in social science. A weakness of their approach was a small sample size (Coates & Fossey, 2016; Dubue & Hanson 2020), as a larger sample size may have been desirable. Another weakness was the use of snowball sampling, which may not reflect the representation of the larger population (Dos Santos, 2020). An additional weakness is the use of a flyer as a recruitment method as this approach may not provide sufficient information about the study to entice and engage potential participants (Dubue & Hanson, 2020). The selection of work stress, self-efficacy, and suicide prevention training as constructs of focus for the present study is reflected in previous literature in that investigation into these concepts aids in understanding how workers are affected by and assign meaning to their experiences with them.

Psychiatric Technicians

The work of psychiatric technicians involves giving direct care to mentally ill patients such as taking their vital signs, assisting with personal care such as bathing and toileting, and performing restraint procedures on physically violent patients. However, this occupation offers a meager salary. As of May 2020, the U.S. Bureau of Labor

Statistics (2021) reports there are 85,030 psychiatric technicians in the United States and the median annual salary is $35,030.

The need for psychiatric technicians is reflected in mentally ill persons' inability to care for and keep themselves safe. In Indiana in 2018, there were more than 2,000 persons employed as psychiatric technicians, more than the state average of 1020 (CareerBuilder, 2022). The state of Indiana does not require licensure for psychiatric technicians. The work duties of these employees do not include diagnosing patients and may or may not include administering medications; however, psychiatric technicians are trained to perform and record vital medical data such as temperature, blood pressure, and pulse rate, psychiatric technicians can also lead and conduct group discussions with patients and develop and implement therapeutic activities (Bureau of Labor Statistics, 2021).

Psychiatric technicians, also known as mental health and behavioral health technicians, provide care to mentally ill and developmentally challenged individuals. The work that psychiatric technicians perform daily is critical. Psychiatric technicians, for example, are frequently in charge of keeping track of inpatients' suicide risk. Psychiatric technicians face unique job hazards in their line of work. While health personnel caring for people with mental illnesses are frequently exposed to patient hostility, the danger of physical aggressiveness in medical and surgical specialties is substantially lower (Pekurinen et al., 2017). Such workplace dangers lead to adverse employee and organizational outcomes such as increased numbers of employee self-terminations.

Annual turnover rates for personnel working with people with developmental disabilities have been found to range from 70.7% to 77% (Novak & Dixon, 2019). Because psychiatric technicians have such high turnover rates, it is likely that the job's demands outweigh the income and other benefits offered to employees. These employees serve as front-line workers in mental health facilities and execute work activities that consistently involve direct patient contact. Psychiatric technicians may require a particular capacity for high occupational self-efficacy given the challenging nature of their work which includes protecting mentally ill patients from committing suicide. Psychiatric technicians may perceive suicide prevention training provided by their organization as inadequate. Unfortunately, just a few studies have looked specifically at psychiatric technicians. However, there is a lot more information about employees in the mental health profession in general.

Job Stress in the Mental Health Field

Job stress is defined as the presence of stressors in the workplace that impacts employees (Ekienabor, 2016). There are several well-known side effects related to job stress. For instance, Yang and colleagues (2016) found that job stress was associated with lower employee punctuality, work contentment, and productivity. A study conducted by Poursadeghiyan et al. (2016) revealed that job satisfaction is diminished when job stress is high within nursing professions. Nearly 20% of nurses surveyed reported symptoms of depression. This study points to the severity and immediacy of remedy of job stress in health care roles.

Job stress has long been a focal point of scholarly study due to its common occurrence in the world of work and its lasting effects on employees and organizations. Brief and George (2020) distinguished work-related stress from the stress that occurs in personal, academic, and social contexts based on its specificity to take place in occupational environments. The authors emphasized organizational stress as an experience that undergoes cognitive evaluation due to work-related determinants and influences that are not present outside of work settings such as the demands of work and the presence and impact of fellow employees. Furthermore, the severity of work stress was viewed as being measured by individual investment in stress-inducing events in the workplace. Factors of job stress can vary depending upon the type of stress. According to Hasan et al. (2018), in the mental health field, job stress is commonly underlain by heavy workloads, understaffing, distressing job demands, and the potential for aggressive and violent behaviors from patients. Their study explored job stress among psychiatric nurses and they concluded that stress is a collective occupational incidence for this population and these workers are prone to experience depression.

Several studies have discovered that people who work directly in psychiatric environments experience high levels of stress and burnout. Yang et al. (2015) explained that burnout results from stress and the work involved in mental health care increase the probability of a stressful work experience for those in the profession. Salyers et al. (2015) asserted that stress and burnout work in tandem in psychiatric professions and the reduction or removal of work stressors significantly decreases the likelihood of provider burnout. Job stress has been measured in a wide range of occupational contexts and

industries. The Perceived Stress Scale is commonly utilized to assess the determinants of stress that occur for employees based on how they process cultural and social influences in their work environment (Vallejo et al., 2018).

Ameen and Faraj (2019) examined job stress in mental health hospitals. The participants in the study, psychiatric nurses, reported higher levels of job stress due to acquaintance with suicidal patients and patient deaths. Workers in this industry are especially vulnerable to job stress as the work they perform entails direct exposure to human demise (Ellis et al., 2018). This information is interesting to note as this vulnerability is heightened compared to other avenues of patient care that experience minimal patient harm. Due to the delicate nature of mental health work, working with patients with fragile psyches potentially poses a disproportionate threat of exposure to witnessing and preventing patient self-harm for psychiatric technicians. The incident of witnessing patient suicide is particularly distressing and may adversely affect psychiatric technicians' ability to function and continue in their work. After having witnessed a suicide, professionals working in the field of psychiatric health can experience self-doubt regarding their abilities and competence to aid mentally ill patients (Dransart et al., 2017). Such poor self-appraisals may lead mental health technicians to abandon employment in the field of psychiatric care. Sherba et al. (2019) found that mental health care workers reported feelings of regret that they did not do more to prevent a patient or a client from ending their life.

Furthermore, psychiatric technicians may be susceptible to the mental toll of witnessing patient suicide. Hill et al. (2020) proposed those who see another person end

or attempt to end their life have an increased risk to mimic this behavior. The authors' meta-analysis discovered that exposure to completed suicide led to higher rates of subsequent completed suicide when compared to incidents of suicidal ideation alone. Kanno and Giddings (2017) indicated that secondary trauma and post-traumatic stress disorder were prevalent among mental health workers who had witnessed the suicide of a patient; participants in this study reported experiencing exponential terror, grief, and secondary trauma.

Job stress in the mental health care field also stems from exposure to patient violence. Onwumere et al. (2018) investigated the impact of patient violence on mental health caregiver wellbeing and the results of the study revealed violence from psychotic patients was associated with higher reports of trauma, burden, vulnerability, and distress. Arnetz et al. (2017) pointed out that hospital employees are prone to higher incidents of injury by a patient in comparison to other industries. For employees caring for patients in psychiatric units, patient violence can cause physical harm as well as heightened job stress associated with anxiety and somatic symptoms (d'Ettorre & Pellicani, 2017). Unpredictable patient behavior can be challenging for mental health care workers to manage. Dam and Hall (2016) explained that variations in psychotic experiences present difficulties in anticipating just how and when a psychiatric patient may behave adversely. Such uncertainty can spark stress-induced approaches to their work for mental health professionals. Cetrano et al. (2017) employed the Professional Quality of Life Scale to survey mental health workers in Italy and found high reports of compassion fatigue stemming from the emotional drain and negative attitudes towards their job and the

patients in their care. The emotional costs of caring for mentally ill persons have the potential to exasperate job stress in the mental health profession and for psychiatric technicians.

Effects of Job Stress on Employee Performance

Job stress can be a significant indicator of how well employees will perform their jobs. Hafidhah and Martono (2019) discussed that performance is an essential component of organizational success. The authors contend that employee performance is in part influenced by the nature of a person's work. The experience of stress on the job, more specifically, stress because of performing one's job, has the potential to disrupt optimal job performance. Chandhok and Monga (2013) found that job stress was high among employees who are under pressure to meet specific revenue targets in the insurance market in their study of 160 insurance sales personnel in India. The authors administered a questionnaire posing inquiries regarding what factors of participants' work maximize their stress experiences such as workload and time deadlines. Ramli (2019) performed a study of the impact of job stress among 80 health care workers and found that profound job stress affects workers' organizational commitment and in turn, their job performance.

Job stress that occurs in the helping professions is especially disconcerting to job performance as workers in these fields largely have peoples' lives in their hands. Elshaer et al. (2018) conducted a study of job stress in a sample of critical care professionals which revealed that nearly 70% of participants reported that the responsibility for the lives of others ranked high among sources of job stress. In a related study, Chuang et al. (2016), surveyed intensive care unit (ICU) professionals to investigate their experiences

of job stress and burnout in which the findings revealed that the obligation to aid in making end-of-life choices was among the most stressful elements of their work. ICU physicians and nurses indicated that stress was highly associated with dealing with patients' decisions to die and decline life-extending treatments.

Mental health care is one such profession in which employees assume the burden of accountability for the lives of others, therefore, peak job performance is imperative. The obligation to avert suicidal patients from acting on their thoughts can be more distressing than working to save their lives from death due to medical illness for psychiatric nurses (Bolster et al., 2015). Ahmedani (2011) declared that less than half of people in need of psychiatric services receive them and stigma from psychiatric professionals is often more damaging than that from society. Psychiatric technicians are essential to the care of mentally ill patients and high levels of job stress can disrupt these workers' abilities to perform the critical task of ensuring patient safety.

Suicide Prevention Challenges in the Mental Health Field

Suicide prevention in inpatient mental health settings is difficult. As reported by Williams et al. (2018), annual inpatient suicides in the United States range between 48 and 65 with the most common method is hanging by some form of ligature. Deisenhammer et al. (2020) emphasized that suicide prediction is challenging even with the presence of well-trained professionals who possess experience in managing suicidal behavior because of patient impulsivity and their diminished capacity for communicating how they are feeling. Suicide prevention involves the ability to assess a patient's risk and intent in the moment (Dubue & Hanson, 2020; Hagen et al. 2017).

Several factors that are indicative of the mental health milieu present challenges to successful suicide prevention. Due to the fragile mentality of psychiatric patients, their behavior can be unpredictable. For instance, an individual with schizophrenia may engage in very dangerous, risky behavior because of psychotic disorganization, without understanding otherwise predicted hazards (Sher & Kahn, 2019). Also, an influx of psychiatric patients (Dombagolla et al., 2019) as well as challenges in reducing patients' access to lethal means for suicide Dubue & Hanson, 2020; Flynn et al., 2017), pose hurdles to saving inpatient lives. Furthermore, understaffed psychiatric wards and staff's poor understanding of suicidality can contribute to the difficulties of suicide prevention in inpatient psychiatric environments (Rothes & Henriques, 2018). Ivbijaro et al. (2019) emphasized that meager training resulted in higher incidents of suicide occurring in inpatient psychiatric admissions. Each of these challenges may heighten the affective experiences endured by psychiatric technicians in their daily work. Successful suicide prevention efforts may also be hindered by lower degrees of resilience in addressing suicidal individuals.

Resilience in Addressing Suicidal Persons

Managing situations involving suicidal persons calls for sustainable capacity for resilience. Resilience refers to the ability to positively adapt to adversity (Niitsu et al., 2019). Cimellaro et al. (2016) confirmed that personal, emotional, and psychological resilience have been noted as the primary types of responsive elasticity demonstrated by humans in response to adverse occurrences. Research on this construct aims to understand the differences between individuals who demonstrate resilience in the

presence of stress and those who buckle under the weight of traumatic pressure (Sarkar, 2017). Oshio et al. (2018) conducted a study to explore the role of personality traits in productive psychological resilience and discovered that openness and agreeableness lead to greater capacity for resilience. Resilience is significant for humans to withstand distressing situations now as well as thrive in and survive future traumatic occurrences. Resilience assumes the role of protector against the chronic and extensive impacts commonly related with exposure to distress (Nishimi et al., 2020). In a 2017 study of resilience in first responders, the greatest number of responders reported coping to be most attainable through the ability to be resilient when witnessing the trauma of the victims they assist. First responders reported a variety of resilience strategies with social support being the most effective (Crowe et al., 2017). Resilience is critical to survival when resolve is most vulnerable. Resilience may be most elusive when stores of perseverance are already compromised. No matter the length of experience, encountering and intervening with suicidal patients is undoubtedly an unnerving experience for psychiatric technicians. The emotionally depleting nature of mental health work may render psychiatric technicians incapable of expressing resilience in response to aiding suicidal patients. In addition, resilience may be more critical for these employees when attempting to prevent the act of suicide attempt. Fry et al. (2019) performed a study examining resilience in nurses working with suicidal elderly patients and concluded that psychological resilience resulted in greater occupational ability to address at-risk patients and recover from performing intervention procedures.

Employee Resilience

The notion of employee resilience suggests that employees hold a specialized strength within their organizations in the event of adversity. Resilience in the workplace is primarily defined by the presence of significant trauma in the work environment and is activated based on the appraisal of the trauma by the worker (Britt et al., 2016). In the mental health field, work-related trauma can take many forms such as violence, psychotic episodes, and attempts at self-harm. Encountering suicide efforts from psychiatric patients is an upending experience that occurs for mental health employees in their work settings. Employees in the mental health industry must demonstrate resilience when caring for critically ill patients.

Employee resilience may serve as the cornerstone for success when addressing a crisis. Sommer et al. (2016) suggested that organizational survival behind a crisis is largely dependent on the ability of workers to thrive in their work despite the uncertainty caused by the crisis. A recent measure of employee resilience, The Employee Resilience Scale (ERS), has established validation based on the popular assessment of individual resilience, the Connor–Davidson Resilience Scale. The ERS accurately distinguishes between personal resilience and the work-specific resilience demonstrated by employees and that is required to address trauma that happens in the workplace (Näswall et al., 2019). Resilience within the workforce of laborers is a crucial tool for employers to productively manage them amid ever-changing work situations. Resilient employees have a greater capacity for coping with and handling urgent circumstances such as talking down patients who are intent on harming themselves (Turner et al., 2020).

Resilience Versus Coping

Resilience is a much-researched construct in the social sciences and is often directly associated with coping. As previously discussed, resilience is the ability to withstand the impact of adversity. To understand how individuals can soldier on during and after a traumatic occurrence, a distinction should be made between resilience and coping. In contrast to coping, resilience indicates agile recovery after trauma has occurred, more to the point, resilience is represented by psychological soundness after having been exposed to or involved in some instance of misfortune (Herrman et al., 2011). The study of resilience has generated a myriad of definitions for the term, but all definitions include a person's capacity for positive adaptation or adjustment behind trauma. Resilience is thought to thwart the onset of debilitating mental disorders such as posttraumatic stress disorder (Kalisch et al., 2015). In the mental health industry, resilience is the hallmark of workers' skills to keep them from losing psychological ground.

Coping differs from resilience as it reflects activities that safeguard individuals from psychological harm stemming from a distressing experience (Frydenberg, 2017). Coping suggests the adoption of practices that render trauma or stress easier to manage. In psychiatric work, coping is a means of managing the daily difficulties of being in constant contact with and attending to mentally fragile patients. Reiter-Theil et al. (2018) conducted a study on coping strategies among psychiatric nurses working with suicidal patients. Participants in this study reported opportunities to discuss their experiences with implementing suicide prevention procedures as essential to coping in the aftermath and

managing the stress of their work. Coping that contributes to self-efficacy within the mental health industry may be linked with workers' locus of control.

Locus of Control

Locus of control theory was developed by Rotter (1966) and refers to the extent to which a person has governance over the outcome of events, life, and their surroundings (Nowicki & Duke, 2017). Locus of control can be understood as internal or external. Internal locus of control has to do with one's belief that their behavior controls outcomes while external locus of control concerns one's belief that outcomes are the result of external factors unrelated to one's behavior (Nowicki & Duke, 2017). Locus of control is thought to be heavily integrated with a person's perceptions. People tend to assign responsibility either inwardly or outwardly for the outcome of an event and studies have primarily focused on how people respond to the loss of control (Strickland, 2016).

The notion of locus of control denotes variation in the way in which people understand a particular happening and thus respond to it. Locus of control points to individual differences in individuals' ideologies and reactions to various circumstances (Strickland, 2016). The theory of locus of control can be broadly used in research. The factors that play a role in perceptions of control and the causal features that define personal experiences underlie the applications of locus of control theory (Strickland, 2016). A person's adoption that they have can exercise some extent of control has a predictive ability to forecast the aversive tactics that will be used to address the situation (Strickland, 2016). Research suggests that individuals with an internal locus of control express attributes such as leadership and resiliency (Nowicki & Duke, 2017). Psychiatric

technicians who hold sound internal locus of control are likely less vulnerable to the detrimental effects of addressing suicidal patients. Babalola and Nwanzu (2022) proposed a connection between degrees of locus of control and the impact of emotional labor in work environments.

Emotional Labor

As with most, if not all, mental health roles, psychiatric technicians are required to engage in intense emotional labor in the daily performance of their job duties. Emotional labor was adopted as a work-related concept to describe how employment environments can influence a separation between the worker and their feelings (Grandey & Melloy, 2017). Nguyen et al. (2016) declared that employees who directly interact with clients, customers, or patients execute emotional labor as a self-propelled guiding practice to manage their affective presentations. Emotional labor applies to circumstances in the workplace that call for the bargaining of emotions for something of worth for the employee (Jeung et al., 2018). In a study of emotional labor among police officers in the Netherlands, participants reported applying emotional labor to effectively process and manage emergencies in their daily work (Van Gelderen et al, 2017). The findings revealed that emotional labor was particularly useful to police officers at the end of their shifts after exposure to crisis. Emotional labor serves to reflect a more favorable demonstration of facial expressions and body language for occupations that address or serve the public (Grandey & Sayre, 2019).

Emotional labor is an essential skill for people working in service, hospitality, and public health roles. Employee well-being can be adversely affected by their engagement

in emotional labor (Hofmann & Stokburger-Sauer, 2017). Emotional labor is rooted in the theory of emotional dissonance. Alipour et al. (2021) posited that emotional dissonance is distressing, disrupts task completion, and thus threatens the wellness of workers. Grandey's (2000) model of emotional labor emphasizes the influence of the frequency, duration, variety, and display of rules of interactions that determine the degree to which the person must make effort to regulate their emotions (Totterdell, & Holman, 2003). The practice of emotional labor is expected of workers in varying service roles as the projection of positive affections reflects favorably on organizations in the forms of customer contentment, repeat business, and enthusiastic consumer reports and feedback (Shani et al., 2014).

According to Kamp and Dybbroe (2016), emotional labor for mental health professionals is an invaluable tool for getting the job done while overriding affective responses to perplexing occupational situations. Hall et al. (2020) performed a study of emotional labor in law enforcement and found high levels of depression and anxiety among police officers who attempted to practice emotional labor while enduring assault from citizens of the public. In Kim and Kim's (2018) study of over 1,000 mental health professionals, the findings showed that emotional labor had negative effects on the mental health of these workers. The results indicated the need for sound resilience to counteract the influence of emotional labor on their emotions for mental health nurses, social workers, and psychologists. Similarly, Mancini and Lawson (2009) found that organizational supports, such as employee assistance programs that facilitate resilience

against the detrimental impact of emotional labor in the field of psychiatry are essential for mental health employees to sustain longevity in their careers.

For psychiatric health workers, emotional labor is an occupational requirement indigenous to the industry (Bondarenko et al., 2017). A study conducted by Song et al. (2017) revealed that emotional labor diminished experiences of workplace happiness for mental health nurses. In a similar study, Sakagami et al. (2017) found that psychiatric nurses reported that burnout was increased by the expectation of emotional labor while self-efficacy was decreased. As mental health work calls for the ability to suppress or control one's emotions even under the most challenging circumstances, the experience of observing a patient engage in self-harm behavior may prove emotional labor to be an overwhelming task. In the face of care for severely mentally ill patients, psychiatric technicians may already be pushed to limits of emotional fortitude by the work they perform.

Self-efficacy is a person's perception of what they can accomplish (Marsh et al., 2019). Notions of high occupational self-confidence may be elusive for psychiatric technicians whose jobs often require remarkable mental strength to manage alarming situations. Aptitude for self-efficacy in preventing suicide among their patients may be in short supply for psychiatric technicians who perform their job duties under the strain of emotional submission and exhaustion.

Emotional Exhaustion

Emotional exhaustion occurs when one feels overstrained in their emotions and experiences a reduction or depletion of affective resources (Arens & Morin, 2016). Lee

and Chelladurai (2016) explained that emotional exhaustion can result from emotional labor and is a component of burnout. Emotional exhaustion is commonly found to occur in occupations in which compassion, concern, and care are the core requirements of the job. Health care, hospitality, and public service rank among occupational fields with the highest incidents of emotional exhaustion for workers in these industries (Hur et al., 2015). A decreased workload was found to buffer emotional exhaustion for teachers in a study of job stress and coping strategies in a sample of secondary education teachers (Pogere et al., 2019). Emotional exhaustion negatively impacted the job performance of hospital nurses in a study that also found that motivation was a primary factor in the ability to perform well under the weight of emotional drain (Halbesleben & Bowler, 2007). Emotional exhaustion is a measurable construct and assessment tools for this phenomenon focus on the severity of burnout. As a subscale of the measure of burnout, emotional exhaustion is gauged in the Maslach Burnout Inventory which investigates reporting of emotional strain, fatigue, and stress (Brady et al., 2020).

In the mental health arena, emotional exhaustion is not an uncommon experience for workers. Lopez-Lopez et al. (2019) described emotional exhaustion that occurs for psychiatric nurses because of daily attendance to the needs of their patients and their concerned loved ones along with addressing challenging mental states and behaviors. In the authors' study, the results indicated that emotional exhaustion was most often demonstrated in depersonalization, or pessimism towards patients, for mental health nurses. Karanikola and Papathanassoglou's (2013) investigation into emotional exhaustion in mental health nursing revealed that emotional exhaustion was positively

correlated with depressive symptoms. Emotional exhaustion may be more chronic for psychiatric technicians who attend to the menial tasks of mental health care for patients and who do so with minimal education and/or training regarding how to manage volatile patients.

Psychological Contract

Psychological contract is defined as employees' comprehension, perceptions, and anticipations concerning the probability of the organization's fulfillment of the promises made by the company (Rousseau et al., 2018). Psychological contract functions as a catalyst to establish mutual organizational relationships between employer and employee and trust within these relationships (Soares & Mosquera, 2019). Psychological contract is important to employee work attitudes such as job satisfaction and organizational commitment (Ahmad et al., 2018). Psychological contract has relevance to understanding how employees view their organizations' processes and apply cognitive functions to organizational dynamics that personally affect them.

Theories of organizational support and social exchange underlie the premise of psychological contract. Such theories aid in the explanation of how employees determine whether their organization is trustworthy and will advocate for them (Pate & Scullion, 2018). Models of psychological contract breach that focus on employee impact of organizational failure to meet some stated obligation address important areas of employee regulation and stabilization such as job security. Scholars have focused on how breach of psychological contract permeates into areas of employees' work lives and devastate

critical notions of employment thought to be stable and secure (Bari et al. 2020; Karatepe et al., 2021; Kaya & Karatepe, 2020).

Psychological contract is essential for employees working in any industry. Van Gilst et al. (2020) conducted a study of psychological contract breach in the context of organizational change outcomes and found that the provision of alternative stimulus for employees and attention to beliefs that underlie psychological contract are productive in counteracting perceptions of breached organizational obligations. Breaches to psychological contract can present in the forms of failure of the organization to render compensation for work performed and organizational neglect of its own established policies (Ma et al., 2019). The ideologies of psychological contract are deemed to be met when the employees' expectations of the organization have been met. Psychological contract can be viewed as breached in the instance that training vital to the work success of employees is subpar, inadequate, or lacking. This may be more applicable to psychiatric technicians who undergo instruction designed to place them capable of preventing patient action towards ending their own lives.

Psychological contract is beneficial to employers and employees alike as expectations and exchanges can lead to long-term contractual organizational associations in which each party holds the other accountable and more stable notions of performance capability. Psychological contract was relatable to the present study as psychiatric technicians anticipate that the suicide prevention training they receive is durable to meet the challenges of keeping patients safe from self-inflicted harm.

Self-Efficacy and Job Performance

The term self-efficacy refers to an individual's belief that they can successfully undertake a specific behavior to achieve desired results (Song et al., 2018). Lyons and Bandura (2019) stated that in terms of performance personal self-efficacy beliefs and perceptions can be extremely motivating. Low self-efficacy may undermine a person's job performance for several reasons. Employees' self-efficacy improves their job performance in part because they experience less anxiety while performing their everyday responsibilities (De Clercq et al., 2018). Low self-efficacy can negatively affect notions of confidence and competence in employees' perceptions of their skill to perform which in turn can decrease motivation to reach their objectives (Carter et al., 2018). Self-efficacy that falls below optimal levels may influence people's sense of how much control they have in each situation (Na-Nan & Sanamthong, 2020). High self-efficacy applied in the workplace is useful to solidify sustained effort to achieve organizational goals and peak performance as self-efficacy reflects the idea that effort will result in success (Miraglia et al., 2017). Furthermore, low self-efficacy can undercut employees' tenacity and intensity with which they address their work and pursue greater work goals (Carter et al., 2018).

Organizational, occupational, and individual factors may play a role in low self-efficacy for psychiatric technicians such as less extensive training, lower compensation, the influence of perceptions, treatment by upper-level colleagues, individual views of psychiatric and suicidal patients, perceptions of the great responsibility of suicide prevention, self-perceptions of professional status, importance in the mental health field

and workplace, and personal competency. Because literature is scarce on psychiatric technicians, it is unknown whether they have low self-efficacy. However, evaluating this construct was one of the study's objectives.

Mental health professionals, such as psychiatric technicians, attend to severe mental health problems that plague society, given the clear imperativeness of their work, low self-efficacy in performing their duties among psychiatric technicians equates to a social problem. De Santis (2015) declared that nearly 85% of inpatient suicides occur related to unsafe environmental factors and compromised standards of care. The knowledge, attitudes, and confidence of health care workers in caring for patients at risk of suicide are compound, associated factors that determine their behaviors and may have an impact on patient outcomes. (Boukouvalas et al., 2019). Workers in the mental health field are frequently identified as having a higher risk of stress, worse wellbeing, and greater turnover and poor mental health worker well-being have been linked to decreased patient safety, quality of service, and satisfaction **(**Hood & Patton 2021).

Self-efficacy is a psychological feature and a governing mechanism that helps people deal with daily obligations and achieve their objectives. Self-efficacy, defined as an individual's ability to complete tasks successfully, permits the building of meaningful work relationships and increase in commitment to the organization (Chegini, et al., 2019). Alessandri et al. (2015) stressed the importance of high self-efficacy in job performance with the assertion that people have limited motivation to engage in activities or endure in the face of adversity unless they feel their actions provide the desired consequences.

Despite the importance of their duties, psychiatric technicians encounter potential problems. To begin with, there are a few hurdles to admission into the field. For instance, their occupations necessitate near-constant care for their patients (Jacq et al., 2020). Failure to perform at a high level has major ramifications. Frierson (2020) highlights the difficulty and insufficiency of the 15-minute check for inpatients citing that 15 minutes is plenty of time for a patient to hang himself which has happened numerous times while patients were under this method of prevention. Stallman (2020) asserted that health care personnel are in position to save the lives of suicidal patients and poor job performance can result in opposite and adverse patient outcomes. This critical element of psychiatric care may be affected by the perceptions held by psychiatric technicians regarding their abilities to successfully prevent patients' self-inflicted demise.

Self-Perception

Self-perception explains how people perceive, judge, and expect themselves to behave in response to different situations in arenas such as personal appearance, intellectual performance, physical ability, and social acceptance (Ensrud-Skraastad & Haga, 2020). The development of self-image, self-concept, and self-worth stems from the self-perceptions individuals maintain. Miller et al. (2019) contend that a person's perceptions of their external self must align with perceptions of the inner self for personal balance. According to Cheng et al. (2009), current self-perceptions are inherently predictive of future self-perceptions. This revelation is important to understanding people's self-evaluative processes for surviving trauma, both present and that which has not yet occurred.

Zimmer-Gembeck et al. (2018) stated that self-perceived competence has relevance to coping ability and can determine an individual's flexibility in coping responses. Theoretical composites of self-perception emphasize the influence of personality traits and social learning that shape personal perspectives. The fundamental premises of self-perception theory are that people are the actions they perform, and people govern their behavior based on their understanding of their actions and their underlying meanings (Mohebi & Bailey, 2020).

The severity of stress in each situation can greatly impact how an individual perceives himself. Zimmer-Gembeck et al. (2018) found that individual differences in stress responses can determine whether people will avoid engaging in anxiety-provoking situations. The findings of the authors' study indicated that self-perceptions of the ability to cope are associated with improved mental health, capacity to regulate emotions, and heightened self-esteem. Participants who perceived themselves as flexible, adaptable, and in control reported lower diminished capacity for managing stress and a higher propensity to readily engage in high-stress situations. Such findings point to the significance of self-perceptions for psychiatric technicians who are required to take immediate action to prevent suicide in patients in their care.

Based on the work of Booth et al. (2020), those who have high self-evaluation achieve better job performance, career success, job and life satisfaction, lower anxiety, greater resilience, and more readily take advantage of opportunities. Humberg et al. (2019) conducted a study of self-perceptions of intelligence and noted that higher levels resulted in better adjustment. The findings of this study suggest a likelihood that higher

self-perceptions of efficacy may lead to greater work outcomes for psychiatric technicians who perform suicide prevention techniques for mentally ill patients.

Employee Perception

Employee perception is highly influential on organizational functioning and outcomes. According to Wang (2020), workplace-related views held by employees are underlain by essential motivations. More to the point, employees' individual needs contribute to the formation of their perception of key organizational members such as human resources staff. How employees perceive their organizations' priorities and values can heavily influence the development of organizational trust (Ayba & Marşap, 2018). Also, employee trust may fluctuate depending on workers' perceptions of the work environment and the severity of stress to which they are exposed (Ştefan et al., 2019). Inadequate training on the part of the organization can serve as a source of great stress for employees and affect their perceptions of both the organization and their work before any work begins (Garg & Khatik, 2020).

Organization-provided training can be key to how employees perceive their own and the organization's preparedness to successfully execute the intended directive of the training. Ashour et al. (2018) posited that employees view readiness training given by their organizations through the lens of social exchange theory which would suggest that a reciprocal agreement is expected and implied by the respective provision of training and the performance of work between the two parties. The perception that on-the-job training is the responsibility of the organization is commonly held by employees and manifests in

the form of anticipation that the company will provide direction for optimal work performance that is expected from them (Rawashdeh & Tamimi, 2019).

Kaihlanen et al. (2019) concluded that positive training experiences and perceptions for employees lead to greater work outcomes such as superior job performance and productive utility. The authors sought to explore workers' perceptions of industry-led training to inform the health care profession. Semi structured interviews were conducted to assess nurses' perception of cultural competence training. The participants reported their perceptions of the training they received as useful to their communication with their patients and contributory to the betterment of health care. The results of the study indicate that employees' perceptions of work-related training may carry as much weight for employees as the training itself. Such findings lead to understanding the contributions of psychiatric technicians' perceptions of suicide prevention training programs offered by their organizations.

Suicide Prevention Training Programs

Nonfatal suicidal behavior (self-harm/suicide attempts) and suicide are major, worldwide public health issues, with an estimated yearly occurrence of nearly 800,000 deaths and incidents of self-harm and suicide attempts doubling that amount (Arensman, et al., 2020). Specific industries such as mental health care reflect the necessity of suicide prevention training as suicidal behavior is more likely to occur among patrons of these services. Most recently, suicide prevention training for mental health professionals increased during the COVID-19 pandemic as experiences of depression, anxiety, and

substance abuse reached an all-time high in response to worldwide health crises and economic turmoil (Wasserman et al., 2020).

Suicide care training participants are better able to recognize warning signals, have enhanced knowledge about suicide, demonstrate greater self-efficacy and skill in delivering care, and have more beneficial attitudes and beliefs about suicide (LoParo et al., 2019). Key individuals designated to pinpoint the warning signs of suicide are known as gatekeepers. Persons who work as gatekeepers are taught to spot suicide warning signs and symptoms of crisis in others, as well as to refer at-risk individuals for therapy (Rallis et al., 2018).

Question, persuade, refer, a gatekeeper training program, has become the most extensively distributed program in the world (Litteken & Sale, 2018). Awareness programs, screening, gatekeeper training, access to means restriction, follow-up care, hotlines, media initiatives, and pharmacotherapeutic and psychotherapy techniques are all examples of pharmacotherapeutic and psychotherapeutic approaches (Menon et al., 2018). A commonly used method for teaching suicide prevention methods is the collaborative assessment and management of suicidality. Collaborative assessment and management of suicidality is a widely implemented, evidence-based phenomenological clinical method for studying suicidality in patients (Jobes, 2016). This approach focuses on identifying and addressing indicators for problems that motivate people to contemplate suicide as a coping strategy (Jobes, 2018).

La Guardia et al. (2019) presented a study to evaluate suicide prevention training designed to develop competency. The authors surveyed community psychiatric care

professionals who participated in suicide risk assessment and prevention training. The participants completed pre-post evaluations of knowledge, skill, and attitudes. The findings indicated moderate-to-large increases in these areas and professional aptitude to work with suicidal patients. Suicide prevention training for mental health care employees such as psychiatric technicians can include monitoring every 15 minutes, methods for preventing access to means, and noting pertinent signs like sudden mood changes and changes in behavior such as refusing to eat or shower (Wasserman et al., 2020).

Summary and Conclusions

Further research is needed to better understand the difficulties of suicide prevention for psychiatric technicians. The dilemma of suicide and its prevention has become the responsibility of all health care workers including psychiatric technicians. Based on the literature, this obligation may lead to increased job stress and experiences of low-self efficacy for this population. Also, the literature suggested that the mental health care industry in particular poses the threat of adverse work experiences such as compassion fatigue and burnout. While psychiatric technicians are vital to psychiatric care provided to patients, these workers are often viewed as substandard and are undervalued as essential employees. According to the literature that addressed these subjects, resilience and coping differ but may play a role in the alleviation of compromised self-efficacy and high levels of work stress for psychiatric technicians as they are members of an industry in which such experiences are excessively more likely to occur.

Psychiatric technicians likely expect that the training they receive to prevent suicide in their patients is adequate for them to do so successfully based on the tenants of psychological contract. The literature indicated that organizations adopt a range of approaches to train individuals working in the arena of psychiatric care in suicide prevention. Employee self-perceptions, as well as perceptions of training, can substantially influence how well they perform their job duties.

The organizational work environment exudes the anticipation of stellar work performance, but provisions for training may fall short of boosting self-efficacy for psychiatric technicians. What is not known is whether psychiatric technicians experience increased self-efficacy, job stress, and support the suicide prevention training they received if any. The current study addresses this gap in the literature by gathering data from psychiatric technicians to obtain their first-hand accounts of their experiences with these constructs.

The study included a review and engagement of relevant literature that tracks and evaluates the proposed area of study. When the goal is to present an overview of a particular issue or research challenge, literature reviews are valuable (Snyder, 2019). The literature review addressed job stress and self-efficacy particular to health care fields, self-efficacy as a theoretical grounding for workplace abilities concerning job performance, and organizational contributions to these constructs for employees. Also, self-efficacy as a theoretical position for the argument of the study, is a well-known and accepted school of thought that has been applied to a myriad of social phenomena including workplace dynamics such as job attitudes and performance (Song et al., 2018).

This theory was appropriately applied to the study for both inquiry into and understanding of psychiatric technicians' perspectives of their abilities to perform suicide prevention protocols with their patients. The synthesis of the research indicates the appropriateness and meaningfulness of the phenomenological approach of the present study as it aided in answering the research questions and uncovering what was not known about psychiatric technicians' experiences with the studied constructs.

In Chapter 3, I present an overview of the methodology for the study beginning with the research method, design, and rationale for my design choice that will serve as an approach to address the gap in the literature. I discuss my role as the researcher along with more specific details of the methodology describing the participants and instrumentation for the study. The procedures for participant recruitment, participation, and data collection are also detailed in this chapter. The data analysis plan is discussed in addition to the establishment credibility, transferability, dependency, and confirmability for the study. The ethical considerations involved in the study are also addressed.

Chapter 3: Research Method

Introduction

My purpose for this qualitative study was to describe how psychiatric technicians experience job stress and self-efficacy when completing work with patients to prevent suicide as directed by their organizations' suicide prevention programs. This research approach permitted greater insight into psychiatric technicians' experiences of job stress, self-efficacy, and support for suicide prevention programs in performing life-saving procedures as a part of their work caring for mentally ill patients. This chapter's key components are the research strategy, which includes methodology pertaining to the study participants, methods for data collection and analysis, and the ethical considerations that apply to the study.

Research Design and Rationale

I collected data for this qualitative study to identify emergent themes among psychiatric technicians' reports of self-efficacy in suicide prevention, job stress, and support for suicide prevention programs. Qualitative methodology was selected over quantitative for several reasons. A qualitative approach allowed for understanding individual attitudes and, for this study, individual job attitudes. Attitudes reflect the development of personal perception, and a qualitative inquiry suggests the same phenomena may have several interpretations, unlike quantitative research, which suggests a single fact can be found through measurement (Pham, 2018).

Scientific insights particular to a specific industry are afforded by qualitative research. A qualitative study aids a researcher in navigating individual experiences of

involvement in an event in a living environment or workplace (Creswell & Creswell, 2017). Qualitative research attempts to capture human experience and benefits the research effort by demonstrating the creativity of the social beings who share their stories (Creswell & Poth, 2016). Also, whereas a quantitative approach would not permit open-ended participant responses, the open-ended nature of qualitative interviewing would generate authentic ideas from a societal demographic. According to Peterson (2019), open-ended questioning produces in-depth narratives that can be translated into answers to research questions.

The phenomenological design of this study was preferable to other research designs. Phenomenological research is a qualitative method for identifying the underlying structure of common essences in social phenomena (Larkin et al., 2019). A phenomenological study is concerned with finding and interpreting the inner essence of participants' cognitive processing related to a common experience (Flynn & Korcuska, 2018). The most important phenomenological results are knowledge of a phenomenon as seen through the eyes of individuals who have witnessed it (Tomaszewski et al., 2020). Phenomenology focuses on people's attempts to make sense of their lives as a fundamental part of the human experience, and essentially, a phenomenological reader should feel strongly that they now know what it is like to have experienced a particular phenomenon (Cypress, 2018).

This study entailed an interpretivist paradigm. Interpretivist scholars are not only able to describe objects, people, and events but can also comprehend them in their social context (Mohajan, 2018). The study's design was based on grounded theory. A theory is

developed from and founded in evidence in grounded theory (Thurlow, 2020). A goal of this research was to develop a theory in response to the following research questions:

RQ1: What are the experiences of self-efficacy among psychiatric technicians in performing suicide prevention procedures on mental health patients?

RQ2: How does performing suicide prevention procedures on mental health patients contribute to job stress for psychiatric technicians?

RQ3: How do psychiatric technicians describe the support they have for suicide prevention programs provided by their organizations?

Notable resource and time constraints are consistent with qualitative research. Adequate time must be dedicated to identifying potential research participants and giving them information to determine their interest in participating in a research project as a part of the recruitment process (Manohar et al., 2018). Developing rapport with an interviewee has become a marketable ability that requires patience and time to accomplish (McClelland, 2017).

One-on-one interviewing is labor intensive, time consuming, and may evoke emotions depending on the subject matter (Millar et al., 2017). Before coding and categorization can begin, raw data must be transformed (if not already in text form) and cleaned up, which can be a lengthy task (Male, 2016). The analysis of qualitative data may involve the use of costly coding software such as NVivo (Lester et al., 2020). Qualitative research aligns with research approaches that inform the discipline of organizational–industrial psychology. The selection of this research design for this study offered knowledge regarding essential workplace dynamics such as work stress and self-

efficacy, the constructs of interest for this study. The major themes in the literature are that self-efficacy plays a significant role in individuals' resolutions regarding their abilities to successfully address a task, job stress is impactful to job performance, and suicide prevention training is useful for professional working psychiatric roles. In the discipline of mental health, it is well known that perceived self-efficacy is important to the abilities of nurses and therapist to successfully care for mentally ill persons. Psychiatric technicians' particular experiences of self-efficacy, job stress, and suicide prevention training is unknown in the discipline.

The present study fills a gap in the literature regarding how psychiatric technicians describe their self-efficacy in performing suicide prevention with their patients. The findings of this study will extend knowledge in the mental health discipline by providing information about how psychiatric technicians experience job stress, self-efficacy, and suicide prevention training provided by employers in this discipline as this experience may affect their work performance. The lack of literary emphasis on the self-efficacy experiences of psychiatric technicians provides a platform for conducting qualitative interviews with these workers and using coding methods to identify patterns in their narratives.

Role of the Researcher

I served as the primary tool in this research study for gathering, analyzing, interpreting, and reporting the results (see Shufutinsky, 2020). I have worked in mental health for 8 years and hold a master of science degree in psychology. The study did not include any participants with whom I had a direct relationship such as contract, reporting,

or any association that may have posed a conflict of interest. I have interviewing and listening skills developed over years of conducting psychiatric assessments and through my completion of a qualitative research course at Walden University. The aim of my role was to try to understand the thoughts and emotions of psychiatric technicians who perform suicide prevention procedures with psychiatric patients.

One concern regarding bias was having worked in the field of mental health for several years and having worked with psychiatric technicians. In this role, I performed suicide prevention measures with mental health patients. This may have subjected the study to bias with respect to having prior knowledge and experience and any influence on expectations of the findings. Each part of research may be impacted by the history, assumptions, and experiences of a researcher. I addressed researcher bias through the practice of open mindedness by demonstrating respect for the participants' roles, individual involvement, and perspectives and valuing the benefit of learning from their experiences that differ from my own. Reflexivity is a deliberate process of revealing underlying beliefs, ideas, assumptions, and tensions with the aim of emancipating one's own and other people's thinking and behavior in relation to reality and context. (Kalu, 2019).

The participants were given incentives in the form of $15 gift cards for their participation. Participant compensation is permissible so long as financial incentives do not alter participants' behavior or make them naïve to the hazards involved in a study, and the participants' intrinsic drive is greater than the effect of payments (Vellinga et al., 2020). Compensation aided in encouraging participants to engage in the study and served

to express my gratitude for their involvement. The monetary amount of the gift was kept to a minimum in keeping with appropriate research ethics.

Methodology

In the following section, I explain the participant selection process including the criteria for inclusion in the study. Also discussed are the population and sample sizes. Finally, I outline the data collection process detailing the research instrument and the data analysis plan.

Participant Selection Logic

Population

The target population for this study were psychiatric technicians who work or have worked in an acute or residential psychiatric facility or unit for 6 months or more within the past 2 years, living and working in Indiana, and are required to perform suicide prevention measures on patients. Psychiatric technicians qualified if they were employed in part-time or full-time positions and were at least 18 years old and were unlicensed. Participants were required to speak fluent English, but English did not need to be their first language. Participants holding the titles of *psychiatric technician, mental health technician,* or *behavioral health technician,* who had or had not completed suicide prevention training, were the desired population for participation. Both trained and untrained psychiatric technicians would likely have compelling experiences with self-efficacy and job stress while engaging with suicidal patients. Suicide prevention requirements included, but were not limited to, 15-minute checks, suicide risk

assessment, symptom severity assessment, prevention of ease of access to lethal means, and intervention into suicidal thoughts and suicide attempts.

Psychiatric technicians who were not required to perform suicide prevention were excluded. Participants were validated through member checking. In the process of member checking, data, analytical categories, data interpretations, and even conclusions are returned to study participants by a researcher throughout the member verification process (Amin et al., 2020).

Sampling Strategy

I used convenience sampling to obtain participants for the study. Convenience sampling is a kind of nonprobability or nonrandom sampling when individuals of the target population who fulfill specific practical requirements are used (Etikan et al., 2017). Researchers often use convenience sampling to address study limitations such as difficulty locating participants (Farrokhi & Mahmoudi-Hamidabad, 2012; Landers & Behrend, 2015). Convenience sampling permitted me to reach participants who met the desired criteria. The sampling strategy was selected to secure individuals who were easily accessible to participate in the study and whose responses would appropriately address the research questions.

Sample Size

The sample size for the study was determined based on saturation. Thematic saturation occurs when more observations and analysis do not produce any new topics (Alam, 2021; Aldiabat & Le Navenec, 2018; Lowe et al., 2018). Data saturation has become one of the key components of the qualitative approach, which has its roots in the

grounded theory proposed by Glaser and Strauss and has been widely applied in social scientific investigations (Mwita, 2022). Sample size can be gauged by saturation estimation, as even a single report can be useful to scientific and social discovery (Boddy, 2016). In prior studies that tested saturation achievement, researchers found that between eight and 16 participants were sufficient for sampling (Guest et al., 2006; Hennick & Kaiser, 2021). The desired recruitment population size in my study was 20–25 participants; the goal sample size was between eight and ten. The smaller the sample size, the more specific the participants' features are in connection to the study's objectives (Sim et al., 2018).

Recruitment of Participants

I contacted potential participants through Facebook and LinkedIn that displayed public contact information for participants who may have met the inclusion criteria to recruit the participants for the study. Social media platforms are useful tools for attracting members of a target research population (Koch et al., 2018). I posted an invitation, as shown in Appendix A, for psychiatric technicians to participate in the study. Prior to posting the announcement, IRB approval (01-31-23-0481143) was obtained to recruit participants using this method.

Via email, potential participants were asked to complete a brief demographic survey, as shown in Appendix B, for the researcher to select participants and track the participant diversity. Consent to participation in the study was obtained by email for each participant after the participant responded to the recruitment post with interest in

involvement in the study. To secure informed consent, all participants were provided a consent form for their review and acknowledgment.

The participants were informed that their participation was voluntary and could be rescinded at any time. I also explained that their identity would be kept confidential, and they would not be named in the study. Communication with interested individuals occurred by email and confirmed their intent to participate by setting a date and time to conduct an interview. I sent each confirmed participant a Zoom invitation link for their scheduled interview, and they returned confirmation of the link's receipt by email. Eight interviews were conducted to complete data collection as data saturation was achieved. Saturation describes the stage of data collecting when no new problems or insights are revealed by the data and all pertinent conceptual categories have been found, investigated, and dissipated (Hennick et al., 2017).

Instrumentation

I developed a demographic survey and a questionnaire containing fifteen interview questions that addressed self-efficacy, work stress, and suicide prevention program support for psychiatric technicians for the study. Assessing the items' relevance, importance, and interest to the respondent is known as content validity (Onwuegbuzie, 2010). To validate the content of the questions, three sources of information on self-efficacy were referenced. One source was a self-efficacy scale, the Perceived Self-efficacy Scale (Sukmak et al., 2001). Another source was the Guide for Constructing Self-efficacy Scales (2006) by Albert Bandura. Lastly, three qualitative dissertations that explored self-efficacy (Minnich, 2014), job stress (Tsucuneli, 2022), and suicide

prevention training (Burton, 2021) were reviewed respectively. These resources were reviewed for guidance purposes only and each question in the instrument for the present study was originally created.

Questions 1-5 of the instrument were developed to gather participants' descriptions of their degrees of self-efficacy regarding performing suicide prevention. Self-efficacy refers to people's confidence in their ability to exert control over difficult circumstances and their own performance (Lyons & Bandura, 2019). The term "confidence" was used to represent self-efficacy for clarification of what was being asked. Questions 6-9 were developed to gather participants' descriptions of their experiences of work stress. An employee's failure to satisfy the demands, resources, and skills demanded of them may frequently lead to occupational stress, a condition that can have detrimental emotional and physical impacts (Kakemam et al., 2019). Questions 10-15 were developed to gather participants' descriptions of their experiences with suicide prevention training, their support for suicide prevention programs, and their recommendations for improving these programs. Employees who receive training tend to have better levels of self-efficacy in their job, which increases their perceptions of their own ability. As a result, they are more driven to overcome challenges and participate in their work (Guan & Frenkel, 2019).

The interview questions are open-ended, subjective, and directly address the phenomena of interest which makes them appropriate to answer the research questions. To get a deeper knowledge of social reality, qualitative interviewing stresses the significance of examining the experiences and viewpoints of the interviewees (Doringer,

2021). The interview questions are listed to correspond with the research questions and are displayed in Appendix E. The questions were created to gather participants' individual experiences with self-efficacy, job stress, and suicide prevention training.

Procedures for Recruitment, Participation, and Data Collection

Recruitment Procedures

Participants were recruited through a post on Facebook and LinkedIn. Psychiatric technicians interested in the study were contacted and provided informed consent through email after sending their response to the recruiting post. The conventional techniques for research with human participants are signed consent and witnessed consent, as they give a written record and the identification of the person who consented (Josephson & Smale, 2021). Understanding of the informed consent protocols was confirmed by participants' signatures indicating so and a verbal explanation was provided by phone upon request.

Participation Procedures

Semi structured, English-spoken interviews were conducted with individual participants and were held in separate, private rooms offsite participants' workplaces. Qualitative semi structured interviews are one of the most utilized data collection procedures in the social sciences, and they are useful since they allow researchers to investigate subjective perspectives (Evans & Lewis, 2018). An interview guide including open-ended questions was used in the study. The interviews were conducted by Zoom video conference and took place in neutral settings in which the participants felt comfortable. Each participant was asked to be in a quiet and private space to participate in the interview. The interviews lasted between 20 and 25 minutes and each participant

was debriefed. Debriefing statements were provided to the participants at the exit of the interview, these statements included information about the goal of the study, IRB contact information, direction for future questions about the study and/or participation, and support resources or services for the participant if needed. All participants were thanked for their participation and sent a $15 gift card by email.

Data Collection

Semi structured interviews via Zoom using the researcher-developed questionnaire were used to collect the data for the study. Although participants may be more expressive and open, the researcher must be conscious that building and maintaining rapport with participants may differ from conducted in person (Gray et al., 2020). The participants were asked to openly discuss their experiences as psychiatric technicians working with patients at risk for suicide. For the purposes of this study and ease of understanding for the participants, the term “confidence” was used to discuss self-efficacy. Survey questions, which are shown in Appendix E, were used to gather participant narratives of their experiences. To obtain deeper descriptions, participants were asked to elaborate using questions such as “can you tell me more about that” and “can you further explain what you mean.”

Notes were taken to document any research reflections that arose during and after interviews with the participants. The interviews were completed by audio only using a voice recorder to record the interviews. The interviews were conducted using open-ended questions from start to finish concluding with encouragement to participants to provide as much depth and detail as possible regarding their experiences with using suicide

prevention measures with their patients. The interviews were conducted in single sessions over a one-week period with one participant at a time and were precluded by written informed consent by participants. There were no variations or unusual circumstances that occurred in the data collection process.

Data Analysis Plan

Upon completion of data collection, the interviews were professionally transcribed by a certified transcriptionist under a signed non-disclosure agreement as found in Appendix D. The audio accounts of the participants were transferred to text, labeled by participant number, time stamped, and proofread for clarification and accuracy. Qualitative transcription is a broadly adopted practice among researchers and is recommended to enhance the consistency of qualitative study (McMullin, 2021). The data analysis procedure for the study was to transcribe and code the data followed by thematic analysis. The initial step in analyzing the data was to prepare and organize the data after it has been transcribed. The transcriptions were organized in order of interview occurrence and gathered with any relevant documents, notes, and materials needed for analysis. Next, the data were reviewed, explored, and thoroughly read numerous times while jotting down notes, questions, and ideas that formed. Then, initial codes were created through open coding by highlighting passages of data to make connections and assigning labels.

Data analysis was primarily conducted through transcription coding. To code the transcriptions, they were first divided into workable and relevant amounts of data. To permit the researcher to consider and edit the data as themes emerge, transcript coding

was completed by analyzing three interviews at a time and in the order the interviews were conducted. Examining a cohesive section of the empirical material—a word, a paragraph, or a page—and labeling it with a word or brief phrase that summarizes its substance is the primary activity of coding (Linneberg & Korsgaard, 2019). Coding was used as a means of comprehending participants' accounts and shared experiences.

Excerpts of the participants' actual words were coded by summarizing sections of text into singular words or phrases from the interviews. The qualitative data coding software NVivo was used to perform coding procedures. NVivo is a coding software tool that aids in in-depth and sophisticated analysis of large amounts of text (Nowell et al., 2017). Specifically, open coding was used to assist in understanding participant perspectives and streamline the analysis of combined experiences. Open, selective, and theoretical coding are rooted in grounded theory and are respectively purposed to dissect, link, and give meaning to qualitative narratives (Tarozzi, 2020). Each type of coding was employed for data analysis for the study. The interview transcripts were coded based on the data to detect emerging themes among the participants' accounts.

Issues of Trustworthiness

The trustworthiness of the study was established through the presentation of several aspects. According to Stahl and King (2020), qualitative researchers aim for the less stated goal of trustworthiness, this means that when readers understand the written work, they will have faith in the findings of the researcher. The phenomenological nature of the study lent to its trustworthiness. The work stress and self-efficacy experienced by psychiatric technicians are to be understood from an epistemological standpoint which

suggests that the occurrence is a part of a bigger whole, and that there is no way to understand it without considering the entire experience to which it belongs (Fuster Guillen, 2019).

Credibility

To address the credibility of my study, I emailed the interviews to the participants to verify the transcriptions and express their reactions. Qualitative research credibility represents the extent to which the research results and conclusions are regarded to be real or accurate representations of the phenomena under study (Charmaz & Bryant, 2011). While conducting analysis and interpretation, member checks can eliminate bias (Koelsch, 2013). The process of introspective reflexivity was used to aid in establishing the study's credibility. Each stage of inquiry is infused with an investigative practice called reflexivity, reflection requires awareness of one's position and identity as a researcher, as well as any theoretical prejudices that may be impacting one's work (McCabes & Holmes, 2009). I kept notes for tracking my ideas and perceptions concerning the data. I concluded from the memos and field notes that researchers should not let their own preconceptions cloud the intensity with which individuals express their experiences while trying to interpret them. Additionally, methodological triangulation strengthened my study. Triangulation requires several methodologies, researchers, sources, and hypotheses to acquire convincing information (Hussein, 2012). A myriad of data sources was combined with a theoretical framework to fully capture the phenomenon. Bandura's self-efficacy theory and earlier research supported the interpretations.

Credibility connects to the study because the findings demonstrate that social transformation requires proactive measures for the benefit of the social purpose. The current study's data consists of the participants' experiences and interpretations of societal change. This information can be regarded as credible as it was collected directly from research participants.

Transferability

Transferability refers to the feasibility of applying the results of this study to other populations (Kyngäs et al., 2020). A comprehensive explanation providing specifics about the research setting as well as the circumstances that had a role in the participants' experiences is presented in this study. The reader can appraise the material's truthfulness and transferability by virtue of the author's detailed and rich descriptions, which make use of powerful descriptive language to provide enough contextual information (Johnson et al., 2020). The findings of this study have potential applicability to other situations and fields, establishing its transferability (Kortjens & Moser, 2018).

Dependability

Dependability is a measure of how well data are collected, analyzed, and theories are made (Kyngas et al., 2020). The assurance of dependability is needed to show that the research is stable and consistent over time and in different situations. Triangulation and audit trails were used to establish dependability for my study. An audit trail is a written account of the steps taken and decisions made during qualitative research (Chowdhury, 2015). From the outset of data collecting to the final stages of data analysis, I recorded all the decisions, assumptions, and procedures that went into this research. Audit trails are

detailed records of all the steps taken from the initial conception of a study through its final report (Johnson et al., 2020).

Confirmability

Whether the results were influenced by the researcher's bias or were the sole result of the obtained data is an important consideration for confirming the findings (Kyngäs et al., 2020). The term *confirmability* is used in qualitative research to refer to the process of ensuring that the researcher's understandings and conclusions are sound (Aguboshim, 2021). By using member checking, I increased the reliability of the research results. The participants were contacted to verify the accuracy of the transcripts, although confirmability may have been compromised as feedback was not obtained from all the participants. Reflexivity also served to strengthen confirmability. It was important to consider motives for conducting the study and how personal background and experiences influenced these motives (Kalu, 2019). The credibility of this research's conclusions is confirmable by the participants' real and extensively detailed stories.

Ethical Procedures

Williams (2020) emphasized the imperativeness of obtaining consent to contact participants which without, the choice of participants becomes irrelevant. Ethical treatment of human participants is crucial to any research study; therefore, permission from the Institutional Review Board (IRB) was needed. IRBs were created to defend the rights of study subjects and to address past (and sometimes appalling) research practices (Musoba et al., 2014). For the study, IRB approval was required to ensure that the research protocols involved posed no harm to research the participants.

The American Psychological Association (APA) Code of Ethics mandates “when institutional approval is required, psychologists provide accurate information about their research proposals and obtain approval prior to conducting the research” (American Psychological Association, 2017, 8.01). Research ethics are based on the ideals of respect, beneficence, and justice by way of informed permission, privacy and confidentiality, risk-benefit analysis, and fair recruiting (Al Tajir, 2018). These standards are identified as the general principles of ethical research for the treatment of human participants in the APA’s Code of Ethics.

A recruitment message was advertised on Facebook and LinkedIn as an invitation to participate in the study. An ethical concern of this recruitment approach is the readability and language of the message. Ethical recruitment should consider the degree to which possible participants can comprehend the contents of the recruitment tool (Speight et al., 2021). This issue was remedied by an offer to speak over the phone or an in-person explanation to the person challenged by literacy or language. A secondary method of recruitment was word-of-mouth in which potential participants talked to other potential participants about the study and their interest in participation. Word-of-mouth recruitment is a cost-effective means of reaching members of a target population for research (Abdolvand & Bani, 2019). The most pressing ethical concern of this recruitment approach is a breach of confidentiality as the workers knew about one another’s participation or potential participation. Informed consent was used to provide an understanding of compromise to confidentiality if participants discuss their participation in the study with other participants. Ethical dilemmas surrounding data

collection activities include refusal to participate or early withdrawal from participants (Kampakis, 2020). These problems were addressed by recruiting excess participants for the study and offering compensation for participation via a $15 gift card to encourage participation.

The collected data is anonymous but not confidential. The participants are not personally named or identified in the study but are known only as “participant” and an assigned ordinal number indicating in which order their interview was completed. In social science research, participants are considered the experts on their thoughts, experiences, and feelings and the researcher assures the safeguarding of their identities and what they disclose as a matter of standard research practice (Pascale, et al., 2022). All data collected was stored on paper, electronic, and audio devices. The data will be disseminated in an accessible publication. All collected data is the property of the researcher who will solely access and manage the data. All paper materials and data stored on a flash drive will be secured in a locked file box for 5 years after completion of the study, the data will be destroyed after the elapse of this period.

Summary

This chapter aimed to provide an outline of the methodological approach that was used to address the research questions. The research procedure, participants, data collection, and interview questions explained how the study was conducted and who participated in the study. The aim of chapter 4 is to present the findings of the study and reflect adherence to the methodology explained in Chapter 3. I present the findings of the research conducted to explore the job stress and self-efficacy for psychiatric technicians

and their support of suicide prevention training programs offered by their organizations in this chapter. Chapter 4 also includes discussion that the analysis conducted was consistent with grounded theory methodology and how the analysis ties back to the research questions. An example of the demographics in the form of a table to supplement the summary is also included. This chapter describes in detail the process of analyzing transcripts from the eight individual interviews conducted to find codes and themes. Tables used to illustrate code and theme data, as well as narratives from individual interviews designed to underline important themes and the resulting theory, are included in the chapter. Primarily, this chapter contains the findings of the study conducted to address the research questions.

Chapter 4: Results

Introduction

The central themes to surface from the data analysis of in-depth interviews permitted summarization of emergent patterns in participant perspectives. Because the purpose of the study was to explore psychiatric technicians' perceptions of self-efficacy in performing suicide prevention protocols, I organized the themes by the research questions. Central themes were associated with each research question. All perspectives were represented, including opposing ideas or viewpoints; therefore, no inconsistent cases or data were present in the results.

Self-efficacy, job stress, and support for suicide prevention programs provided by the employer were influenced by several factors. Participants indicated it was necessary to overcome fears associated with working with at-risk mental health patients because these patients need help. Participating psychiatric technicians indicated it was important to learn to adjust to a work environment in which they may not know what will happen next, which indicates psychiatric technicians must be prepared for challenging circumstances that can arise at any time. Nevertheless, technicians stated that it was critical to have suicide prevention training, as well as education in matters of severe mental health illness, and participants emphasized the urgency to stay in control of their emotions.

Setting

Participants were interviewed via Zoom meetings. The interviews were scheduled to accommodate the availability of the participants. Participants' schedules were

considered while setting up the interview times. A voice recorder was used to record the interviews. The recorder was set up 10 minutes in advance of the interview. The Zoom platform worked well for conducting the interview although at times it was necessary to repeat the question for a participant. This occurred only a few times and did not significantly interfere with the interviews. One participant and I were disconnected for an unknown reason. The Zoom conference was easily reconnected, and the interview was completed.

For each scheduled interview, I requested that participants prepare to have a private quiet space to meet via Zoom. The provision and necessity of confidentiality was explained to the participants as a means of clarity for my request. I was also in a quiet space where there were no interruptions. At times, undefinable noise could be heard in some of the participants' backgrounds, but this did not cause notable issues for completing the interviews. Each interview was completed successfully.

Demographics

The sample that participated in this study was eight psychiatric technicians working in mental health roles. The participants were all over 18 years old per the requirement for participation in the study. The participants were employed as either a mental health technician or a behavioral health technician. Each participant met the required criteria for having been employed in their work role for at least 6 months and was required to perform suicide prevention measures with psychiatric patients. Except for one participant, the participants had received suicide prevention training. The demographic information of the participants is presented in Table 1.

Table 1

Participant Demographics

Participant	Age	Sex	Education	Amount of training	Title
P1	18–24	F	Master	6 months	MHT
P2	18–24	F	High school	1 year	MHT
P3	25–34	M	High school	1 year	MHT
P4	25–34	M	Master	2 weeks	BHT
P5	25–34	F	Bachelor	None	BHT
P6	18–24	F	Bachelor	1 year	MHT
P7	25–34	M	High school	6 months	BHT
P8	18–24	F	High school	6 months	BHT

Note. SP = Suicide prevention; MHT = Mental health technician; BHT = Behavioral health technician

Data Collection

Data for the study were gathered using semi structured interviews conducted through Zoom and a questionnaire I created. The participants were psychiatric technicians who were invited to talk candidly about their experiences caring for suicidal patients with emphasis on job stress, self-efficacy, and suicide prevention training. The concept of self-efficacy was discussed using the term *confidence* for the participants' ease of comprehension. Participants were asked to further clarify their meanings for responses that were unclear. Appendix B contains the survey questions used to collect participants' accounts of their experiences.

The interviews were performed entirely with open-ended questions. Participants were encouraged to go into as much depth and information as they were comfortable sharing regarding their experiences with suicide prevention techniques with their patients. A voice recorder was used to capture the interviews entirely in audio form. All participants provided written informed consent before participating in the interviews,

which were performed in one-on-one sessions over the course of 1 week. When gathering this information, no surprises or deviations were encountered. Any thoughts on the research that came up during or after the interviews with the participants were written down.

Data Analysis

After data collection was completed, a professional transcriptionist (Rev) transcribed the interviews under a nondisclosure agreement. This process required turning audio recordings into text, marking them with participant numbers, adding timestamps, and reviewing the content for clarity and correctness. Qualitative transcribing improves study reliability and is commonly used by researchers (McMullin, 2021). Transcription, coding, and theme analysis facilitated the analysis of the study's data. Before analysis, transcribed material had to be categorized and cleaned up in which notes, materials, and transcripts were arranged chronologically. The transcriptions were parsed into relevant pieces. After reading the data many times, I created notes on the observations, questions, and theories, highlighting portions allowed for conclusions and labeling.

I completed the data analysis for the study by transcription coding. The transcripts were coded in batches of three, following the interview order, to analyze and modify the data when patterns developed. Coding is finding a term or phrase that captures the core of a cohesive piece of empirical data, a word, paragraph, or page (Linneberg & Korsgaard, 2019). The narratives and interactions were coded to understand them.

Extensive quotes from interviews were summarized into single words or phrases as an initial coding step. NVivo 10 was used to code the qualitative data. NVivo, a coding software tool, simplifies complicated text analysis of large quantities (Nowell et al., 2017). Open coding was used to help understand the participants' meanings and analyze their experiences. Grounded theory underpins open, selective, and theoretical coding for qualitative story analysis, connection, and meaning (Tarozzi, 2020). I used each coding method to investigate data and to find common themes.

Open Coding

Open coding was applied to the study by first by reading the transcribed data, breaking it into chunks, and labeling those pieces of text with codes; these labels or codes were used to make comparisons and detect differences in like experiences reported by the participants (see Li & Zhang, 2022). Each section of data, such as quotes, was classified based on the assigned code. Each bit of the data was analyzed to ensure that all pieces are alike within the same category.

Open coding refers to the first phase of coding in which a researcher identifies divergent perceptions and themes and places them into categories (Williams & Moser, 2019). Open coding aims to provide a preliminary description of the picture contained in the data (Bennett et al., 2019). In qualitative data analysis, initial or open coding fundamentally reflects the concepts of participants' answers to an interviewer's questions (Richards & Hemphill, 2018) and is performed in an unrestricted, line-by-line fashion (Chen et al., 2018). Sigauke and Swansi (2020) suggested that open coding is simplistic and precise, providing a clear path to connecting narratives and creating themes. The

method of coding enables a researcher to visualize the direction of a study, enabling them to be more selective and conceptually concentrated on a specific social ill (Glaser, 2016).

Selective Coding

In this phase of coding, all the categories were connected to a core category from which a theory was developed. Any new categories that developed from other categories and codes were noted during this process. Also, codes or categories were eliminated that did not produce adequate supportive data. Blair (2015) explained that categories are arranged around a primary explanatory notion during selective coding. Selective coding is used to identify core codes that surface during open coding (Parameswaran et al., 2020). In selective coding, a researcher establishes conceptual connections between every category and the main category as well as the other categories to create the grounded theory (Reiger, 2019). Here, the theory developing from the data is integrated and refined as categories are formed based on their dimensions, properties, and associations (Qureshi & Ünlü, 2020). Coding at this stage determines the significance of the data for analytic purposes (Chen et al., 2018).

Theoretical Coding

Theoretical coding occurred by sifting and organizing the codes to hypothesize a theoretical framework. Here, the codes and categories were structured to define a theory. The process of using theoretical codes to guess how the fundamental codes might connect as hypotheses to be incorporated into a theory is known as theoretical coding (Birks et al., 2019). Theoretical codes are integrative at the conceptual level and work to piece together the disjointed story once more (Chun Tie et al., 2019). As interconnected

multivariate assumptions will be accounted for to address the primary concern, theoretical codes implicitly picture how the substantive codes will relate (Thornberg & Charmaz, 2014). Belgrave and Seide (2019) stressed that theoretical codes appear from the data and should not be predetermined. By continuously comparing incidences (indicators) in the data to elicit the characteristics and dimensions of each category, theoretical saturation is attained (Foley et al., 2021).

Thematic Analysis

Analytical memos were used to aid in conducting thematic analysis. Here, any questions or ideas that arose were noted during analysis of the data. I used these notes as critical reflections that could be coded. Lester et al. (2020) suggested it can be beneficial to create memos that detail early thoughts regarding the data and any forthcoming interpretations as these notes can pinpoint significant analytic indications and identify any biases. I developed themes by analysis of coded text to detect similarities in participants' experiences. The data were separated and arranged to identify parallel narratives and relationships. Emergent themes were detected by highlighting and noting recurring opinions, beliefs, and languages. Thematic analysis permits the identification of meaning that repeats throughout the data (Neuendorf, 2018). The themes that emerged from the data were used to reach conclusions for answering the research questions. The themes were then presented coherently to inform the intended audience and address the problem statement and research questions. The specific categories that emerged from the data were (a) confidence, (b) stress, and (c) instruction. These categories yielded five

primary codes: (a) vulnerability, (b) unpreparedness, (c) teamwork, (d) service, and (e) personal. The central codes each generated various subcodes.

Evidence of Trustworthiness

Credibility

The concept of credibility in qualitative research refers to the degree to which the research results and conclusions may be considered as credible, or, to put it another way, the veracity of the findings and the degree to which they accurately reflect the phenomena under study (Nassaji, 2020). Candela (2018) stated that a thorough explanation of the data analysis and confirmation of the sources of the data with the individuals from whom the data were acquired can increase credibility. While analyzing and interpreting the data, member checks are done to prevent inquirer obliteration and bias (Anney, 2014; Nassaji, 2020). By email, the participants were asked to review the interview transcriptions, confirm their accuracy, and deliver their feedback. Some members declined to respond; members who confirmed the accuracy of their interviews were thanked for their feedback.

Introspective reflexivity reflects understanding how one's own experience location may affect the selection of subjects, methods, and themes and requires self-awareness on the part of the researcher (May & Perry, 2014; Patanick, 2013). The key to being reflective is to balance one's knowledge of oneself while avoiding being self-focused which is more about being careful about our positions and identities as researchers and the theoretical predispositions that may be influencing our study (Engward & Davis, 2015). Analytical memos give the researcher a way to write down

their ideas as they come to them and then code them as new data for the study. Analytical memos were used to trace thoughts and determinations during the coding process to be aware of perceptions about the participants and what they shared.

To further develop the credibility of the study, triangulation, more specifically, methodological triangulation was used. The process of triangulation requires using numerous and distinct procedures, researchers, sources, and hypotheses to gather validated evidence (Anney, 2014). When triangulation is used in a qualitative study, codes, themes, and general analyses can be more convincingly supported by a convergence of coherence from several sources, boosting the study's credibility (Rose & Johnson, 2020). Several, varied data sources and a theoretical framework were used in this study.

Transferability

Transferability is defined as the extent to which findings from qualitative research may be applied to other situations or settings with different respondents and is validated when the researcher provides rich detail of the data (Korstjens & Moser, 2018; Nassaji, 2020). The idea behind thick description is to provide readers with words that are so full of specifics that the event or item being described becomes tangible and variation in participant selection (Anney, 2014). Deep and rich descriptions, which employ powerful descriptive language to give adequate contextual information, allow the reader to judge the veracity and transferability of the material (Johnson et al., 2020). Rich description is a component of this study as a method for establishing transferability. Also, varied

participants were used in the study; males and females of varying ages, and both psychiatric technicians who had and had not received suicide prevention training.

Dependability

Dependability considers the soundness of the qualitative data collection procedure (Nassaji, 2020). Employing triangulation and audit trails strengthens qualitative dependability. In a research study, triangulation combines hypotheses, procedures, or observers (Johnson et al., 2020). As stated earlier, triangulation was used in the study by providing a range of data finds and a viable theory.

Audit trails are useful for establishing dependability of a qualitative research study. Activities and memos related to data collection along with notes and study materials were logged. In qualitative research, an audit trail is a record of how a study was conducted and how conclusions were made by researchers (Anney, 2014; Carcary, 2020). Audit trails pertain to clearly outlining the procedures performed in a research endeavor from the planning stages to the production and reporting (Johnson et al., 2020).

Confirmability

Confirmability in qualitative research is the process of verifying the reasonableness of the researcher's interpretations and findings (Aguboshim, 2021). The confirmability of the study was improved by member checking as some of the participants verified the correctness of the interview transcripts. Here, confirmability is limited without approval of the transcripts by all eight participants. Research reflexivity also served to increase confirmability. The course of this study included the researcher's reflection of any personal or professional influence on the research process.

Results

Main Theme 1: Vulnerability

All the participants found their self-efficacy to be exposed to and influenced by various factors in the work environment. The technicians reported that the most pressing determinant of self-efficacy is skill for patient management. Some technicians stated that they experienced dread concerning entering the field of mental health and working with intimidating male patients. There is a change in self-efficacy over time and self-efficacy may increase or decrease. How much self-efficacy that a technician had was associated with previous instruction and length of experience.

The technicians experienced fear in relation to patient characteristics and presentation. Entering the field of mental health incited apprehension and personal concern that affected self-efficacy. Self-efficacy was also described as fluctuating over time as some technicians reported increased self-efficacy since starting in the field, decreased self-efficacy due to working daily with severely ill patients, and experiencing varying highs and lows of self-efficacy during their career. Increased self-efficacy was reported by some technicians as being due to getting used to working with mental health patients and developing greater skill for engaging with these patients. Decreased self-efficacy was found for some to occur when the technician poorly managed daily encounters in which patients were contemplating suicide. However, they highlighted that self-efficacy would likely stabilize over time with extensive and ongoing education and training for how to talk down a suicidal patient in varying contexts.

Some participants reported experiencing apprehension in the form of low self-efficacy despite training due to fear associated with knowing what they were getting into. Low self-efficacy was most often related to managing severe patients and actual suicide attempts. The technicians also stressed that daily occurrences of suicidal ideation adversely affected their levels of self-efficacy. The task at hand when encountering suicidal patients was found to have influence on experiences of self-efficacy. Talking down a suicidal patient was the most frequently reported task to upset self-efficacy. To have solid and effective communication skills for persuading a suicidal patient to live was highly regarded as a coveted ability among all the technicians.

Stress was reported to be detrimental to self-efficacy. The technicians regarded inability to effectively communicate with a suicidal patient as jeopardizing aiding an at-risk patient. It was reported that stress stemmed from various sources that must be properly and readily managed. There are negative effects of low self-efficacy for psychiatric technicians. They reported occupational deficits due to feelings of inadequacy in their roles. Emotional exhaustion and discomfort in the work engagement were named as consequences of compromised self-efficacy. Threats to self-perceptions of work ability were reported by most of the technicians.

Patient recovery was critical to the attainment of self-efficacy for the technicians. To witness a patient get better was imperative to feelings of optimal job performance. All the technicians reported personal satisfaction from the experience of helping a patient improve and exercising their passion and desire to help mentally ill persons was regarded

as a coveted experience. For most of the technicians, suicide prevention training played an important role in the development of self-efficacy in intervening with suicidal patients.

The technicians found that perseverance in the face of waning self-efficacy to be beneficial. To demonstrate resilience meant to place oneself in a more advantageous and stable position to aid patients in crisis. They knew that they had to determine within themselves to overcome their own issues to assist patients in managing their problems. The value of helping their patients through giving their best served as the primary motivator to persist regardless of self-perceived discrepancies in capability.

The technicians reported that their employers could make improvements to their work environment to support their self-efficacy in working with their patients. The work environment was influential to their experiences of confidence. They shared the significance of support and professional leadership in their role. Having an appropriate number of workers to handle the patients was regarded as needed.

The technicians said that the work environment needs to be a supportive one for their self-efficacy to flourish. They reported that reprieve is necessary to stave off burnout. The technicians reported a desire to have the backing of their peers as well as their superiors. Hearing sentiments of a job well done by colleagues was also important.

Being responsible for at-risk patients was a team effort for the technicians and having enough staff to appropriately meet the needs of the patients was viewed as essential to the work environment. The technicians expressed that plentiful workers would decrease their experiences of stress in their work. Some of the technicians expressed a desire to have additional professional staff in their work environment. It was

viewed as advantageous to have colleagues with and greater knowledge and experience available to assist with patients when needed. I found that the technicians preferred working with those who have mental health work credentials.

Table 2

Responses to Questions Related to Self-Efficacy

Participant	Response
Self-efficacy measured	
P4	I think 90% based on the fact that I did a couple of trainings for it
P7	I will say my confidence at first starting as a mental health practitioner, yeah, I faced a lot of challenges. If I want to rate it, I will say it's 85% because sometimes we fact a lot of stress while attending to these people, so I will say my confidence is good
Fear	
P3	He was male so it was scary
P7	My confidence, I would say, I was really scared because of the people that I was about to deal with, so it's a scary path to choose
Fluctuating self-efficacy	
P3	So at first I was scared, but as time goes on I just got used to them because I have been in contact with a lot of them.
P7	I will say my confidence in my job, it's changing from when I started at this point
P8	I would say my confidence wasn't really something I could be proud of, as a fresh person in disabilities, you end up having some difficulties
Not feeling confident	
P3	To be very honest, I would say I was scared. I was scared because of the kind of patient I'll be attending to, there are people that cannot be predicted
P4	Confidence is shaken in very severe cases of suicidal thoughts and several attempts where therapy and the rest of skill sets don't seem to work. So we have such cases sometimes with severe patients, and in that case, I think your confidence is not too high.
P5	Not feeling confident? Well, that could happen almost every day. Okay, so this patient was so emotional, could cry every time, try to console, but it seemed so hard for me and I felt less confident in myself, like I couldn't do it well
Suicide prevention task	
P4	That child that they brought in, and even though the child was in denial that she didn't try to commit suicide, that it's kind of a misconception that she was just going through a rough patch, so there's a chance that I can talk her into not going through with that anymore.
P5	Trying to console, trying to be empathic with a patient, trying to maybe talk them out of their crying moment, their emotional moment can be stressful. I had a patient that I helped her come out of such thoughts, I actually talked her out of the act.
Self-efficacy affected by stress	
P1	You know you can't just handle them just like normal patients, and you know you can't tell someone with mental health issues to wait and you don't know what to tell the client
P2	That would involve patients' assessment and treatment. You know, it involves meeting with the patients and performing a psychiatric evaluation and assessment, and also getting to give them treatment. It's a whole lot of stress.
P4	I do not feel confident when I have to say to myself "how will I just attend to this patient? What will I do to make them open to me?"
Consequences of low self-efficacy	
P2	Your mind may be tired maybe you may lose confidence, so I was stressed and somehow lost my confidence since I did not know what to do.
P3	I don't know what to say to clients and I really couldn't cope with it
P8	I'm probably not giving my best to my patient and that upset me because I am supposed to be there for my patient. So once I'm unable to do what is expected of me, it goes a long way to make a whole day a worry for me

Table continues

Participant	Response
How high self-efficacy is gained	
P1	I am going to training to work strong to handle cases. My joy is seeing the client feel well so it helped my gain enough confidence to handle the mental health issues of patients.
P4	And I always want to help so I have that human compassion about people that are going through situations that might want them to commit suicide or have suicidal thoughts, confidence always increases with the number of successes. It makes me very happy to see a patient that is fully recovered.
P5	Because I believe they need help because I am passionate about my work and to help people get better, I think about the time I talked out a suicidal person, one of my patients.
Forging ahead	
P6	But then I just need to do what I had to do, you know you are on the patient to help people out to make them feel better, to make them a better person, it was worth it.
P7	It was very stressful but at that, we still bring the patient back to where we do our job, like day-to-day activities, and we try to attend to him. So you need to put your best, and since I have a passion for it, I try to put in my best for my best to bring a good outcome.
P8	I would say people with mental health challenges, they require a lot of help, just adapt with the normal routine, then I have do what I have to do.
Support of self-efficacy	
P1	I think given enough time to rest, I will give me enough confidence since I will wake up, work strong to handle the cases
P2	I got support from my coworker, that's how I was able to sail through
P4	We have a little bit of a group where we can come and talk about cases that are severe, that contains superior therapists only, so it's kind of like a peer group. And it does help, especially when you're feeling down, or when you're feeling less confident, or when you've probably lost a patient to suicide even after all your efforts. So it's suiting to have people to talk to about it
P5	That would be getting, receiving compassion from maybe coworkers or our leaders or something. Just someone to, maybe you can talk to a coworker, then could feel more confidence when I'm encouraged
P6	Encouragement. Encouraging me to move saying, "Wow, you did this." And I would feel a bit more confidence even more
Adequate staffing	
P3	I would say for now, I need a lot of faculties. I need a lot of hands too, because when we have a number of hands working, it makes the work easy, everything just falls around getting more staff
P8	Also a good number of workers colleague that have been scheduled daytime. Because most time, you need a good number of people to be able to administer, to attend to the patient. It depends on how critical this scenario is
Field experts	
P3	It's something I always look forward to. I have a senior colleague who is like a role model. So prior to that time, I've been informally exposed to those skills and other stuff. So I wouldn't really say it was really a smooth one, but from the knowledge I used to get from a senior colleague, it makes that experience a bit easy for me
P4	I would say more people, more therapists, people that are specialist skilled, or even destined to get attention of other people, to be able to put them actively into a conversation and try to think about the best things that can keep this conversation going. So that's one of the ways, we need people that are very talented and very skilled.
P7	I will say what my employer should do is to employ more mental-health practitioner which are more professional in doing this job, which could reduce our day-to-day activities in which we're doing. And these health professionals help us to tackle some situations we might be having

Major Theme 2: Unpreparedness

All participants reported experiences of job stress. They had days in which stress levels tested their self-efficacy, which is indigenous to the mental health care field. It was regarded as important to manage stress in the moment to perform at optimal levels and help struggling patients. To see a patient recover incited personal satisfaction for the technicians, which in turn was stress relieving. Thus, the technicians succeeded at navigating severe, stress-inducing circumstances. To accomplish this, having peer support was essential.

It was highlighted that the unforeseen nature of mental health patients' behaviors was distressing. Being on guard to manage impulsive patients was both necessary and challenging. The technicians reported experiencing work stress when coworkers were absent. When there were not enough staff present, the technicians felt ill-equipped to manage the patients. Coworker absences, regardless of the reason, were upsetting to the technicians' feelings of support and teamwork. Although they were team-oriented, standing for a missing coworker challenged them.

Another source of stress was becoming attached to a patient. Some technicians described feeling that they had gotten close to a patient which was strengthened by their contribution to the patient's recovery. Seeing patients cry and listening to them disclose reasons they did not want to go on living exacerbated emotional connection. Moreover, listening to emotional expressions and worrying about a patient evoked feelings in the technicians requiring them to keep their emotions under control. Consistent with the findings of the literature review on the difficulties of managing patient behavior, in

particular severe patient behavior, in the mental health field, the participants reported this task as the key source of work stress. The technicians also discussed calming a patient, managing varying mental health issues such as severe anxiety and psychosis, working with crying patients, and getting a patient to open to you as capabilities necessary for success in their role.

Despite their experiences with work-related stress, work as a psychiatric technician was found to be most rewarding when a patient's condition improved. As earlier noted, the technicians enjoyed seeing patients get well. It was important to experience patient improvements visibly and mentally. Additionally, the technician's involvement in the patient's recovery was especially gratifying. All the technicians conveyed satisfaction with feeling like they had realistically helped their patients.

Table 3.

Responses to Questions Related to Work Stress

Participant	Response
Unpredictability	
P1	Dealing with clients who have mental issues may be stressful because you may not know what may happen next. You may be sitting with the patient right now and in the next few seconds, the patient might start doing things. Some things are very common in the mental health clinics, so it's stressful because you don't know what may happen in the next minute
P4	You wonder," are they still having these thoughts? Are these suicidal thoughts wearing away? And is the person much better?" So all of those things could add to your stress
Understaffing	
P1	There is a time I had three clients who had mental issues. I had to attend them at once. They had come at the same time, so I had to help them. You have to know how to handle them. So it was getting stressful since I wanted to handle it, but I was all alone that day, no one to assist.
P3	And then where I was working, we had a colleague of mine who went for maternity leave. So when the patient was brought, I was not supposed to attend to the patient, but then since she wasn't around, I need to stand in for her, and it was quite stressful for me in that period. So it made me felt very uncomfortable at some point, but then I just need to do what I had to do
P8	My stressful day is when I have to do overtime. Most time, my shift to be what gives me more stress. Because most of the time I need to cover up five colleagues.
Getting attached	
P4	Well, sometimes you just seem to not get over the patient, and you can't transfer the case or whatever to another behavioral technician, because you're attached to this person. And it weighs you down because you constantly have to check up when this specific person. You go home and you're still thinking, "How is this person doing? And once you take your work-related stress home, it's a big deal
P7	Someone who was brought in who was mentally ill and it was very serious. And we at the office, we felt emotions. We were worried whether this situation could be solved
Patient behavior	
P2	I had this really terrible patient that was really tough for me. This is about the guy and he looked so scary, his situation was a bit worse
P6	Well, most times it is giving them their prescribed drugs, their prescribed medications. So to different patients it can be stressful. Because some of them would not want to take it. And persuading them to taking it could be stressful.
P7	I will say a workday stress in this job, which I'm doing. I will say it's a job whereby when you attend to someone who is mentally ill, you tend to, after you attend to him, you try to counsel the person. And sometimes some of these people who are ill, they have different ailments
Seeing a patient recover	
P1	I had a client for two days and the client started feeling well from the medication I had issued to him, my joy is seeing the client feeling well now that I had seen the client doing well
P3	So once I see my patient recover through my counseling and stuff. You understand once you've been able to achieve tasks and goals, automatically there's an inner happiness you get. It gives me a huge satisfaction.
P4	It's always very satisfying to see that it actually pays off, your hard work, your thinking, your processes, you are checking up and the rest of the stuff, it actually did pay off, so it's very rewarding, with every single patient you help to recover
Helping a patient recover	
P2	I helped this patient get better with himself because he was involved in a kind of accident. And he was the only survivor, so he got into depression and all of that. I helped this patient get better with himself, helped him do a lot of things, I felt really good about it.
P5	I had a patient that I helped her come out of such thoughts. Yes, I actually talked her out of the act and I felt good about it, really good. That's when I got some accolades from colleagues
P6	I've been able to talk a few patients out of their emotional and depressed moments and that felt so relieving to me.

Major Theme 3: Personal

All but one of the technicians had suicide prevention training prior to beginning their role. The technicians who had received training regarded it as beneficial and a useful tool for their personal work with their patients. Strong support was reported for the training they received, and no participants reported the training as being unhelpful. The technicians reported varying experiences of what their training was like. All technicians who had been trained voiced recommendations for improving suicide prevention training for psychiatric technicians.

The technicians reported having affective experiences during their suicide prevention training. They described feeling uneasy discussing the self-harming behaviors that can occur with at-risk mental health patients prior to working in the field. The technicians who received prior training found that formal instruction in addressing suicidal persons was helpful to self-efficacy in the moment of an encounter. Moreover, training for how to communicate with a suicidal patient was found to be particularly confidence boosting. The technicians shared what was particularly helpful about the suicide prevention training they received. They declared that training was helpful to their understanding about how to work with suicidal patients.

The technicians conveyed strong support for suicide prevention programs. They advocated for the learning they received that was helpful for working with mentally ill persons. All the technicians had recommendations to improve suicide prevention training. They suggested that training extend beyond solely occurring prior to beginning their first work but also for the duration of one’s career. More realistic training that includes

possible scenarios of what can occur in their daily work was also desired. One participant suggested that technicians be given prescribing permissions.

Table 4

Responses to Questions Related to Suicide Prevention Training

Participant	Response
Emotional	
P2	Well, sometimes it involved a lot of mixed feelings, emotional trauma. I got so emotional. I got so worked up
P6	The training was comprised of mixed feelings, kind of sometimes. Sometimes it was emotional moment when you know what you are into.
P7	I will say the training was not easier. Because when we want to talk about suicide here, it's trying to prevent those who are mentally heal. We try to restrain them from some things they do not want to do, which could lead to their deaths. Yeah, so I will say it was difficult.
Professional development	
P1	At first, I was scared about the training, getting used to dealing with mental issues. It's not an easy task, so I wasn't that confident enough. But as we were in the training, I had to gain confidence. So it helped me gain enough confidence to handle the mental health issues patients
P4	For me, it was kind of what I expected, because I already had intuition about what the whole process was going to be, you ask someone that is having suicidal thoughts. I did human psychology in university, and so I had in depth knowledge, and it was kind of cool, and have actual experts tell you about things you didn't know, and things you should know if you're going into a registered behavioral technician role
P8	I would say it's something I always look out for. I did pay attention to all the skills that was impactful to me. So I would say just because I expected those things because I had some tips for this time. So it was a smooth one for me
Assistance	
P1	The training about how to handle mental health patients was the most helpful part to me because at first, they never knew how to handle them.
P7	I see all these programs to be helpful for me. Yeah, because it's helped me to develop more passion in doing this, and to know what to do when I have a patient, how to handle that patient and how to make that patient recover quickly
P8	Some tips about self-defense, communication skills, because you need to watch for your terms of words when communicating with patients
Advocacy	
P1	The programs are quite okay and helpful because when a patient is brought to you, you know how to explain to her or him why she should not take suicide. After the training, you get enough times and ways to approach the patients.
P2	Basically it has to do with your mind, their emotions and the future destiny now. They all have destinies; they all have futures. And so many people, sometimes they look up to them, so we just help them to get better with their emotions. So those programs helped you get better to work with at-risk patients
P7	I will say my support has been beneficial. Because so far I have been doing this work, and so far, if I want to look at what you just say, I have not gotten any negative results from this. All my results have been positive
Expansion	
P1	I think having more training would help. Frequency.
P2	I think symposium and workshop and also being empathic with the patients would really help a lot
P3	I feel staff and other professionals in our field should be exposed to more training. More seminars. Mostly 'cause I believe learning a profession like this isa continual process. So I would say they should stop at nothing, but to make sure they develop themselves so they could deliver better services to patients.
P4	Well, I think they should take out the specialty thing, and you should be given a complete rule to be able to deal with suicidal patients. You should also be given other options like VR therapy, you should be given the room to prescribe certain drugs. There are severe cases where you need to put the patient to sleep so you can actually come back and you can have a conversation. So each of those things really matter.
P5	Creating more awareness. Making them know that they're worth more. Maybe talking, making a program for these societal pressures, and really tell them and let them know their worth, they're worth something more. People look up to them too.
P7	For this to be more not difficult for those who are not more professionals in this, they should employ those who are more professional. Those who have witnessed several situations about those who are mentally ill. And when we get this, they will try to give us some lectures on how to do this. Yeah, because that is the major reason. You need to know how to restrain those who are mentally ill, in terms not for them to either commit suicide, or misbehave, or do anything like maybe dangerous or isolated
P8	I would say I recommend therapies to develop skills. They need to study wide. They need to engage in a lot of research that will help us develop, update ourselves because after that, the world revolves so new things are coming up. So by still doing, I think it'll be a long way to ease our jobs

Summary

This chapter presents the findings of the analysis, establishes a link between them, and the research questions, and shows how well the analysis adheres to grounded theory methodology. The answer to research question one was that psychiatric technicians experience self-efficacy at varying levels. The technicians reported both high and low self-efficacy at differing stages of their employment as well as in differing circumstances. High self-efficacy was reported as occurring with organizational support and tangible patient recovery. The answer to research question two was that psychiatric technicians experienced daily work stress based on several environmental factors. Two primary themes related to work stress surfaced in the study, unpredictable patient behavior and staff shortages. The answer to research question three was that psychiatric technicians both benefit from and support suicide prevention training programs. Recurrent themes in the data associated with suicide prevention training were that no part of the training received by the technicians was considered unhelpful and the recommendation for more intensive and recurrent training.

The study involved eight semi structured participant interviews. The interview questions were formatted to understand psychiatric technicians' experiences of self-efficacy, job stress, and support for suicide prevention programs. All but one of the participants had completed suicide prevention training and all participants were currently required to perform suicide prevention training in their daily work.

NVivo 10 software was used in constant comparison analysis to find specific codes that emerged into groups from the open codes. The links between and within the

open and selected codes were uncovered using additional constant comparison analysis. The central themes found in this study that captured psychiatric technicians' experiences of self-efficacy, job stress, and support for suicide prevention programs in performing suicide prevention protocols with mental health patients were vulnerability, teamwork, unpreparedness, service, and personal. Chapter 5 provides an interpretation and conclusion of the findings in this chapter.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The aim of this study was to discover psychiatric technicians' experiences of self-efficacy, job stress, and support for suicide prevention programs in performing suicide prevention protocols with mental health patients. The findings of this study extend knowledge in the discipline of mental health by providing firsthand accounts from psychiatric technicians regarding their experiences of work stress, self-efficacy, and suicide prevention training. As discussed in Chapter 2, the existing research literature had not previously addressed these constructs for psychiatric technician populations. The findings of this study are applicable to the tenets of self-efficacy theory in the participants' descriptions of their self-efficacy, which were explained from their self-determined perceptions to perform the task of suicide prevention with their patients. Also, the findings related to work stress and support for suicide prevention training are in keeping with the ideologies of self-efficacy theory that suggest that people's self-efficacy in occupational contexts can be affected by organizational and environmental factors.

The findings revealed that participants experience instabilities in their levels of self-efficacy due to various factors, but they value helping their patients and largely support the suicide prevention training they received despite the stress of their work. Self-efficacy was described as fluctuating over time as some technicians reported increased self-efficacy since starting in the field, decreased self-efficacy due to working daily with severely ill patients, and experiencing varying highs and lows of self-efficacy during their career. All the technicians reported feelings of satisfaction after seeing a patient improve.

Participants expressed the rewards of witnessing patient recovery and possessing personal knowledge of their role in that recovery. The findings indicate that psychiatric technicians demonstrate resilience despite wavering self-efficacy in the face of daily work stress. Majorly, the technicians showed sound advocacy for the suicide prevention training they received from their employers.

Interpretation of Findings

A common perception among the participants was that entering the mental health field could be frightening and present challenges to self-efficacy. Relatedly, male patients who were described as having a scary appearance, insighted fear and decreased self-efficacy for some technicians. This finding was significant in that it suggests that anxiety for psychiatric technicians stems from both actual volatile patient behavior as well as the assumption of it. Decreased self-efficacy was found for some to occur when the technician poorly managed daily encounters in which patients were contemplating suicide. One technician stated that their self-efficacy was not something they could be proud of after having worked with suicidal patients for more than a year. Then, too, the task that the technicians were required to perform in the moment was significant to experiences of self-efficacy. For example, talking with a patient to persuade them not to harm themselves was discussed as especially difficult. Of interest here is that the ability to save a patient's life through communication was found to be a coveted skill for the technicians. However, participants suggested that the desire to assist their patients in addition to understanding patients' dire need for help overrode their fears. Moreover, the

technicians' accounts suggested that fear of failing the patient was greater than fear of assisting the patient.

Every technician expressed happiness after seeing a patient's recovery. Participants spoke passionately about the benefits of seeing patients heal and knowing firsthand how they contributed to their recovery. In fact, high levels of self-efficacy were reported for situations in which patients had beneficial recovery outcomes. Increased self-efficacy was reported by some technicians as being due to adjusting to working with mental health patients and developing greater skill for engaging with these patients. The technicians stressed the significance of overcoming fear of entering the field of mental health and working with particularly severe patients as determinants for achieving optimum levels of self-efficacy. These views arose primarily in relation to having a strong desire to help.

All the technicians experienced deficits in self-efficacy when staffing shortages occurred. The technicians found that lack of assistance from superiors and coworkers resulted in stress that negatively impacted self-efficacy. The technicians described instances in which a coworker was not present at work and multiple challenging situations had simultaneously occurred when they were working completely alone. One participant discussed a time when three patients experienced a mental health crisis that needed to be managed all at the same time. Moreover, staffing shortages were viewed as a primary source of stress and questionable self-efficacy.

Participants considered effective communication skills imperative when other skill sets did not seem to work. Some technicians noted the difficulty of getting patients

to take their medications. Having this skill was regarded as useful for calming patients before their condition escalated to suicidal thoughts or behaviors. Concerns were expressed about whether a patient would develop faith in the technician. Ostervang et al. (2022) found similar results as psychiatric nurses noted the value of forming trust with the patient to motivate the patient to do what is necessary to feel better.

The results showed that, despite fluctuating self-efficacy, psychiatric technicians exhibit tenacity. Participants felt that the longer they worked with their patients, the stronger their self-efficacy would become. One aspect that may have contributed to their experience is that psychiatric technicians spend more time with mental health patients than any other health care professional does. Additionally, the participants' consistent interactions with mental health patients may explain their experiences of fortitude. In the current study, psychiatric technicians were determined to successfully carry out their tasks for preventing suicide in their patients. Moreover, the lives of mental health patients were regarded as valuable and worth the effort to save them. To have had a connection with a patient, which in the current study was conveyed as distressing, meant an increase in the urgency to help the patient arrive at a stabilized mental capacity. Kim et al. (2020) discovered relatable findings in their study of nurses who engage in emotional distancing as a coping mechanism to combat emotional exhaustion.

The technicians viewed performing suicide prevention measures as necessary to aid patients in achieving mental wellness. To know that someone's life is in their hands was anxiety provoking, and therefore, the technicians felt apprehension. Participants felt nervous to be in this position and correlated this tension with their perceptions of self-

efficacy. Hagen et al. (2017) has described the dread experienced by mental health professionals working with patients at risk for suicide and these descriptions are reflective of the findings in the current study. However, the technicians conveyed the consensus that a technician must do what a technician must do to help a patient at risk of ending their life. Given the unique work pressures that professionals working in the mental health environment must deal with, resilience—or the capacity to recover from stress—is a crucial quality (Chang et al., 2019). The resilience displayed by the technicians may serve as a coping strategy to manage the apprehensions of their work. The technicians' accounts of self-efficacy reflected that self-efficacy for psychiatric technicians is vulnerable to internal and external environmental workplace factors but does not definitively disarm their ability to aid mental health patients in crisis.

The technicians shared what would be needed in their work environment to improve their self-efficacy. Primarily, support was highlighted as desired and necessary for the successful execution of their suicide-prevention duties. Some technicians valued hearing words of encouragement that bolstered their motivation. These technicians suggested that verbalized accolades from leaders and peers were contributory to feelings of teamwork and confidence in themselves and their ability to help their patients. Leader support was found to be positively correlated with employee self-efficacy in a study of transformational leadership (Sürücü et al., 2022). Support in the workplace is widely contextual. For those technicians who valued hearing motivating sentiments, this did not equate to asking for help but did reflect the necessity of a team-oriented work environment.

All the technicians communicated that plentiful staff to manage the patients was needed to boost their self-efficacy. They reported the hardships of working with patients when a coworker was out for the day. Having staff in abundance appeared to represent advocacy, balance, and trust for the technicians. Regardless of the reason for the absence of a coworker, short-staffed work shifts spelled a distressing work experience. Some technicians reported having decreased faith in their ability to assist patients in the absence of their coworkers. Largely, attempting to manage multiple suicidal patients and communicate will to live with them were daunting tasks for the technicians and threatened self-efficacy. Winter et al. (2020) points out that patient care and satisfaction is jeopardized by health care worker experiences of short staffing. The technicians' reports of their adverse experiences with team member absences indicate a relationship between their self-efficacy and the physical presence of their peers. Moreover, the presence of coworkers seemed to correlate to strength in numbers for the technicians. This could be interpreted as the need for psychiatric technicians to glean from the expertise and experiences of their peers to successfully aid patients who are simultaneously in crisis.

Many of the technicians stated that more field experts are needed in the work environment. Those who expressed this sentiment did so with no indication of feeling threatened by the advanced education credentialed staff. They regarded colleagues with extensive experience and expertise as support and a pool of knowledge that would increase their likelihood to be successful in their roles preventing suicide in psychiatric patients. It is worth noting that the technicians did not feel threatened by the advanced

education of their colleagues. The opportunity to lean on the education and training of field experts was highlighted as highly advantageous. Mann et al. (2021) emphasizes the specialized instruction received by therapists to detect and identify factors that point to suicidal ideation and the onset of self-harming behaviors in mental health patients. The technicians' desire for an increase in professionals staff reflects their interest in furthering their education and capabilities to viably assist the patients in their care. Moreover, their sentiments demonstrated the pliability of the psychiatric technician role.

The experience of work stress was unanimously reported for all the technicians. This finding is consistent with the findings of extensive research on workplace stress in the field of mental health. The unpredictable aspect of work with mental health patients was of concern for the technicians. Patients were described as having the potential to quickly shift from a calm demeanor to one of threat and unsafety. This description is parallel with literature that examines the impulsivity of patient violence in mental health care settings. The technicians shared their experiences of anxiety-producing situations in which patient behavior could not be foreseen or readily addressed effectively. These findings suggest the challenging and unstable nature of psychiatric technicians' work as well as perceptions of locus of control. According to Ward and Barry (2018), students recognized obstacles to pursuing a career in mental health nursing and anticipated feelings of dread and uncertainty when working in this field of health care. Moreover, the technicians communicated experiences of profound stress when their efforts to "talk a patient down" seemed to come to no avail.

As technicians, they found it beneficial when communicating with patients to convey the patients' worth in the world and in life. Being aware of their own emotional disparities was crucial to their ability to assist all patients effectively and unbiasedly. For most of the technicians, adapting to nature of the mental health work environment in which painful emotions are demonstrated daily was key to managing one's own affective state. They stressed the importance of maintaining appropriate boundaries with patients in the face of developing attachment. Seeing patients cry and listening to them disclose the reasons they did not want to go on living exacerbated technicians' emotional connection. Moreover, listening to emotional expression evoked feelings in the technicians requiring them to keep their emotions under control. In a study on countertransference and suicidal patients, Michaud et al. (2021) noted that patients who are suicidal present a significant challenge to health care providers since their desire to die contrasts sharply with the healing-perspectives of psychiatric workers and may as a result cause intense emotional reaction. One technician discussed the angst of worrying over a patient's wellbeing once the work shift has ended and the time to go home has come. Severe patient behavior in which a patient was inconsolable or refused to take medication significantly increased technician's anxiety concerning whether patient would recover. In contrast, the technicians regarded their work as positive and rewarding when experiencing the privilege of patient recovery. Seeing a patient digress in thoughts and actions of self-harming behavior was especially fulfilling. They described elation and personal gratification in playing a role in a patient's recuperation. Such reports point to indicators

that technicians who pursue the field of mental health do so to both offer and reap the rewarding experiences of mental wellness.

Previously received training was described as emotional for some technicians. These employees reported traumatic affective experiences due to talking about suicide and knowing that they would be addressing individuals with intentions to end their lives. Most of the technicians regarded their training as beneficial to their occupational development and felt that the provision of instruction by experts was assistive to them. This finding is parallel with the results of a study of primary care professionals who received suicide prevention training and reported increased self-efficacy post training (Solin et al., 2021). Primarily, they expressed that training was imperative prior to working with at-risk patients. No technicians reported that their training was unhelpful. This reflects that suicide-prevention training is viewed by psychiatric technicians as preferable and useful for their self-efficacy and readiness for the field.

Recommendations for the improvement of suicide prevention training were conveyed by each of the technicians. They stated that training needs to be continued beyond beginning work in the field and should be expanded to include more tangible training such as workshops, seminars, and role-play opportunities. Here, they communicated that such activities would permit exposure to the various situations that can occur with psychiatric patients prior to encountering these events in their work. Furthermore, the provision of more strategies for talking patients out of harming themselves was recommended. The promotion of awareness of the prevalence and severity of suicidal ideation, intent, and attempts among mental ill individuals was named

as a desired area of concentration for training. Finally, proven strategies for successful outcomes for both patients and mental health care workers should be implemented into suicide prevention training for psychiatric technicians. These recommendations reinforce the importance of psychiatric technicians' input on strategies to prevent suicide in mental health patients.

Limitations of the Study

A limitation in the study is that interviews were conducted with eight psychiatric technicians. The interviews yielded rich data; however, a larger pool of participants would be advantageous. Additionally, the study was limited in that the greater population of psychiatric technicians may not have been represented by the participant sample used in this study.

A second limitation is that member checking did not yield responses from all eight participants. The participants were contacted and requested to review the interview transcripts for accuracy and validating them as participants. The trustworthiness of qualitative research becomes more sound through participant validation (Anney, 2014; Carcary, 2020).

Recommendations

My study included interviews with 8 psychiatric technicians residing in Indiana and having 6 months or more of employment who perform suicide prevention with their patients. To replicate my study, future research could gather data on a larger pool of participants. Such a study may offer greater representation of the population psychiatric technicians. Future qualitative researchers could also study psychiatric technicians living

in others states or regions. This may offer varying findings from this present study that indicate the influence or contributions of locale or demographic factors for the self-efficacy experiences of psychiatric technicians. Another recommendation is that future research could replicate my study with newly employed psychiatric technicians. This research could illustrate how recent entry into the mental health field impacts self-efficacy and job stress for psychiatric technicians just beginning their work with suicidal patients (Bakker et al, 2020; Hung et al., 2014).

Future research could also address self-efficacy, job stress, and support for suicide prevention programs for psychiatric technicians in more specific contexts. A qualitative study could pose questions to psychiatric technicians regarding their experiences with ensuring patients have no access to lethal means or recognizing the signs of suicidality. These discoveries could supplement the findings of the present research that point to task-specific self-efficacy and work-related stress for psychiatric technicians such as talking down a suicidal patient. Finally, future research could emphasize the impact of events that may affect self-efficacy and job stress for psychiatric technicians in performing suicide prevention such as a global health crisis (Rapisarda et al.,2020; Sun et al., 2021).

Implications

This research study investigated the self-perceptions of psychiatric technicians regarding their self-efficacy in preventing suicide in mental health patients and poses a potential positive social impact. The mental health care industry is socially beneficial for individuals, organizations, and society at large. A great number of individuals have

crossed paths with an area of the mental health arena at some point in their lives. This research may have implications for individual mental health treatment as it has surfaced as a crisis for individuals in the wake of alarming events such as the Covid-19 pandemic. A focus on this field suggests that mental health care work and those who perform in these roles have significance for social scientific interests.

This study has potential to valuably inform those who make pertinent decisions in the psychiatric industry in two distinct ways. Firstly, this study will offer insight into psychiatric technicians' self-efficacy in preventing suicide in mental health patients. Such research is beneficial for individuals working in the industry to understand how they may or may not experience high levels of self-efficacy in performing this vital task. This discovery is important as these employees are also decision-makers and determine whether they seek re-employment in this industry or choose another line of work. Additionally, low self-efficacy in the mental health care industry may heighten notions to abandon this type of work for vocations with less to no exposure to such circumstances.

Secondly, uncovering how psychiatric technicians individually view suicide prevention training provided by their organizations can provide rich information as to whether these employees feel that they possess the mental strength to successfully save lives in their daily work. The sustained work of psychiatric technicians spell benefits for the larger societal community. There are several ways in which organizations can encourage high self-efficacy for psychiatric technicians required to perform suicide prevention methods. One recommendation is that organizational members in leadership can listen to and promptly address the concerns of these employees regarding saving the

lives of patients who are intent on ending their lives. The perception that they are going unheard can adversely affect employees' well-being and subsequently, their work performance (Jonsdottir & Fridriksdottir, 2020).

Setting real-world metrics for suicide prevention training and the inclusion of practice or role-playing scenarios may provide more hands-on and authentic preparation for psychiatric technicians to become more confident in preventing suicide in psychiatric patients. Atuel and Kintzle (2021) found that role-play as a component of training to enhance the clinical skills of mental health care workers increased their self-efficacy in performing their duties including addressing and managing suicidal behaviors in patients. Psychiatric technicians should also experience acknowledgment and recognition for their contributions to the mental health field. Finally, organizations would do well to promote an inclusive work environment that identifies psychiatric technicians as an essential part of the mental health care team. Such strategies could result in positive change for societal mindsets toward the competence and influence of these workers.

Conclusions

The findings of the current study emphasize the executing suicide prevention measures with at risk patients is stressful, rewarding, and influential on the self-efficacy of psychiatric technicians. Also, suicide prevention training is necessary for, beneficial to, and supported by these workers. The provision of training by field experts and opportunities for professional development may explain this positive finding. Psychiatric technicians view their work as rewarding when they experience witnessing patient recovery and have personal involvement in their improvement. Discovering the degree to

which psychiatric technicians deem themselves high in self-efficacy in suicide prevention practice is essential to improving and solidifying their expertise in this role and establishing them as competent stewards in the mental health care workforce. To secure this population of essential workers, it is important to foster their self-efficacy through support, teamwork, and recognition.

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Appendix A: Recruitment Post

Doctoral student seeks Indiana psychiatric technicians, mental health technicians, and behavior health technicians to participate in a research study on job stress and self-efficacy (confidence) in addressing patients at risk for suicidal behavior. Participants must be 18 years old or older and have been or are currently required to perform suicide prevention with patients. Participation will involve being interviewed for 30-40 minutes. Participants will be compensated with a $15 gift card for their participation.

If interested in participating, please email chestena.roberts@waldenu.edu stating your interest. Thank you.

Appendix B: Prescreening Questionnaire

What is your age?

- 18-24
- 25-34
- 35-44
- Over 50
- Prefer not to say

What is your current title?

- Psychiatric Technician
- Mental Health Technician
- Behavioral Health Technician
- Other: _____

How long have you worked in your position?

- 5 months or less
- 6 months or more

Have you ever received suicide prevention training?

- Yes
- No

Are you now or have you ever been required to perform suicide prevention with patients?

- Yes
- No

Are you comfortable discussing your experiences in working with suicidal patients?

- Yes
- No

Appendix C: Non-disclosure Agreement

This CLIENT NON-DISCLOSURE AGREEMENT, effective as of Jan 1, 2023 (this "Agreement") is entered into by Rev.com, Inc., a Delaware corporation with offices at 1717 W. 6th Street, Suite 301 , Austin, TX 78703 ("Rev") and Customer identified below ("Customer", "Client") is made to set forth Rev's agreement with respect to certain proprietary information being provided to Rev.com and/or Temi.com by the undersigned Client for the purpose of performing transcription, captioning and other document related services (the "Rev Services"). In consideration for the mutual agreements contained herein and the other provisions of this Agreement, the parties hereto agree as follows:

1. Scope of Confidential Information

1.1. "Confidential Information" means, subject to the exceptions set forth in Section 1.2 hereof, any documents, text or other files supplied by Client to Rev for the purpose of performing the Rev Services.

1.2. Confidential Information does not include information that: (i) was available to Rev prior to disclosure of such information by Client and free of any confidentiality obligation in favor of Client known to Rev at the time of disclosure; (ii) is made available to Rev from a third party not known by Rev at the time of such availability to be subject to a confidentiality obligation in favor of Client; (iii) is made available to third parties by Client without restriction on the disclosure of such information; (iv) is or becomes available to the public other than as a result of disclosure by Rev prohibited by this Agreement; or (v) is developed independently by Rev or Rev's directors, officers, members, partners, employees, consultants, contractors, agents, representatives or affiliated entities (collectively, "Associated Persons").

2. Use and Disclosure of Confidential Information

2.1. Rev will keep secret and will not disclose to anyone any of the Confidential Information, other than furnishing the Confidential Information to Associated Persons; provided that such Associated Persons are bound by agreements respecting confidential information. Rev will use reasonable care and adequate measures to protect the security of the Confidential Information and to attempt to prevent any Confidential Information from being disclosed or otherwise made available to unauthorized persons or used in violation of the foregoing.

2.2. Notwithstanding anything to the contrary herein, Rev is free to make, and this Agreement does not restrict, disclosure of any Confidential Information in a judicial, legislative or administrative investigation or proceeding or to a government or other regulatory agency; provided that, if permitted by law, Rev provides to Client prior notice of the intended.
disclosure and permits Client to intervene therein to protect its interests in the Confidential Information and cooperate and assist Client in seeking to obtain such protection.

(a) 3. Certain Rights and Limitations

3.1. All Confidential Information will remain the property of Client.

3.2. This Agreement imposes no obligations on either party to purchase, sell, license, transfer or otherwise transact in any products, services or technology.

3.3. This Agreement is subject to the limitations of liability agreed to in Rev's Terms of Service, found at https://www.rev.com/legal/terms ("Terms of Service").

(b) 4. Termination

4.1. Upon Client's written request, Rev agrees to use good faith efforts to destroy and, if requested, to certify the destruction of all Confidential Information; provided that Rev may retain a summary description of Confidential Information for archival purposes.

4.2. The rights and obligations of the parties hereto contained in Sections 2 (Use and Disclosure of Confidential Information) (subject to Section 2.1 3 (Certain Rights and Limitations), 4 (Termination), and 5 (Miscellaneous) will survive the return of any tangible embodiments of Confidential Information and any termination of this Agreement.

(c) 5. Miscellaneous

5.1. This Agreement will be governed by and construed in accordance with the laws of the State of Texas governing such agreements, without regard to conflicts-of-law principles. The sole and exclusive jurisdiction and venue for any litigation arising out of this Agreement shall be an appropriate federal or state court located in Travis County, Texas and the parties agree not to raise, and waive, any objections or defenses based upon venue or forum non conveniens.

This Agreement (together with the Terms of Service and any other agreement for the Rev Services) contains the complete and exclusive agreement of the parties with respect to the subject matter hereof and supersedes all prior agreements and understandings with respect thereto, whether written or oral, expressed, or implied. If any provision of this Agreement is held invalid, illegal, or unenforceable by a court of competent jurisdiction, such will not affect any other provision of this Agreement, which will remain in full force and effect. No amendment or alteration of the terms of this Agreement will be effective unless made in writing and executed by both parties hereto. A failure or delay in exercising any right in respect to this Agreement will not be presumed to operate as a waiver, and a single or partial exercise of any right will not be presumed to preclude any subsequent or further exercise of that right or the exercise of any other right. Any modification or waiver of any provision of this Agreement will not be effective unless made in writing. Any such waiver will be effective only in the specific instance and for the purpose given.

Appendix D: Interview Questions

1. When you first started this work, what was your confidence like?
2. What is your confidence like now?
3. Tell me about a time you felt confident about performing suicide prevention with a patient.
4. Tell me about a time you did not feel confident.
5. What would need to be in place in your work environment to help you feel more confident?
6. In working with mental health patients, what does a stressful day look like?
7. What part of your work do you find most stressful.
8. Describe a time when your confidence in your work was affected by stress.
9. Describe a time when you found your work to be rewarding?
10. What was suicide prevention training like for you?
11. What was helpful?
12. What was not helpful?
13. Is there any support you wish you had?
14. Describe any support any support you have for suicide prevention programs?
15. What recommendations would you have for improving suicide prevention training in your workplace?