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Compassion Fatigue and Daily Spiritual Experience among Mental Health Male Technicians in Locked Facilities

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This is to certify that the doctoral dissertation by

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Walden University
2025

Abstract

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MS, Walden University, 2019

BS, Stillman College, 2015

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Developmental Psychology

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Abstract

Mental health provider's ongoing exposure to clients' traumatic experiences can cause increased compassion fatigue. Due to negative implications on mental health professionals' work and personal life experiences, researchers have increasingly studied burnout, compassion fatigue, and stress. The study included a qualitative design with a phenomenological approach using interpretative phenomenological analysis (IPA) to interview mental health providers across specialties and regulations to acquire understanding of professionals lived experiences of compassion within their personal lives, work lives, and spirituality. The purpose of this study was to explore the lived experiences of compassion fatigue in male mental health technician and how they use daily spirituality as coping mechanism. Lazarus and Folkman's Transactional Theory of Stress and Coping (TTSC) served as the theoretical framework for this study. The research showed that that male mental health technicians experience compassion fatigue. The research also showed that male mental health technicians utilize their spirituality to reduce compassion fatigue. Data was collected via ten semi structured interviews and analyzed through open coding. Challenging experience, workload wellbeing, trauma stigma, spirituality awareness, overall mental and emotional toll, suffered relationships, adapting and coping, burnout risk, supportive employer, and stress level of employment were the ten main themes among male mental health technician's experiences. Findings of this study provide insight for male mental health technicians and other mental health professionals to better support and improve future reports that will positively impact workplace wellbeing, incorporate staff trainings, and improve their quality of care.

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Dedication

This dissertation is dedicated to male mental health technicians working in mental health facilities. Thank you for your courage and valuable insight that have greatly contributed to a deeper understanding of the field and the vital role that you play in supporting mental health care. Your contributions are genuinely appreciated and will help inform future research and practice.

To my father, who has been my inspiration to further my education. The one who never got the opportunity to further his education but pushed for me to do my best. To the one who has made sacrifices, often silent and unseen but who has taught me the value of demanding work. Thank you for your unwavering love, your presence, and your guidance. This is for you!

To my late aunt, Flora Brown, who always encouraged and believed in my journey of pursuing my doctorate degree. Even though this journey felt overwhelming, your words echoed in my heart. Your faith in my potential has carried me through the toughest days. I hope I am making you proud, and I carry your spirit with me in every step forward. This dream is as much yours as it is mine.

Finally, I dedicate this dissertation to my child, Skylar Ramsey. Your love, laughter, and endless curiosity have been my greatest inspiration. This work is dedicated to you- may it remind you that with determination and heart, anything is possible. Always believe in your dreams.

Acknowledgments

I would like to take this time to express my deepest appreciation to my family for their outstanding support, consistent encouragement, and uplighting words throughout my educational journey. You believed in me and gave me strength to keep pushing forward. Your love has been my source of inspiration, and I am truly blessed to have you with me on this journey. Without you all, this journey would never have been possible. Thank you all so much!

I would also like to thank my committee chairperson, Dr. Jessica Millimen and committee member, Dr. Livia Gilstrap. Thank you for your continued guidance, encouragement, and support throughout this process and for sharing your time and knowledge with me.

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Chapter 1: Introduction to the Study

Working in the mental health field environment can be challenging. According to Lluch et al. (2022), due to various world events in the past few years, such as COVID-19 and the monkeypox outbreak, researchers and mental health professionals are more aware that treating individuals with mental health issues can have a negative effect on mental health professionals. Cocker and Joss (2016) identified compassion fatigue as a negative effect on professionals working in environments that involve traumatized patients.

This study explores male mental health technician experiences while working in mental health facilities as it pertains to compassion fatigue and their spirituality as a coping mechanism. In this chapter, I discuss the background, statement of problem, purpose of the study, research questions, theoretical framework, nature of the study, definitions, assumptions, scope and delimitations, limitations, and significance of the study. In this chapter, I discuss compassion fatigue, which is a negative effect that can be triggered by professionals helping clients, and burnout, which is the psychological and emotional exhaustion that causes symptoms of post-traumatic stress disorder. The purpose of this study was to learn more about how mental health professionals' experience deal with compassion fatigue and determine effective resources to help them cope while working in the mental health setting.

Background of the Study

According to Sabo (2011) compassion fatigue is known to result in psychological, biological, and social dysfunction. Compassion fatigue is a newly defined phenomenon, characterized by depressed mood, feelings of fatigue, disillusionment, and worthlessness,

related to the provision of care to people who have experienced a particular form of trauma or severe stress (Zeidner et al., 2013). Professionals such as physicians, nurses, psychiatrists, social workers, counselors, and mental health professionals can all be affected by compassion fatigue due to working with individuals who are or have been traumatized. According to Zeindner et al. (2013), 50% of mental health professionals working with these individuals are at high risk of compassion fatigue. The gap in the literature relates to the experiences of compassion fatigue in male mental health technician and how they use daily spirituality as a coping mechanism. Therefore, research articles on mental health professionals, specifically males in a locked mental health setting were examined by me to address compassion fatigue and their spirituality. The literature review also included studies on how spirituality plays a part in mental health professionals feeling of compassion fatigue among male professional technicians. Patel (2018) stated that turnover rates influence mental health professionals' quality of care. Retaining male mental health professionals may aid in increasing the use of mental health resources in the mental health field. If researchers are able to better understand the relationship between compassion fatigue and spirituality in male mental health professionals, researchers can develop strategies to decrease compassion fatigue.

Problem Statement

According to Patel (2018), compassion fatigue is a phenomenon that affects mental health providers and is associated with theoretical disorganization or disruptions, emotional depletion, impeded interpersonal performance, and conceptual problems. Sabo (2011) stated that these compassion fatigue experiences have been shown to take a toll on

mental health providers psychosocially, physically, and may negatively impact their overall wellbeing. Previous research regarding compassion fatigue has focused primarily on nurses, emergency personnel, and medical providers with less attention focused on mental health workers in the mental health field (Cocker et al., 2015). Cocker et al. (2015) stated that there are few studies that have examined the relationship between compassion fatigue, physical health, and lifestyle decisions in regard to lifestyles, and spirituality.

Due to lack of knowledge regarding compassion fatigue in the mental health field among males, I explored male mental health technicians' experiences and how these experiences impact them day to day. Cocker et al. (2015) and Sabo (2011) have addressed males in the mental health sector compassion fatigue, their spiritual beliefs, and how mental healthcare providers health can be affected. Compassion fatigue can cause breaches of ethical standards of professional care towards their clients at risk (Sabo, 2011). The research by Cocker et al. (2015) and Sabo (2011) has informed future policies and interventions that can be implemented within mental health settings. The research by Cocker et al. (2015) and Sabo (2011) also adds to the body of literature in addition to gaining understanding of personnel working within locked facilities in regard to compassion fatigue.

In this study, I used the phenomenological approach with interviews of male mental health professionals regarding their lived experiences within the mental health field. I explored the lived experiences of compassion fatigue in male mental health technician and how they use spirituality daily within locked facilities. The data gathered

from this study contributed to a prominent understanding of male mental health technicians in regard to their compassion fatigue, quality of life, and spirituality.

McGullan et al. (2018) stated that the phenomenological approach allows researchers to gain knowledge of an event, situation, or experience. Phenomenology is known to address structures of conscious experience as experienced from the first-person point of view, along with relevant conditions of the experience (Sloan & Bowe, 2014). According to Sloan and Bowe (2014), the goal of the phenomenological approach for researchers is to be able to describe or explain the nature of a particular phenomenon and it is generally conducted by using interviews, documents, observation, and art (Sloan & Bowe, 2014). Coleman (2019) referenced other studies who have applied the phenomenological approach to investigate mental health workers' experiences with burnout. Therefore, the phenomenological approach was the best approach to use for my research due to this approach being suitable to explore the lived experiences of male technicians in the mental health fields on compassion fatigue and spirituality.

Purpose of the Study

The purpose of this study was to explore the lived experiences of compassion fatigue in male mental health technician and how they use daily spirituality as coping mechanism. I examined male mental health technicians lived experiences with compassion fatigue and their spiritual belief as a coping mechanism.

To fill this gap, I used a qualitative approach with interpretative phenomenological analysis. I interviewed mental health male technician workers who

have experienced compassion fatigue that work in locked psychiatric facilities with mentally ill patients.

Research Questions

Research Question 1 (RQ1): What is the lived experience of mental health male technician workers in a mental health facility as it pertains to compassion fatigue?

Research Question 2 (RQ2): What is the lived experience of mental health male technician workers in a mental health facility as it pertains to their view of spirituality as a coping mechanism?

Theoretical Framework

The theoretical basis for this study was Lazarus and Folkman's theory of stress and coping (Biggs et al., 2017). According to Biggs et al. (2017), two dimensions characterize Lazarus and Folkman's theory of stress and coping such as: emotion and problem focused for this study. Each of these relates to identifying mental health worker's experience of stress and coping mechanisms upon imbalance and demands within a prison setting. These elements of the theoretical framework also guided mental health workers to dynamic models of stress, describe stress concepts of the two dimensions, and design effective interventional strategies.

Lazarus and Folkman's theory of stress and coping aligned with the research question and approach due to me researching the experience of mental health workers in a prison setting pertaining to stress and coping. The study identified mental health workers' job experience and how they are affected daily by working in a prison setting.

Nature of Study

The methodological framework within this qualitive study theory that were used is the phenomenological approach. The type of phenomenological analysis that I used was the interpretative phenomenological analysis (IPA). According to Sloan and Bowe (2014), the phenomenological approach is known to be an approach that explores individual's lived experience within a particular group, which helps with gaining understanding of the lived experiences of male mental health technicians and their experiences while working in a psychiatric locked setting. The goal of the phenomenological approach is for researchers to be able to describe or explain the nature of a particular phenomenon and it is generally conducted by using interviews, documents, observation, and art (Sloan & Bowe, 2014). McGullan et al. (2018) stated that the phenomenological approach allows researchers to gain knowledge of an event, situation, or experience. Phenomenology is known to address structures of conscious experience as experienced from the first-person point of view, along with relevant conditions of experience (Sloan & Bowe, 2014). According to Sloan and Bowe (2014), the goal of the phenomenology approach is for researchers to be able to describe or explain the nature of a particular phenomenon and it is generally conducted by using interviews, documents, observation, and art (Sloan & Bowe, 2014). Coleman (2019) stated that the phenomenological approach is used to investigate mental health workers experiences with burnout. Therefore, the phenomenological approach was the best approach to use for my research due to this approach being able to explore the lived experiences of male technicians in the mental health fields on compassion fatigue and spirituality.

Phenomenology was used by me to understand the human life experience rather than provide an underlying explanation of those experiences. According to Pietkieweica and Smith (2012) the phenomenological approach, as opposed to other analytic approaches, focuses on how individuals perceive and talk about objects and events, rather than describing phenomena according to a predetermined categorical system, conceptual and scientific criteria. The phenomenology approach allowed me to discover the phenomena and provide rich descriptions that aid understanding. The research also allowed me to gain more insight into male mental health technicians spirituality and their spiritual experiences that participants see as a potential protective mechanism against compassion fatigue. This provided me insights into how male mental health technicians can prevent and possibly reduce compassion fatigue. I used in-depth interviews that helped with elucidating the lived experience of the participants regarding the phenomenon of interest.

Definitions

Compassion Fatigue (CF): According to Patel (2018), compassion fatigue is a phenomenon that affects mental health providers across instruction and is associated with psychological disruptions, emotional exhaustion, impaired interpersonal functioning, and physiological problems.

Adams et al. (2006) defined compassion fatigue as “the formal caregiver’s reduced capacity or interest in being empathic or ‘bearing the suffering of clients’ and is the natural consequent behaviors and emotions resulting from knowing about a traumatizing event experienced or suffered by a person” (p. 103).

Burnout: Chronic stress that leads to physical and emotional exhaustion, cynicism, and detachment, and feeling of ineffectiveness and lack of accomplishment (Carter, 2013).

Spirituality: Seybold and Hill (2001) defined spirituality as a process of personal transformation within a personal belief of purpose and meaning. Spirituality is one of the most important dimensions in mental health recovery (Good, 2010).

Male mental health professionals: Male individuals who are certified through crisis prevention intervention (CPI) and cardiopulmonary resuscitation (CPR) to work as mental health technician workers in a mental health facility.

Locked facilities: A mental health psychiatric facility that is a sub-acute level of care that can provide treatment to severely ill mental health patients for a short or long period of time (Haglund, 2016).

Assumptions

I assumed that participants would report their symptoms of compassion fatigue, spirituality, and their quality of care. Participants may have been unaware of their symptoms or deny how they are genuinely feeling. According to Invicic and Motta (2017) there is vulnerability when using surveys asking participants about personal and professional information. This could have been an issue under the assumption of the participants' honesty and truthful responses.

Scope and Delimitations

Possible challenges that could have occurred would be not being able to do face-to-face interviews or being able to observe within the prison setting. Another challenge

could have been finding mental health workers that would be able to participate in the study due to working 8-to-12-hour shifts within prison setting. One barrier that could have occurred is participating in the study and working shifts causing increased burnout due to feeling overwhelmed. A previous barrier that has arisen within the United States is the pandemic that has taking place. In locked facilities in the past, it has been reported that many mental health workers, staff, and prisoners were being affected by COVID-19COVID-19. COVID-19 has not only affected facilities previously, but it has also caused strain within various establishments and within individuals' homes. Individuals were losing loved ones and individuals working in non-essential establishments are being laid off or furloughed. Due to this previous barrier, many workers had to work in harsh environments and also worry about their health. This has caused more stress and increasing burnout. Within the COVID-19 era, many of the interviewees were acting out of stress, becoming depressed, and some have even quit their jobs due to the fear of being infected with COVID-19. However, some workers have overlooked the previous pandemic and still continue working but deal with different emotions due to their day-to-day life being restricted to working more than 12 hours daily due to limited staff.

Limitations

One limitation of the study was the exclusion of women mental health professionals. When generalizing the literature of compassion fatigue and their spirituality, the research studies have extensively included both men and women. This study only included male mental health workers with all race and ethnicity backgrounds.

Significance of the Study

Mental health worker technicians are also known as psychiatric aides. In Alabama mental health facilities, mental health technicians are used to assist with patient assessments, monitor, and document patient's behaviors, escorting patients (maintain checks unless ordered to be on 5-minute checks), and identify patient's personal needs. They also often comfort and console Alabama facility residents and families, as the therapist and nurses spend less time with the residents and have more complex responsibilities. Even though psychiatrists, therapists, and nurses are more educated and complete complex tasks, mental health technicians are known to be vital when it comes to dealing with demanding situations. Due to the majority of care being provided by mental health technicians in mental health facilities, mental health technicians are being exposed to persistent illness, occupant suffering, and loss.

According to Patel (2018), due to chronic exposure to suffering and loss, mental health workers are at increased risk for compassion stress and can continue to experience compassion fatigue. With already significant Alabama mental health technician's shortage and the 18% to 42% turnover rate in some areas of the United States, Alabama mental health facilities and patients cannot afford to lose valuable employees (Crocker & Joss, 2016). However, there is little mention of mental health technicians, especially male mental health technicians. My intention for this study was to provide information and understanding in regard to the level of compassion fatigue among male mental health technicians working in Alabama mental health facilities. I have described male mental health technician's spiritual experience and the relationship between male technician's

daily spiritual experience and their compassion fatigue. With these findings, Alabama mental health facilities may be able to create the opportunity to examine their needs for mental health technicians and make appropriate changes or adjustments to support mental health technicians, especially males, and enhance the quality of care of mental health patients. According to Crocker and Joss (2016), men tend to internalize their emotions more than women. In this study, I contributed to the body of mental health knowledge in the areas of unlicensed mental health professionals, compassion fatigue, male mental health workers, spirituality, and the quality of mental health worker facility care working locked facilities.

According to Durbeej et al. (2015), mental health services were evaluated along with the outcomes of mental health worker's stress. According to Durbeej et al. (2015), mental health workers felt that mental health services were purposeful and beneficial when working with patients. Durbeej et al. (2015) reported that mental health professionals started to experience levels of failure whenever patients re-entered treatment for pre- existing issues. According to Durbeej et al. (2015), mental health professionals began to experience levels of burnout triggers such as feeling that their professional abilities are not enhanced enough to help patients and that their knowledge is not vast. Durbeej et al. (2015) also stated that some mental health professionals began to feel that the mental health profession was no longer a profession for them. This study adds to the body of mental health professions due to their experiences of working directly with patients and professionals experiencing secondary traumatic within the same patients over a period which leads them to become burned out.

Dodge et al. (2015) also used the phenomenological approach to reference early intervention to prevent adult psychopathology. Dodge et al. (2015) stated that considering that patients that are 25 years of age and younger have a more flexible thought process regarding their mental health issues, patients 25 years old or younger tend to be more open to feedback and utilizing coping skills from the mental health professionals. Dodge et al. (2015) reported that interventions caused 69% significance of participants in a control arm displayed at least one external, internal, and substance abuse psychiatric problem at the age of 25 years old. According to Dodge et al. (2015) the study suggests that out of the 59% of participants shows that mental health professionals' interventions show evidence of early psychosocial intervention being effective by preventing costly adult psychopathology and crime in a group of early conduct problems. Dodge et al. (2015) stated that the evidence shows the effectiveness of early intervention in preventing adult psychopathology among high risk early starting conduct problems with children. This lower recidivism rate in mental health patients, according to Dodge et al. (2015), can decrease the chances of psychopathology in the mental health worker. This study is helpful because it addresses mental health professionals working with certain age ranges of patients and how early intervention can be effective to avoid psychopatholgy.

Advance Knowledge

I have contributed to the body of literature by identifying the impact of compassion fatigue in the workplace as it pertains to male technicians' spirituality. There has been research in regard to compassion fatigue in the medical and mental health field that include majority women and in conclusion of research, it has been determined how

they are impacted. Although, none of the researchers have focused on male technicians lived experiences with compassion fatigue as it pertains to their spirituality. Gaining knowledge of their experience may help mitigate this problem of turnover in male mental health male providers and help the male population identify factors of compassion fatigue and how their spirituality may help them from day to day.

Significance to Practice

The significance of practice with male mental health technicians allowed researchers to gain knowledge of how working in locked mental health facilities effect their quality of life. For example, males are taught to be tough, not to show their true feelings and how they effected by their experiences (Singh et al., 2020). According to Singh et al. (2020), males choose not to discuss their issues, especially their mental health due to fear of judgement. Although women can also be considered to stay silent about their mental health issues, men may not consider completing services due to distrust or feeling conflicted with acknowledging their feelings.

Bell et al. (2019) stated that men and women working in mental health environments are exposed to traumatic events and may be at risk of burnout, compassion fatigue and reduced compassion satisfaction, yet these issues have not previously been examined in this group of male mental health professionals. It has been stated that in previous research, women have been known to be more susceptible to compassion fatigue then men (Gonzalez et al., 2019). Men and women tend to gain the feeling of numbness, irritability, anxiety, and other negative emotions and has been linked to misjudgments, error, and poor care planning in clinical and mental health settings (Bell et al., 2019).

Gonzalez et al. (2019) found that women were better able to use coping strategies to reduce compassion fatigue compared to men.

Significance of Social Change

Social change begins when male mental health technicians become more aware of self-practices and be more open to discussing their mental health. Also, by acknowledging risk of compassion fatigue and male technicians recognizing when their work is causing them distress. Social change would also include teaching specific coping skills to retain male mental health technicians. According to Wahab (2020) by learning about the experiences of males in the mental health field, this allows other males in the same field to be more open to getting the help they need. Singh et al. (2020) stated that by utilizing coping tools, it may increase compassion satisfaction. By reducing the stigma on how individual perceive males, this can increase male mental health professionals being okay with recognizing and receiving services needed to reduce compassion fatigue. Overall, the social change factor in researching the problem could create awareness among other male professionals. Also, social change can identify factors in maintaining self- care, reduce compassion fatigue, reduce stigma, and increase quality of care.

Summary and Transition

The problem of compassion fatigue among mental health technicians is relevant; however, previous research has not addressed this phenomenon among male mental health technicians as it pertains to their spirituality. The understanding the effects of male mental health professionals compassion fatigue could bring awareness to the need of men learning to cope with their mental health. By reducing the stigma experienced by men

and increasing mental health services, individuals in the mental health field may gain a better understanding of male mental health worker experiences. In Chapter 2, I discuss the history of compassion fatigue how it has afflicted helping male professionals and theoretical framework. Chapter 2 also includes a discussion of how male mental health professionals can experience compassion fatigue after traumatic experiences.

Chapter 2: Literature of Review

Introduction

According to Singh et al. (2020) psychosocial difficulty in mental healthcare has contributed to the evolution of compassion fatigue in mental health professionals. Compassion fatigue can be described as an occupational hazard specified to clinical work related to severe emotional distress (Singh et al., 2020). Compassion fatigue can have a negative impact on mental health professionals which can cause harm to client's quality of care and may result in exposure to traumatic experiences (Singh et al., 2020). Symptoms that can lead to compassion fatigue are numbing or avoidance, anxiety, re-experiencing, outburst of anger, anxiety, and hypervigilance (Singh et al, 2020). Through exposure to clients' reenactments and accounts of traumatic experiences, mental health professionals are then likely vulnerable to variety of these symptoms (Singh et al., 2020). In the literature of review, compassion fatigue was discussed within mental health professionals' gender and spirituality.

Compassion Fatigue

According to Rivera- Kloeppel and Mendenhall (2021), compassion fatigue was first coined by Carla Joinosn but then adopted by Charles Figley. Figley described the term compassion fatigue as a result of working with individuals who have experienced stressful events (Rivera- Kloeppel & Mendenhall, 2021). Compassion fatigue is referred to as a secondary trauma which essentially replicates symptoms of posttraumatic stress disorder (Singh et al., 2020). Cordaro et al. (2024) stated that compassion fatigue occurs by mental health professionals when supporting patients in distress which causes an

emotional toll. Singh et al. (2020) stated that work related mental health professional's caseloads have caused a significant amount of compassion fatigue symptoms but can also be impacted by their history of trauma, empathy, socio demographic factors, and trail-based mindfulness. When mental health workers experience compassion fatigue, it is harder for professionals to carry out their roles with empathy and compassion (Singh et al., 2020). Mental health workers who experience compassion fatigue may experience employment absenteeism, lower productivity at work, high turnover, and reduced employment satisfaction (Clark et al., 2022). Compassion fatigue applies to other specialties when helping others such as psychiatrists, doctors, nurses, lawyers, social workers, teachers, and other fields. Ethical and legal responsibilities are expected upon mental health professionals and professionals must acknowledge and follow the standards required. According to Almadani et al. (2022) mental health professionals struggle to recognize and address compassion fatigue due to their nature of work, admitting vulnerability, and fear of lack of supportive individuals. Other factors of mental health professional's experiences may be caused by bigger workloads, little to no resources, lack of compensation, criticism, and having imperfect work conditions (Almadani et al., 2022).

Mental Health Professionals' Gender

Women are usually more voluntarily willing to work in the mental health field. Rivera- Kloeppel and Mendenhall (2021) reports study found that women experience higher levels of compassion fatigue than men due to traditional roles that contribute to women feeling pressured to be compassionate and society placing increased expectations

on women. Rivera- Kloeppel and Mendenhall (2021) found gender to be significantly linked to compassion fatigue. As a result, studies showed that females are more likely than males to express compassion fatigue and use coping strategies to reduce compassion fatigue when working in poor conditions (Rivera- Kloeppel & Mendenhall, 2021). Rivera- Kloeppel and Mendenhall (2021) showed that other studies suggest no significant difference in gender as it pertains to compassion fatigue with mental health professionals. It has been unclear if there is a relationship between gender of male and female with mental health professionals as it results to compassion fatigue. According to Singh et al. (2023) mental health professionals research has been more focused on differences with cultural aspects and work setting environments. According to Staiger et al. (2020), males' masculine norms are attributed towards their feelings of compassion fatigue. Traditional masculine norms have been noted that man must be strong, self-reliant, in control, and capable which justifies males to avoid their emotions (Staiger et al., 2020). Feminism has been linked to the emotional experiences towards compassion fatigue (Gustafsson & Hemberg, 2022). There has been a mix of studies that show no difference in compassion fatigue as it pertains to gender. However, research continues to suggest that females are associated with higher levels of compassion fatigue (Gustafsson & Hemberg, 2022). Further research is needed due to the lack of consistency within the literature when it comes to differences in the female and male ratio in the field. Further research can be obtained in order to gain more understanding of compassion fatigue, gender, and spirituality within mental health professionals.

Spirituality

Unlugeduk and Akbas (2023) defined spirituality as an individual seeking a sense of connection within a personal belief of purpose and understanding. Previous research has shown that the use of spirituality in the mental health field has improved mental health and increased usefulness for coping with trauma (Unlugeduck & Akbas, 2023). The Joint Commission on Accreditation for Healthcare Organizations (JCAHO) and the Commission on Accreditation of Rehabilitation Facilities (CARF) have shifted the direction of spirituality's role for mental health workers as in making it the primary source for individuals in the mental health field to receive support and manage compassion fatigue symptoms. According to Hussein et al. (2021), JCAHO and CARF have designed a spiritual assessment that ensures that individuals' spiritual needs are accommodated within the mental health field. Due to their experience of secondary stress by working with clients, spirituality may be seen as a protective factor that mitigates them from experiencing compassion fatigue. One study found that mental health participants who participated in utilizing spirituality in a mental health environment were likely to reduce stress levels and compassion fatigue (Unlugeduk & Akbas, 2023). Another study outcome reports that mental health professionals who were not religious were open to discussing compassion fatigue rather than professionals actively participating in religion practices (Unlugeduk & Akbas, 2023). Further research with mental health professionals and spiritualty for understanding to understand how stress in the mental health field and compassion fatigue can be managed and how to reduce compassion field in the locked facilities.

Setting

According to Garnett (2023) mental healthcare professionals are particularly at risk of developing compassion fatigue due to the negative impact of experience on an individual and organizational level. There are many known mental health settings such as private practice, locked and unlocked behavioral health hospitals, universities, and community agencies. Wahab (2020) stated that inpatient psychiatric hospital units (locked or unlocked) are facilities structured to provide an intense level of supervision 24 hours a day and 7 days a week for persons deemed unsafe to themselves or others and are unable to reside in communities. Emotional exhaustion and tension can arise due to mental health professional working in vulnerable conditions (Missouridou et al., 2022). Missouridou et al. (2022) reported unlocked facilities being looked upon as a space that patients are trusted and that professionals feel safe for clients to be involved in therapeutic engagement. Locked facilities were assumed as being restraining for individuals who have a loss of control ad being restricted from social norms due to violence within their communities (Missouridou et al., 2022). Weber et al. (2021) stated that locked facilities protect both mental health professionals. Weber et al. (2021) also suggested locked facilities minimizing self-inflicted injuries and suicidality; customizing varies levels of safeguarding such as observation throughout the day and night; and addressing clients' needs directly with appropriate privacy, safety, and security.

According to Weber et al. (2021) unlocked facilities were designed for patients who are at lower risk and who are more stable. Weber et al. (2021) stated that patients in unlocked facilities are allowed more access within the facility and are not conserved.

Mental health professionals in unlocked facilities are less likely to be at risk due to patients being highly functioning but still needing intense treatment (Weber et al., 2021). Missourdou et al. (2022) reported that in modern mental health setting, unlocked facilities are less restrictive when patients are voluntarily willing to be treated versus patients who are involuntarily and not willing to give consent for treatment. Based on differences within locked and unlocked facilities, Missourdou et al. (2022) suggested that several facilities in the previous years have moved towards always locking facility doors due to prevent risk from mental health professionals and patients.

Literature Search Strategy

I accessed most of the peer-reviewed articles for this literature review through the Walden University online library. The databases that I used were: ProQuest, Google Scholar, PsycARTICLES, PsycINFO, PsycCRITIQUES, Google Scholar, Education Resources Information Center (ERIC), EBSCO HOST, Psychology: A SAGE Knowledge Full-Text Collection. I also accessed the National Institute of Health National Library of Medicine (NIH/NLM) online. The keywords I used for searching the literature included the following: *compassion fatigue, secondary trauma, stress, mental health, mental health workers, attitudes, technicians, crisis workers, burnout, empathy, occupational stress, locked and unlocked facilities, hospital setting, psychiatric, compassion satisfaction, spirituality, quality of life, work involvement, and traumatic stress.* While I focused on locating articles and journals that were published within the past 5 years, I occasionally searched for literature on compassion fatigue in articles that were published within the past twenty years, as they added historical viewpoints.

Theoretical Foundations

The theoretical basis of this study was Lazarus and Folkman's transactional theory of stress and coping (TTSC). TTSC was used to examine male mental health technicians in locked facilities perceptions of work-related stress and their interpersonal challenges. According to Sun et al. (2023), stress arises from interconnections with individuals and their surroundings rather than external occurrences. Based upon TTSC model and its framework, its theory is based on two coping strategies to alleviate distress such as: problem focused and emotion focused coping. Both relate to identifying mental health workers' experience of stress and coping mechanisms upon imbalance and demands within a prison setting. Each of these elements of theoretical framework will also guide mental health workers complex of the dynamic model of stress, describe stress concepts of the two dimensions, and design effective interventional strategies.

TTSC aligned with the research question and approach due to me researching the experience of mental health workers in a prison setting pertaining to stress and coping. Mental health technicians experience environmental stressors that lead to compassion fatigue that shape their responses and influence behavior which offers insight into how individuals may cope (Sun et al., 2023). Gustafsson and Hemberg (2022) state that ongoing exposure to stressful environments can lead to compassion fatigue which affects individuals' ability to have compassion and affect suffering patients. The study identified mental health workers employment experience and how they are affected day by day by working in a prison setting. The study also identified positive and negative outcomes and

how mental health workers' experiences trigger stress and how to cope with stressful situations.

Transactional Theory of Stress and Coping

TTSC was introduced by Lazarus and then refined by Lazarus and Folkman. According to Gustafsson and Hemberg (2022), Lazarus and Folkman proposed that stress transpire within relationships between individuals and their environment. The TTSC model was developed to help individuals understand how individuals recognize stressful experiences and how individuals cope and manage stressful situations (Gustafsson & Hemberg, 2022). According to Gustafsson and Hemberg (2022) the TTSC model aims to manage the issue causing distress and regulate reaction responses to the issue. Stress and coping responses may evolve over time as individuals evaluate their situations highlighting the vital essence of coping and well being (Gustafsson & Hemberg, 2022).

Transactions are appraised as intimidating or malice reactions that are involved (Gustafsson & Hemberg, 2022). Once a stressor is acknowledged, then the individuals tend to address the stressor through coping strategies within psychological responses (Gustafsson and Hemberg, 2022). One of the strategies categorized, emotion focused coping, changes the emotional response and reduce negative feelings resulting from a stressor (Gustafsson and Hemberg, 2022). The other strategy categorized is problem-focused coping strategies which aim towards changing the stressor. Both coping strategies rely on coping flexibility which promotes adjustments psychologically to stressful life changes and is crucial to those continuously exposed to stress. If the primary problem resumes to outcome in distress, then those experiences would be justified as

unresolved and result in further distress (Gustafsson & Hemberg, 2022). In conclusion, the individual may engage in reappraisal and may seek other options to resolve the stressor.

Transactional Theory of Stress and Coping and Job-Related Stress

In terms of job-related stress, TTSC can be used to examine the relationship between technicians and their work environment. Research focusing on compassion fatigue in male technicians are essential for mental health clinical implications, interventions, and exploring the effects of individuals stressful work conditions. TTSC examine male mental health technicians stress or compassion fatigue due to its premises that it is transactional, dynamic, involves an individualized situation process of experiencing stress, and considers the individuals environment. Various scholars have used the TTSC model to examine stress and coping. Kaveh et al. (2023) examined the effectiveness of managing stress with educational intervention programs as used by TTSC and conclude that TTSC was effective in reducing stress and improving coping stress. Deng et al. (2024) examined fear of missing out in workplace due to the influence on workplace relations and concluded, using TTSC, that coping strategy outcomes result in being effective through decreasing burnout and positive work relationships. Based on the studies conducted utilizing TTSC, the model can be used to explore the experience of conflict within an individual's environment.

Summary and Conclusion

There is a significant amount of research focusing on compassion fatigue factors in mental health professions that exist. Scholars such as Rudkjoebong et al. (2020)

provide similar themes of mental health professionals exposure in mental health facilities causing issues with their mental and physical health. Another scholar, Chireh et al. (2025) stated that mental health professionals working in aggressive mental health facilities with mentally ill patients can lead to job dissatisfaction.

Based on the review of the literature, there are limitations with understanding the interpersonal conflict's effects male mental health professionals compassion fatigue. Most of the existing literature focus primarily on compassion fatigue in mental health professionals demands and their ability to manage their job duties. Rudkjoebing et al. (2020) emphasized that various amount studies have indicated proper and effective training, resources, supervision management, and reinforcement in positive ways to have constructive effect on mental health workers. Another factor that was found stated that mental health facilities who provide resources tend to assist mental health professionals resolve their interpersonal issues (Burhanullah et al., 2022). Burhanullah et al. (2022) also states that mental health workers who receive support and make connections with their coworkers experience reduced levels of compassion fatigue. Burhanullah et al. (2022) recommends that mental health workers engage in supportive measures by engaging in training and learning effective coping skills to increase job satisfaction.

I expanded the existing research by examining mental health professional experiences with compassion fatigue and conflict and how mental health professionals respond to stressful situations and compassion fatigue. I also expanded existing research using the TTSC model, offering insights into mental health professional appraisals of stress and coping strategies. Findings from my research have offered mental health

professionals working in the mental health field a better understanding of how mental health professionals experience work- related compassion fatigue. My findings also aimed to improve training strategies to better prepare mental health professionals for their role as technicians and interpersonal conflicts.

In the next chapter, I discussed the research approach and design, methodology, and summary used to complete my study.

Chapter 3: Research Method

Introduction

This chapter includes a discussion of the research design, the methodology, the setting, instruments used, approach, and participants of this study. I will address the rationale for choosing a qualitative survey method, ethical issues, and the data collection process.

Male mental health professionals work in an environment where aggression and trauma occur. Male mental health professionals working in the mental health field can be effective in their job performance by having the opportunity to discuss how they view and experience workplace trauma. The phenomenological approach helped me gather in depth information and obtain professionals experiences and the trauma surrounding these experiences. The research design also helped me to explore male technicians' perspectives on how the everyday behaviors associated with mental health locked facilities influences their psychological wellbeing.

Research Design and Rationale

I used a qualitative research methodology with a phenomenological approach to explore male mental health technicians' experiences while working in locked facilities. I chose the qualitative strategy over a quantitative approach due to there not being enough research regarding male mental health workers and therefore wanted to conduct exploratory research which lends itself to qualitative research. Because of the purpose of the study, to explore the lived experiences of compassion fatigue in male mental health technician and how they use daily spirituality as coping mechanism, I chose a qualitative

approach to help determine male experiences in locked facilities to cope by utilizing their spirituality. Unlike quantitative research, qualitative research methods use themes and coding from interviews, pictures, objects, observations, and other objects. I did not choose ethnography due to the lack of emphasis in this study. I did not choose grounded theory due to its constructs of hypotheses and theories phenomenon of developing a theory grounded in the data from the field. Also, the narrative theory was not chosen due to focusing on exploring the life of an individual. Lastly, case study was not chosen with regards to developing in-depth description and analysis on various cases. Due to these reasons, I chose a qualitative research method instead of a quantitative research method and chose phenomenological approach over other qualitative methods.

Qualitative interviews were used to capture how male mental health technicians viewed the workplace, to learn their terminology and judgments, and to capture complexities of their perceptions and experiences (Patton, 2015). In this study, I used Castillo- Montoya's (2016) interview protocol refinement (IPR) to develop questions for semi structured interviews to help establish the relationship between male mental health professionals compassion fatigue and spirituality. According to Rubin and Rubin (2012) the interviewing model involves an assumption on how individuals perceive events and construct their understanding of what happened. By constructing responsive interviews, the interviewer and the interviewee created a space between another with considering each other's feelings and opinions. According to Rubin and Rubin (2012), it is important for researchers to build rapport and develop a conversational partnership as well as allow flexibility in the design. Castillo- Montoya's (2016) interview protocol refinement

framework consists of ensuring the interview questions are aligned with research questions, constructing an inquiry-based conversation, receiving feedback on interview protocols, and piloting the interview protocol. With this framework, the researcher can develop a strong initial interview protocol that will establish elicit rich, focused, meaningful data that captures, to the extent possible, the experiences of participants (Castillo- Montoya, 2016).

The purpose of this qualitative phenomenological study was to explore the lived experiences of compassion fatigue in male mental health technician and how they use daily spirituality within locked facilities. The study included 45 to 60- minute interviews with the participants who shared their experiences as well as stories while working in a locked facility with mental health patients. The research contributed to a limited body of literature which focused on male technicians working in aggressive and stressful environments. Due to male technicians working in locked mental health facilities, there were increased exposure to hostile and dangerous incidents and can harm to professionals mental and physical wellbeing. The tool that was used for data collection were audio recorded interviews. The findings informed recommendations for male mental health technicians on the development, improvement, or implementations of mental health services for male professionals.

Role of the Researcher

According to Sutton and Austin (2015) a qualitative research study seeks to explain the reason for participants' thoughts and feelings that may affect their reactions. Qualitative research is used to gain insight into participants' experiences and to give the researcher an

understanding of how their experiences affect them from day to day. The primary responsibility of the researcher is to safeguard participants and their data. The researcher must ask participants to talk about their personal experiences and understand that these experiences can be deeply rooted in their minds, The researcher also must understand that by discussing their experiences can also trigger symptoms of increased compassion fatigue (Sutton & Austin, 2015). By reliving these experiences, it can be difficult, but researchers must remain respectful and remain unbiased (Sutton & Austin, 2015). Personal beliefs, principles, and values influence even the best-intentioned researcher, making objective research difficult (Chapman & Schwartz, 2012).

I had no professional relationship with male mental health professionals working in locked facilities. I am employed with a community mental health agency which has no affiliation with a locked mental health facility within Alabama. This community center does not handle any mental health patients or workers working in the environment. To avoid bias for this study, male mental health professionals whom I affiliated with in the past were eliminated as eligible participants; instead, they were used to connect with other participants who met the selection criterion. Another tool that I used to manage bias was the informed consent document, which identified the role of the researcher and the role of the participant. My personal thoughts and feelings were not disclosed during the interview to avoid any influence on better collecting realistic data.

Methodology

Due to the study's research problem, purpose, and questions, the phenomenological qualitative methodology was used. The purpose of this qualitative

phenomenological study was to explore the lived experiences of compassion fatigue in male mental health technician and how they use daily spirituality within locked facilities. This added to the body of literature to gain male perspective of their experiences of dealing with compassion fatigue and how they used their spirituality to influence their psychological wellbeing.

Population

The targeted population included male mental health technicians who work in locked facilities. The participants age began from 24 years old through 58 years old who engaged with mental health patients in locked facilities. The participants were a percentage of the population that met the criteria for the study. According to Zippia (2022), in 2021, 34.9 % of men worked in the mental health field. The data also acknowledged that men working in the mental health field made $1 more per hour compared to women (Zippia, 2022).

Participant Selection Logic

The 10 participants were men who work in a mental health locked facility who: (a) live in Alabama, (b) are mental health technicians, (c) had been mental health technicians for more than 5 years. Male mental health technicians who met the criteria were invited to participate in this study. Participants were given a consent form and informed of the minimal risks of psychological compassion fatigue or become upset due to the interview questions. Saturation was used throughout the course of interviewing and observation based on how the researcher asked questions until saturation was reached. To ensure that saturation was reached, I read and started to analyze each participant during

each interview. To keep track of saturation being reached, I created a grid table for monitoring, analyzed each interview, and tracked patterns until no new themes emerged.

Participants were approached via social media platforms such as Facebook, Instagram, Twitter, and WhatsApp, where groups were formulated specifically for male mental health technicians. Participants who were interested were sent a survey link and once completed, a copy of the survey responses were sent along with informed consent was automatically emailed to every person who expressed interest and consented to participate in the study. A follow up email was sent with the interview invitation. Once the time, date, and location were arranged, the Zoom link or telephone number was given. Another method of participant selection was snowballing participants. This approach allowed me to gain more participants perspectives about the phenomenon of interest. The snowballing method required participants to send a referral to the next participant, which helped create interviewees who would be good resources for the study.

Instrumentation

According to Castillo- Montoya (2016), the four-phase process to Interview Protocol Refinement (IPR) will help me take one step further towards developing a research instrument appropriate for their participants and congruent with the aims of the research. Castillo- Montoya (2016) also stated that with the four phases combined that the phases would offer a systematic framework for developing a well-vetted interview protocol that can help a researcher obtain robust and detailed interview data necessary to address research questions. Semi structured interviews were constructed so that questions

came from a phenomenological approach by researchers utilizing descriptive and structural questioning.

According to Rubin and Rubin (2012) in depth interviews are suitable when the researcher gathers data from people with knowledge of or who experience with the issue under study. Due to this form of interviewing, the research can seek to gain insightful information on interviewees experiences and perspectives on the research problem. During interviewing questions, I gathered basic information, professional history, job responsibilities, and personal experiences with workplace aggression and trauma. The questions allowed the participants to share their experiences and give details on male mental health professionals. I took notes on participants' tone during the interview, depending on the question (s) and how the participant responded. I also made sure the questions were open-ended and depending on the answers, asked probing follow up questions to keep the conversation going.

During the interview process, content validity and credibility were ensured throughout the study. I ensured validity by testing the initial results with participants to see if the researcher gets the same results. I also ensured credibility by demonstrating engagement and methods of observations. Credibility was also enhanced by me within this study if individual's experiences are recognized by individuals who share the same experience. Some questions could have made the interviewee uncomfortable which may could have caused the interviewee to opt out of the study. Other problems that could occur during interviewing include language barriers and the inability to comprehend answers that may not relate to the study. Also, I should be clear, concise, listening, and

making sure interviewees know the researcher is listening, and asking probing questions (Berman & Chutka, 2016). Probing questions should also meet ethical boundaries and show nonjudgmental manner (Berman & Chutka, 2016). Berman and Chutka (2016) also stated that researchers should be prepared for unexpected responses and know how to react professionally.

Procedures of Recruitment, Participation, and Data Collection

I used and collected data from interviews conducted through telephone and Zoom, which the participant agreed upon. I used this method to collect data because securing approval from locked mental health facility to observe male mental health professionals in areas where mental patients are held would not have been easy for safety and liability reasons. However, due to the previous COVID- 19 pandemic and the Monkey Pox pandemic, interviews with study participants occurred using teleconference software, Zoom.

The Zoom interviews were audio recorded via the application. Notes were taken during the interview in my notebook, and their period for data collection was during the same time as the interview, which lasted 45 to 60 minutes. After the interview, participants were debriefed. Interviewees were informed about where and how their information will be stored and used. Documents were kept confidential, which informed participants of the purpose of the study, their rights, procedures, and potential risks and benefits of participation and consent. The data collected through Zoom interviews and telephone interviews remained locked so that I could only gain access to any information used or stored. After the audio was transcribed, it was converted to .pdf file, uploaded to

my computer, and stored in a secure vault on Microsoft OneDrive. The transcription of the interview was emailed and encoded with a password that only the participant and me could unlock to view as an additional layer of protection. After emailing the transcription of the interview, it was deleted. Only an administrator with a code may access documents stored in this cloud vault. For questions, contact information for the director of research was provided.

Analysis Plan

I used a qualitative study which described male mental health experiences in locked facilities. I sought to answer the following questions: What is the lived experience of mental health male technician workers in a mental health facility as it pertains to compassion fatigue? What is the lived experience of mental health male technician workers in a mental health facility as it pertains to their spirituality? Through this study, I aimed to gain understanding and add to the body of mental health knowledge in the areas of unlicensed mental health professionals, compassion fatigue, male mental health workers, spirituality, and the quality of mental health worker facility care working in locked facilities.

A phenomenological study can produce a significant amount of data such as interviews, notes, surveys, transcripts, and recordings. According to Patton (2015) qualitative data analysis involves translating data and critically linking between data collection and the explanation of meaning. Patton (2015) states that due to the phenomenological approach not giving interpretation and explanation, it can be challenging to make sense of data. Rubin and Rubin (2012) stated that to facilitate

cohesive data, coding is an analytical process that is an interpretive act where researcher-based constructs allow the researcher to give meaning to words, phrases, or passages. From this, coding, which can be created by Word or Excel, were used to help promote deeper understanding of the phenomenon. I used interpretative phenomenological analysis. According to Alase (2017) interpretative phenomenological analysis allows several participants who experience similar events to tell their stories without any falsification or prosecutions. Alase (2017) stated that the researcher will make notes of the transcripts of the interviews with participants and gain knowledge regarding the data, make the initial notes to systemically recognize observations, and transform notes into emerging themes based upon the transcripts and notes). Next, Alase (2017) stated the researcher will seek relationships and clustering themes for connections by abstracting and integrating themes, utilizing previous themes, and look for patterns across other cases. Lastly, Alase (2017) stated the researcher will interpret deeper analysis by utilizing referents and other theories. According to Alase (2017) the most important aspect interpretative phenomenological analysis of tradition is its ability to make sense of the 'lived experiences' of the research participants and truly allow the research study to explore the phenomenon that the research is investigating.

Research Questions

There is a limited body of empirical research that has existed when it comes to assessing the existence, predictors, and consequences of compassion fatigue as it relates to male mental health professionals. This study is aimed to gain understanding and add to the body of mental health knowledge in the areas of unlicensed mental health

professionals, compassion fatigue, male mental health workers, spirituality, and the quality of mental health worker facility care working locked facilities. Specifically, the study answered the following questions:

RQ1: What is the lived experience of mental health male technician workers in a mental health facility as it pertains to compassion fatigue?

RQ2: What is the lived experience of mental health male technician workers in a mental health facility as it pertains to their spirituality?

Issues of Trustworthiness

Credibility

In qualitative research, the researcher and reader would like to know that the information in the study is credible. Within qualitative research, credibility is equivalent to internal validity in quantitative. One way to attain credibility in qualitative research is by ensuring the interviewees are made aware of the research questions (Rubin & Rubin, 2012). This allows researchers to acknowledge, clarify, and to understand the participants' experiences. Cudjoe (2022) stated that the researcher should always give clear, concise, in- depth, and consistent findings and describe accurate explanation of the process. Due to potential data collection bias, I did not disclose my position on the phenomenon of interest. Strategies that were used to ensure credibility were prolonged contact, member checks, snowballing sampling, and thick description. Snowball sampling helps the researcher recruit other participants by utilizing participants to refer them if researcher has difficulty finding participants (Motta, 2017). In thick description the researcher is characterized the process of paying attention to contextual detail in

observing and interpreting social meaning when conducting qualitative research (Mills, Duporos, & Wiebe, 2010).

Transferability

Smith (2018) referred to transferability as the degree to which results of qualitative research can be generalized or transferred in other contexts such as situation, times, and population. Transferability is known to provide readers with evidence that the researchers findings are known to be applicable. The researcher's responsibility is to provide the data that has been collected, which makes transferability judgements possible on the past of potential appliers (Smith, 2018). Transferability can enhance transferability by doing a thorough job of describing the research context and the assumptions (Smith, 2018). In order to ensure transferability, the snowballing sampling method was used for participant recruitment.

Dependability

In qualitative research, dependability emphasizes the need for the researcher's study findings to be consistent and repeatable. Dependability is associated with the consistency of the findings and to make sure that if other researchers were to overlook the data, that they come to the same or similar findings, interpretations, and conclusions (Chowdhury, 2015). According to Chowdhury (2015), dependability originates from capturing the changing conditions which appear in the setting and the study design. If the study is dependable, other researchers can follow data collection measures gathered by the original researcher. According to Chowdhury (2015) to address dependability, the process within the study should be documented and reported, enabling other researchers

to be able to repeat the work to gain the same results. In order to the test dependability, data collection tools can be performed among nonparticipants to read through the interview questions to ensure that they were clear and concise before beginning the study. The researcher kept an audit trail and journal with all the processes and decisions.

Confirmability

Watkins (2012) describes confirmability to the degree to which results can be confirmed by checking and rechecking data during the entire research. Watkins (2012) also states that the researcher can also use the devil advocates role to collect data and outcomes and the process can be documented. To access confirmability in qualitative research, data was documented by audit trail and reflexive journaling.

Ethical Procedures

When facilitating research, it was my responsibility to protect all participants from any harm. In order to protect my participants, I obtained permission and followed all codes of conduct. Participants were also clarified on the role in qualitative research. Archival data was used in the research. Ethical concerns such as anonymity, confidentiality, and informed consent were considered in the qualitative research. Anonymity was maintained even though perceptions and accounts were assessed from the participants. Information that could identify participants identity was omitted from transcripts. The researcher gave notice to participants that they may opt in or out of the study before answering any questions or at any time in this study. The researcher gave participants contact information with the option to request further information before, during, or after data collection being given. All participants who agreed to be part of the

study received a letter stating the purpose of the study and detailing the confidentiality and anonymity of the questionnaire. All data that was given has been secured on a personal computer and password protected. To ensure secured protection, an additional security layer such as Microsoft OneDrive's security vault which is password protected was used.

Summary

The problem addressed in this study was the how compassion fatigue as it pertains to spirituality of male technicians working in locked facilities. The purpose of this qualitative phenomenological study was to explore the perspectives of male mental health technicians compassion fatigue and how they use daily spirituality as coping mechanism. I aimed to identify male mental health technicians' experiences regarding compassion fatigue and how their spirituality has helped them cope with these experiences. Patton (2015) stated that qualitative method designs include in-depth, semi structured interviews, surveys, a review of documents, and existing literature on the subject matter.

I answered the questions: What is the lived experience of mental health male technician workers in a mental health facility as it pertains to compassion fatigue? What is the lived experience of mental health male technician workers in a mental health facility as it pertains to their spirituality? The data collected from this study came from Zoom and teleconferenced interviews, and surveys. Due to the COVID-19 and Monkey Pox pandemic, all the interviews occurred through teleconference software to conduct interviews with participants. This information and option to agree to this alternative

method was listed on the informed consent for all participants to sign. Semi structured questions from an interview guide, which I constructed, was given to participants who meet the criterion for selection. The interviews lasted approximately 45 to 60 minutes.

In chapter 3, I discussed the rationale for selecting the research method. A qualitative, phenomenological design is suitable for data collection. Zoom and telephone interviews allowed participants to explain their experiences and how working in a mental health locked facility heightens exposure to compassion fatigue. I included male mental health technicians who work directly with individuals with mental health issues. I also included male mental health technicians with at least 5 years of experience in the mental health field. This study described the male mental health experiences, described compassion fatigue and how male technicians help them cope with their experiences in locked facilities. In chapter 4, I will report, describe, and analyzes the data collected. The study results were documented and reported. Chapter 5 includes a summary and recommendations of the research findings.

Chapter 4: Results

The purpose of the qualitative study was to understand the lived experiences of compassion fatigue in male mental health technicians, and they use daily spirituality as a coping mechanism. Each participant had a prior history of working in a locked mental health facility for 5 years or more. The following questions guided this study:

RQ1: What is the lived experience of mental health male technician workers in a mental health facility as it pertains to compassion fatigue?

RQ2: What is the lived experience of mental health male technician workers in a mental health facility as it pertains to their view of spirituality as a coping mechanism?

Throughout Chapter 4, I provide details of the setting of this study and participant demographics, along with participant recruitment procedures. This chapter also includes a discussion of the methods used for data collection and analysis. Evidence of trustworthiness is also detailed prior to the presentation of results.

Setting

I conducted this study in a virtual setting. As discussed by Brown (2023), online interviews can provide added convenience for the participant by allowing them to participate from the comfort of their home or place of work. Brown (2023) stated interviews can be arranged to accumulate a participant's technological preferences by using digital tools and platforms already familiar to the individual. Participants recruitment was conducted via social media platform. Each participant was chosen to complete an interview via telephone or Zoom. All 10 participants chose to conduct the interview via Zoom. Data was collected via semi structured interview, utilizing Zoom.

Zoom was selected as the virtual platform for recording audio interviews due to end-to-end encryption and accessibility. I created a private meeting room equipped with a passcode and lobby so only the participants would be admitted to the virtual space. The video feature was not turned on during the interview. Each interview date and time corresponded with each participants' availability. All participants and the interviewer ensured privacy and made sure the location was appropriate to speak freely regarding their experience. Each participant requested the interview be conducted in the morning or afternoon during their days off or before working the evening shift to eliminate the possibility of being interrupted by coworkers or their family members. The data were recorded using recording and transcript feature via Zoom. Virtual interviews were conducted from my private home office with the door locked to ensure privacy during the collection process. To protect the identity of each participant, numbers were assigned. The same numbers were used during coding, analysis, and reporting process.

Participant Recruitment

To recruit participants for this study, I used snowball sampling strategy, which is consistent with a phenomenological approach (Parker et al., 2019). I gained IRB approval on June 13, 2024, to conduct the study (IRB Approval No. 06-13-24-0754509). Participant recruitment began on June 13, 2024. I created a flyer that advertised aspects of the study, including the title and purpose of the study, eligibility criteria, participation expectations, and sample interview questions. The flyer listed is my contact information for inquiries in regard to voluntary participation. With IRB approval, I posted flyers on social media platforms such as Instagram, Facebook, and LinkedIn, and within the

Walden Research Participant Pool. The final participant interview took place on November 13, 2024. The recruitment flyer was removed from the Walden Participant Pool on November 13, 2024.

Volunteers who were interested in the study reached out to me via email requesting the next steps in participation. I exchanged emails with potential participants and offered to have a Zoom meeting or telephone call to answer any questions about the study or the consent process. Seventeen individuals reached out with interest in participating. Five of the volunteers did not meet eligibility criteria. Two did not respond after initial contact and follow-up attempts at contact. Ten participants met eligibility criteria and provided consent to participate. All 10 participants who volunteered for the study opted to have a telephone call or Zoom meeting to discuss the study prior to providing consent. All 10 of those participants elected to meet via Zoom. During the phone or Zoom meeting, I explained the purpose of the study, the criteria for participation, and the details of confidentiality before answering any questions the participant had regarding participation.

A consent form was emailed for each participant to review prior to their participation in this study. The consent form consisted of a review of the purpose of the study, procedures, sample interview questions, voluntary nature of the study, risk and benefit of being in the study, payment for participation, privacy, IRB approval number, and contact information for me as the researcher and the Walden University research participant advocate. Participants had the option to review the consent form and respond via email with the words, “I consent,” to give their voluntary consent to take part in the

study. All 10 participants provided written consent via email after reviewing the document. Interview questions were emailed to each participant to review prior to the interview taking place.

Demographics

Due to interviews being semi structured and the nature of data collected, it was not necessary to collect any demographics. According Call et al. (2023) in phenomenological research, demographics ae not generally considered necessary due to primarily focusing on deeper understanding of the lived experiences of individuals regarding a specific phenomenon. I did not need demographics to interpret the data. Participants' names, status, age, and marital status were not relevant to the research questions. This study specifically targeted male mental health technicians who worked in locked facilities for 5 years or more and participants aged from 24 to 58. Each participant engaged with mental health patients in locked facilities.

Data Collection

I collected primary data from 10 voluntary participants via semi structured interview. Once informed consent was given by each participant, interviews took place. Each participant had the option to participate in the data collection interview by telephone or via Zoom meeting. No participants opted to proceed with data collection via telephone. Email communication was used as the basis for discussion about interest in participation, scheduling contacts, and the consent process. The 10 participants chose to complete the data collection interview via Zoom.

I conducted each data collection interview from a private, locked room. The participant and I were the only individuals present for each interview. To begin the interview, I went over consent form information and thanked each participant for their time spent conducting interview. Based off Alhazmi and Kaufmann (2022), building rapport and providing transparency are consistent with a phenomenological approach. The introduction period was included in the recordings, which clients were aware of recording starting and lasted an average of 2 to 5 minutes in duration. Once the introduction period was complete, each participant indicated they were ready to proceed with the interview. Each recorded interview lasted between 12–60 minutes with an average of 17 minutes.

I emailed the participants the interview questions ahead of the interviews and informed them that the questions would serve as a guide. Participants were also informed that they could add any information that they felt was relevant to the study and the context of the questions. The interview format was flexible, and participants were informed that they could ask for clarity, stop, or pause at any time during the interview. I ended the interview by asking participants if they had any questions or comments. Following the conclusion of each interview, participants were emailed a $25 Visa egift card with a message that stated, “Thank you.”

Each participant was informed that each interview would be audio recorded. Participants chose to participate in the interview via Zoom and had their video disabled during the recording of the interview began. I used the recording feature on the Zoom platform to capture the audio of each interview and save it to a protected, electronic file.

Each interview was transcribed using a transcription application via Zoom. This application used artificial intelligence for speech transcription and produced an editable document. I reviewed each transcript while listening along with the audio recording of each interview to make changes for accuracy, if needed. I saved copies of the final transcripts to protected files. Each participant was emailed a copy of their interview transcript to review and make any clarifications or edits of their own. After member checking was complete, I uploaded the transcripts and my corresponding notes into Microsoft One Drive for data analysis.

Data Analysis

For this qualitative study, I used a phenomenological approach to data analysis. According to Davidsen (2013) stated that phenomenological qualitative research is to deal with experiences and meanings and "to capture as closely as possible the way in which the phenomenon is experienced within the context in which the experience takes place."

In this study, I examined the lived experience of male mental health technician experiences working in locked facilities as it pertains to their spirituality. Interviews with 10 voluntary participants produced 170 minutes of audio data, which was converted into 145 pages of typed transcript.

Primary steps of data analysis began during the process of collecting data. During each interview, I made key notes of information that were relevant to the questions asked. I reviewed notes once the interview ended. To ensure saturation, I read and completed an in-depth analysis on each participant to explore any commonalties between sources and

any vital details of interest about participant interviews. Once realizing saturation were reached by creating a grid table tracking theme emergence, analyzing data, and observing recurring themes and patterns, data collection interviews concluded.

Interview transcripts were uploaded into qualitative data analysis software, MAXQDA. Once transcripts were uploaded into MAXDA, I began the process of open coding. Rubin and Rubin (2012) stated qualitative coding allows the researcher to interpret, organize, and structure researcher observations and interpretations into meaningful theories. I assigned codes to data points obtained from participants statements, answers, and words to interview questions. I produced 10 superordinate themes, which I discovered thirty-five theme clusters based on similarity. I reviewed the codes to identify opportunities for consolidation and to refine themes based upon relevancy to each research question. At the time of the analysis process, I repeatedly referred to the research questions as a point of reference. Based upon comprehensive, repeated examination of the data, I developed the research study results.

Evidence of Trustworthiness

Trustworthiness is known as a core concept in qualitative studies. According to Ahmed (2024) trustworthiness ensures that the study and findings are credible, reliable, and that it can be trusted. Walden University IRB approved the design and procedures of this study prior to participating in recruitment, data collection, and analysis. All 10 participants provided informed consent and were advised that they could terminate participation or refuse consent at any time. I designed the procedures for all 10 participants including data collection and communication of study results. To ensure

trustworthiness in this study, I followed the approved plan previously detailed in Chapter 3. Within the following subsections, I discuss dependability, conformability, credibility, and transferability.

Dependability

According to Ahmed (2024), dependability is referred to the research being consistent and stable over time. I itemized my data collection by taking notes during interviews, recording transcripts, and detailing the data analysis process. All notes and transcripts were stored for audit trail. By creating and preserving audit trails, I was able to allow transparency and allow others to assess dependability by following the same procedures (Ahmed, 2024).

Confirmability

Confirmability refers to the impartiality and objectivity of the finding which guarantees the researcher being unaffected by any biases (Ahmed, 2024). To improve confirmability, the researcher used different approaches such as debriefing, member checking, and reflexive journaling (Ahmed, 2024). In efforts to achieve confirmability, I explained each section of the research process and provided reasons for decisions that have been made. I bracketed any perceived assumptions and approached data collection and analysis without judgment. According to Ahmed (2024) these methods together strengthen trustworthiness of the research.

Credibility

In qualitative research, credibility refers to building trust and rapport with participants, which allows researchers to gain insight into their experience, behaviors, and

beliefs (Ahmed, 2024). Member checks were used with each participant to ensure transcripts reflected what the participant wanted to convey when discussing their lived experiences working in locked mental health facilities. Each participant was also given the opportunity to make changes, clarify information, add information, or retract information. Prolonged contact, snowballing, and thick description were additional tactics used in this study to establish credibility.

Transferability

Smith (2018) referred to transferability as the degree to which results of qualitative research can be generalized or transferred in other contexts such as situation, times, and population. Transferability can enhance transferability by doing a thorough job of describing the research context and the assumptions (Smith, 2018). In order to ensure transferability, I used the snowballing sampling method and offered thick description. By providing detailed comprehensive explanations, the researcher is able to evaluate how applicable the findings are to similar situations, thus improving the study's transferability (Ahemed, 2024).

Results

The purpose of this qualitative study was to understand the lived experiences of compassion fatigue in male mental health technicians, and the use daily spirituality as a coping mechanism. Each participant had a prior history of working in a locked mental health facility for 5 years or more. The process of male mental health technicians lived experiences was examined through individual semi structured interviews. Interview questions were asked around male mental health technicians experiences; however,

participants were informed that they could share any additional information that they felt was relevant to the research. A few participants gave in-depth information while others answered questions without in depth detail. Before ending the interview, I reflected on interview questions to ensure that each question was answered. I asked to follow up questions if anything has been passed over. Each participant was given an alternate identifier to protect participants' identity and ultimately assigned a number 1-10 for reporting results. Data were analyzed with each research question in mind.

I discovered 10 final superordinate themes, which contained thirty-five theme clusters. in answering each research question. These 10 final themes were: challenging experience, workload wellbeing, trauma stigma, spirituality awareness, overall mental and emotional toll, suffered relationships, adapting and coping, burnout risk support, supportive employer/ employees, and stress level of employment (10 being incredibly stressed- 0 being not stressed). The 10 superordinate themes contained thirty-five theme clusters. These are shown in Table 1. Within the subsections. I used a selected portion of interview transcripts and recording to exemplify both the superordinate themes and theme clusters.

Figure 1

Subordinate Themes and Theme Clusters

Interview Questions	Superordinate Themes	Theme Cluster	Participant Identifier
Q1	Challenging Experience	Demanding workplace, trauma experience, connection challenges, crucial pressure, stressful, difficulty supporting mentally ill patients	P1, P2. P3, P4, P7, P9, P10
Q2	Workload Wellbeing	Employee Turnover, Negative attitude, Violent behaviors	P5, P6, P10
Q3	Trauma Stigma	Emotional exhaustion, Physical exhaustion, Difficulty sleeping, Feeling of emptiness, Depressed mood	P3, P4, P5, P8, P10
Q4	Spirituality Awareness	Daily prayer, meditation	P1, P4, P5, P8
Q5	Overall Mental and Emotional Toll	Empathy, Sense of sadness, Feeling of defeat	P3, P7, P9
Q6	Suffered Relationships	Lacks communication, Lacks time/ Inconsistence, No balance	P2, P3, P7, P9
Q7	Adapting and Coping	Daily Adjusting, Finding balance, Positive thinking	P3, P4, P6, P7, P10

Superordinate Theme 1: Challenging Experience

Superordinate Theme 1was generated from the interview question associated with male mental health technician's experiences working in locked facilities with mentally ill patients. The superordinate theme contained theme clusters of demanding workplace, trauma experience, connection challenges, crucial pressure, stressful, difficulty supporting mentally ill patients. All participants recalled their experience has "challenging." Challenging is referred to male mental health technicians working in locked facilities with mentally ill patients being demanding. P4 stated:

> My experience working in a locked mental health facility has been an challenging experience but also somewhat rewarding. I am happy to have had these experiences but not quite some situations. I have had bad situations, some complex or uneasy situations with patients, and providing for them. It has been so challenging that at times I want to quit but I have learned to adapt to those situations. I started to understand that sometimes how life is, sometimes you have to have an extra bit of tolerance and patience with working with them and sometimes I find myself understanding them.

P1, P2, P3, P4, P7, P9, P10 all mentioned having challenging experiences but doing their best to remain positive and have compassion for their patients. P5 stated,

> Working with a locked mental health facility has been challenging and mentally it can be overwhelming to adjust to. As I gained experience and training over the years, I developed a deep understanding of mental health and the importance of empathy and compassion for patients.

Therefore, P5 perceived his encounter with patients as “navigating and dedicating balance” when providing care or maintaining safety protocols.

Superordinate Theme 2: Workload Wellbeing

Superordinate theme 2 was generated from interview question of male mental health workers experiences worst experiences working with mentally ill patients. This superordinate theme contained theme clusters of employee turnover, negative attitude, and violent behaviors. P5, P6, and P10 discussed their bad experiences while working in a mental health facility. P6 stated:

> I have had a situation where people try to attack me, people that have mental health issues try to attack me as a person because of their state of mind. Their reasoning, whatever they are going through, you know, I've also had an experience of family relative of people that have this mental health situation try to speak bad at me as a technician working because they feel that probably their family members are not improving in health facility. Also, I have had a situation of fellow healthcare professionals that I work alongside actually talk down on me and patients.

P5 shared a similar encounter with a patient. He mentions that he was also attacked by a patient, which initially hurt himself. P5 reports that his colleagues were traumatized and spoke negatively about the patient and his behavior.

Superordinate Theme 3: Trauma Stigma

Superordinate theme 3 was generated from the interview question of patients’ experiences causing compassion fatigue and their symptoms. This superordinate theme

contained theme clusters of emotional exhaustion, physical exhaustion, difficulty sleeping, feeling of emptiness, and depressed mood. All participants stated that they have experienced compassion fatigue. But only P3, P4, P5, P8, P10 have similar symptoms. P10 states,

> "I have experienced compassion fatigue a lot of times. I have had difficulty walking, being depressed, having brain aches, losing focus and concentration, and being emotionally exhausted."

Similarly, P5 reports being emotionally exhausted and at times feeling depressed after working shifts. P5 also states feeling empty, lacking sleep, feeling anxious, being short tempered, and feeling withdrawn.

Superordinate Theme 4: Spirituality Awareness

Superordinate theme 4 generated from the interview question of male mental health technician utilizing spirituality techniques and how these techniques reduced compassion fatigue. Superordinate themes contained theme clusters of daily prayer and meditation. All participants recalled different techniques that that they have used while working in a locked facility. P1, P4, P5, and P8 all discussed similar symptoms than other participants. P8 states using mediation and prayer which has helped him clear his mind so that he can be at peace. P8 reports using meditation and prayer app and that it helps him calm down anytime that he is in a depressed mood. P8 also reports about how prayer helps him release. He states, "That's what I feel keeps me going while working in mental health facility." P1 states:

> I am a strong believer in yoga. I also believe in meditation and I believe in praying as well. I read books during my spare time. I work 12- hour shifts while some days I work a full day. So, I'm a tough fan of prayer. I pray during my free times, do my meditation and yoga.

Superordinate Theme 5: Overall Mental and Emotional Toll

Superordinated theme 5 generated from the interview question of how male mental health technicians feel psychologically after working with patients. Superordinate themes contained the theme clusters of empathy, sense of sadness, and feeling defeated. P3, P7, P8, and P9 have experienced similar feelings mentally and emotionally. P7 states after working, he starts to feel a sense of sadness, empathy, and concern for patients. P7 states “It’s really not easy, I get emotional. Just to cope, I try to relax with family an practice mindfulness to release the emotional burden.”

P9 states:

> I have grown attachment to patients due to working multiple shifts. When I get off work and leave, I feel bad. I do not feel okay at times, and I end up going back to work. It’s very difficult because you don’t have time for yourself. I struggle every day.

Superordinate Theme 6: Suffered Relationships

Superordinate theme 6 generated from interview question of if male mental health technician’s relationships suffered due to working in mental health facility. Superordinate themes contained the theme clusters of lack of communication, lack of time/ inconsistence, and no balance. Some participants reported relationships that have suffered

while other participants report none of their relationships suffering. P2, P3, P7, ad P9 have all had similar experiences from individuals they know due to working in a mental health facility. P2 states having issues with his wife. He reports not coming home due to working long shifts and not having time for his family. P2 also states having a family crisis going on due to him thinking about his patients even times when he is at home. P2 also states even sometimes when he is at home, when he shares what he is facing at work with his wife, she feels very disgusted. P7 states also having issues with his ex-wife. He reports not having enough time for her and barely communicating. P7 admits after time him and his wife getting a divorce. He reports becoming distant and keeping to himself.

Superordinate Theme 7: Adapting and Coping

Superordinate theme 7 generated from interview question of male mental health technicians' mental health at the time of interview. Superordinate theme contained theme clusters of daily adjusting, finding balance, spiritual dependability, and positive thinking. All participants reports their mental health being a work in progress. Out of all 10 participants, P3, P4, P6, P7, and P10 all have similar thoughts regarding their mental health today and how they manage. P6 states:

> Initially I had issues with my mental health and behaviors with people. However, I think I am improving. I do not neglect seeing therapist. I share my experiences with therapist and they share certain techniques that I can use with me. So, I think at the moment I'm trying my best. I'm not to be negatively influenced by the facility that I worked in. I also rely on prayer and reading scriptures in the bible.

P3 states that he has made a lot of improvement with his mental health. He reports training on his spiritual care and improving his self-care workshops. I use prayer not just for me but also for patients. I tend to organize workshops and seminars where other workers can get support and try to speak out. I try to focus on patient progress. So, my mental health today is good but I'm finding balance.

Superordinate Theme 8: Burnout Risk Support

Superordinate theme 8 generated from interview question of what individual they would turn to if their mental health was declining. Superordinate themes contained theme clusters family, friends, colleagues, and therapist. All of the participants reported having someone to talk to about their issue or their experiences. However, P2, P5, and P6 have similar responses. P5 states:

> I talk to my wife first and to get some kind of encouragement from them. I also used peer support, friends, and colleagues. I talk to my supervisor to discuss workload, stress, and emotional struggles. I also speak with professionals which encourages some kind of safety activities, journaling, and other techniques.

P6 reports that he visits a professional colleague that has more experience than him. He reports getting better information from them and that he also talks to his family.

Superordinate Theme 9: Supportive Employer

Superordinate theme 8 generated from interview question of male mental health technicians feeling supported at their place of employment. Superordinate themes contained theme clusters of limited supportive measures, lack of employee care, limited resources, and limited training. Some participants reports feeling supported as an

employee and discussed ongoing training and resources that have been given to reduce compassion fatigue, while other participants reports not feeling supported at all. P1, P6, and P8 reports similar experiences regarding their support an employee. P1 states:

> My job does not support my mental health because by being close to people who are mentally unstable will make you mentally unstable. My place of employment expects you to work hard and we barely have proper training. I have to rely on other employees for guidance when I am not sure what to.

P6 states:

> I don't think my place of work really encourages my mental health because I think this is a facility where you work and earn. I think the facility is really concerned about employees giving their best work professionally because of earned income from it and most of the time the belief that you should be able to take care of yourself. It is expected when your on duty that you should give you best as mental health technician.

Superordinate Theme 10: Stress Level of Employment

Superordinate them 10 generated from interview question of male mental health technicians rating male mental health technicians stress level from 10 being incredibly stressed to 0 being not stressed. Superordinate theme contained theme cluster of 7. P6, P7, and P8 all listed 7 as being their stress level when it comes to working in mental health facilities. P6 states:

> There are ties I get so mentally stressed because of the state of the patient that I have contact with and on a daily basis I have new intake of patients that actually

seem to be worse than the previous cases. It's an continuous outflow, inflow, and sometimes it gives a whole lot of mental health concern to me.

P7 states:

"The emotional demands I have faced recently have been tough. With patient psychosis bipolar disorder my personal life have felt like compassion. This work can be crazy, and my work life balance is actually real bad."

P8 states:

"I am passing through a lot of stress but I do find relief after doing my job. I've been learning to cope with what I have been doing. I'll say my mechanisms have helped me."

Summary

The purpose of this study is to explore the lived experiences of compassion fatigue in male mental health technician and how they use daily spirituality as coping mechanism. Due to an in-depth evaluation and analysis of male mental health technician participants lived experiences, I found a high degree of compassion fatigue. All of male mental health workers who participated in the study felt a range of emotions while working in a mental health environment and dealing with mentally ill patients. Many participants reported feeling drained mentally and emotionally exhausted. All of the male participants worked in the mental health field for 5 years or more and have had many challenges such as their personal relationships failing, not having time for themselves or family, and not feeling supported by their place of employment. However, some participants reported seeking therapy and having individuals such as colleagues, friends

in similar careers, and spouses or parents that they can turn to if they felt their mental health was declining.

One of the research questions were: what is the lived experience of mental health male technician workers in a mental health facility as it pertains to compassion fatigue? In chapter 4, I analyzed the findings of the research question. I discussed 10 final superordinate themes: challenging experiences, workload wellbeing, trauma stigma, spirituality awareness, overall mental and emotional toll, suffered relationships, adapting and coping, burnout risk support, supportive employer, and stress level of employment.

The second research question was: what is the lived experience of mental health male technician workers in a mental health facility as it pertains to their view of spirituality as a coping mechanism? The research showed that every participant used spirituality as a coping mechanism in some way. Many participants reported symptoms of mood changes, changes in their appearance, and how they felt while working in a mental health setting. Many of participants reported utilizing prayer towards their spiritual guide and practicing mindfulness. P7 reported taking care of patients causing him to be worn out and his spirituality helping him balance himself mentally. P1 reported engaging in yoga and reading books. While P5 reports reflecting, taking deep breaths, counting 1-100, and processing their emotions with supportive people in their life. P9 reported journaling his emotions and feelings.

The study revealed that that male mental health workers in the mental health experience compassion fatigue while working in mental health facilities and that they used spirituality daily to cope with their experiences. The study also revealed that male

mental health technician openly talks with individuals concerning their mental health, but some participants do not feel supported within their work environments. Each participant experiences their experiences being challenging but yet they still continue to show up and do their jobs, while utilizing spirituality techniques to help them cope. In Chapter 4, I discussed the research setting, participant recruitment, participant demographics, data collection, and data analysis, and the evidence of trustworthiness. Lastly, I reported the results. In chapter 5, I discuss the interpretation of the findings, limitations of the findings, recommendations, implications, and conclusion.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

In Chapter 5, I discuss the interpretation of the findings, the limitations of the study, and its implications for social change, in addition to offering recommendations for male mental health workers working in mental health facilities as pertains to compassion fatigue and their view of spirituality as a coping mechanism. The purpose of this qualitative study was to assess male mental health workers lived experiences while working in a mental health facility. The study may have provided information that mental health facilities can use to improve male mental health technician's experiences and access to current information and empowerment by offering services tailored towards addressing the emerging challenges in mental health field.

In this study I used the IPA approach to explore an in-depth analysis of male mental health technician participants lived experiences. Also, I discovered 10 final themes. These 10 themes were: challenging experience, workload wellbeing, trauma stigma, spirituality awareness, overall mental and emotional toll, suffered relationships, adapting and coping, burnout risk support, supportive employer/ employees, and stress level of employment.

The first research question was: what is the lived experience of mental health male technician workers in a mental health facility as it pertains to compassion fatigue? Singh et al. (2020) reports like females' mental health professionals, male mental health professionals experience compassion fatigue within a state of mental and physical exhaustion due to long period of exposure to mentally ill patients and dealing with day-

to-day challenges. All participants report experiencing compassion fatigue while working in mental health facilities.

The second research question was: what is the lived experience of mental health male technician workers in a mental health facility as it pertains to their view of spirituality as a coping mechanism? Milner et al. (2020) reports mental health professionals utilizing spirituality can allow them to create a sense of purpose and meaning while dealing with patients' challenging behaviors. Utilizing spirituality can lead to increased positive mental health and increase better physical health (Milner et al., 2020). All participants report utilizing spirituality as a coping mechanism. Many reports utilizing prayer and mindfulness.

The study revealed that male mental health technician continues to experience compassion fatigue daily, while utilizing spirituality as a coping mechanism, within a mental health setting. The study also revealed that male mental health workers do openly speak with certain individuals in their life about their mental health, especially as it pertains to their work environment and what they go through on a daily basis with mentally ill patients. The study also revealed some male mental health workers not having a supportive mental health work environment as it pertains to their mental health.

Interpretations of the Findings

Findings of the Study Compared to the Literature

My interpretation of the finding supports Lazarus and Folkman's theory of TTSC among demanding work settings and male mental health workers experiences. All participants discussed challenges that they faced while working in a mental health lock

facility. P2, P5, P6, P7, P8, and P9 discussed how having supportive colleagues in their lives has been helpful due to them sharing similar experiences. Sun et al. (2023) stated that concept that TTSC shapes male mental health professional's responses and behaviors, which offers insight on how they can reduce compassion fatigue. Regarding facing challenges and utilizing spirituality as a coping mechanism. All participants stated utilizing their spirituality whether it was through mindfulness techniques, prayer, engaging with nature, listening to music, reading the bible, meditating, or doing yoga to reduce compassion fatigue. Therefore, the interpretations of the findings support Lazarus and Folkman's Stress and Coping model.

Findings of the Study Compared to the Literature

Compassion Fatigue

The identification of Superordinate Theme 1: Challenging experience, Superordinate Theme 2: Workload wellbeing, Superordinate Theme3: Trauma stigma, and Superordinate Theme 7: Adapting and coping supports current literature on compassion fatigue. According to Corado et al. (2024) found that male mental health workers that work for mental ill patients experience compassion fatigue and experience an emotional toll. Singh et al. (2020) also reports male mental health workers experience empathizing with patients. All participants admitted to experiencing emotional toll due to their place of employment. P7 discussed experiencing compassion fatigue which lead to divorce, P8 discussed experiencing compassion fatigue and having nightmares, shutting down, and feeling drained. P5 discussed experiencing compassion fatigue and being

emotionally exhausted, feeling empty, lacking sleep, becoming short tempered, feeling numb, and ignoring friends and family.

Spirituality

The identification of Superordinate Theme 4: Spirituality awareness, Superordinate Theme 5: Overall mental and emotional toll, and Superordinate Theme: Burnout risk supports literature on spirituality. Spirituality linked to improving mental health and increasing coping with trauma (Unlugeduk & Akbas, 2023). P5 discussed his spirituality by seeking Jesus Christ and by taking time to reflect while processing his emotions. P9 discussed spirituality by taking deep breaths and meditating. He also reports praying and journaling to express his thoughts and reduce compassion fatigue. P8 states centering himself and praying. P8 reports reminding himself that tomorrow will be better and trusting his faith.

Summary of Interpretation

Prior to conducting this study, I extensively reviewed the existing research literature in the areas of male mental health technician in mental health facilities, male mental health technicians and compassion fatigue, and mal mental health technicians and their spirituality. The results of this study were built upon existing literature and share many consistencies with research that have been conducted prior to this study. The finding extended the existing knowledge in how male mental health technicians perceive themselves working in a stress- related environment and how they cope working long hours within the mental health setting. According to Ray et al. (2013) male mental health workers are faced with challenge of traditional masculinity, workplace culture, stigma,

and being over worked. The study extends the existing research, which shows compassion fatigue and spirituality playing a role in male mental health workers experiences. Ray et al. (2013) stated mental health workers are more likely to have increased compassion fatigue when continuing to work in long stressful environments without proper support.

The study revealed that only a few participants received accommodation to help them deal with their compassion fatigue and that they used coping techniques on their own. P5 reported that a therapist is placed within the facility to speak with staff for support, stress management, and training. While P7 reported he and his coworkers working together and being offered ongoing training. P7 also reported that his place of employment allows flexible hours and giving staff natural light in areas of the facility. According to Ray et al. (2013) to prevent compassion fatigue in the workplace, mental health workers, especially male mental health workers should be protected and promoted at, have support workers who can help, and create an enabling environment for change. To decrease compassion fatigue, facilities should promote training for supervisors/managers and workers and create effective interventions that staff and patients can use (Ray et al., 2013). The study also revealed that spirituality plays a big part in male mental health experience when working in health environments. According to Milner et al. (2020) spirituality is known to benefit both mind and body. Spirituality within mental illness is known to address low confidence, low self-esteem, and lack of control (Milner et al., 2019). It also encourages individuals in the mental health field to find comfort in difficult times and gain hope (Milner et al., 2020). Participants reported

multiple ways of utilizing their spirituality as it pertains to experiencing compassion fatigue in the work environment. P1, P4, P5. and P8 all reported utilizing prayer and meditation as a way to connect to their spiritual wellbeing. P4 and P6 reported that they would used mindfulness techniques, while P8 reported engaging with nature, sightseeing, listening to music as well as praying and meditating. Milner et al. (2020) states that these practices effect individuals emotional, social, and psychological wellness. According to Milner et al. (2020) by promoting spiritual practices into the workplace, you are increasing job satisfaction, greater engagement with staff, increased productivity, higher morale, and reduced absenteeism.

I concluded male mental health working mental health facilities experience compassion fatigue, however they used their spirituality to minimize or cope with their feelings. All men who participated in the study possessed knowledge and skills about their experience and presented basic methods to cope with their stressful work environments, but majority did not feel that their workplace environment supported them mentally. There were no indication from the results of the study that male mental health worker struggled to find ways to cope with their thoughts and feelings.

Limitations of the Study

The limitation to this study were that there were only male participants and had there been women participants, the findings might have differed. The number of male mental health technician who participated were considered to sufficient due to the study being qualitative research and discussing participants experiences. Most of the male participants had more than 5 years of experience working in the mental health field. Prior

research examined women mental health professional participants as it pertains to compassion fatigue, as other studies examine men and women as it pertains to spirituality. This study only focused on male mental health technicians.

Recommendations

Based on the results of the study, there appears to be lack of study resources for mental health workers within the mental health field. The responses for a lot of participants showed that they did not feel supported in the work that they do and then tended to go outside of the workplace to talk to individuals regarding their thoughts and feelings. Because existing literature does not show that male participants does not feel supported when it comes to compassion fatigue, mental health facilities seek organization who provide resources such as counseling and training (Ray et al.,2013). Other resources that can be of use implementing workplace changes such as workload management, fostering a supportive culture, and more education on how to properly deal with thoughts and feelings (Milner et al.,2020). Furthermore, resources can be placed within the facility so that staff have access when needed. Also, supervisors or managers should prioritize self-care and support staff by having supervision meetings to check in. Peer support and establishing healthy boundaries can also be beneficial (Ray et al.,2013).

Implications

Building on the existing research literature, the findings of this study support the need of male mental health technician becoming more aware self-practices and being more open to discussing their mental health. Based upon the barriers of their work causing them distress, all of the participants reported utilizing spirituality and also

speaking with someone they trust about their mental health. All of the participants reported ways that they cope as it pertains to their spirituality, however some participants felt like they need more resources within their work environment and to feel supported from their work environment as well. Continued trainings and other resources around consent, boundaries, healthy relationships are crucial for male mental health technicians to gain understanding of how to properly deal with compassion fatigue. This is possible by motivating and allowing space for male mental health technicians to be fine with recognizing their feelings and reaching out to receive services to reduce compassion fatigue. The findings of this study also supported the need of encouraging using spirituality to reduce compassion fatigue. This could increase awareness and help male mental health workers while working within mental health environments. With this in mind, social change can be increased by addressing and maintaining male mental health workers quality of care.

Conclusion

The purpose of this study was to explore the lived experiences of compassion fatigue in male mental health technician and how they use daily spirituality as coping mechanism. A phenomenological approach was used to collect and analyze data from 10 participant interviews. The results of this study showed that male mental health technicians did experience compassion fatigue while working in mental health facilities and that all used spirituality as a coping mechanism to cope. The study highlighted the need for resources within the mental health environment and how it could be beneficial for clients if these resources were placed within the mental health facilities. All

participants reported spirituality being a driving force for reducing compassion fatigue, however no participants reported compassion fatigue permanently going away. According to Ray et al. (2013) compassion fatigue is known to be unavoidable. Participants reported speaking with supportive people in their life regarding their mental health, which shows that it was acknowledged. In conclusion, the findings of this study offer critical insight into the reporting experiences of male mental health workers in mental health facilities which can be used to inform positive social change in regard maintaining self- care, reduce compassion fatigue, reduce stigma, and increase quality of care.

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Appendix Interview Questions:

1. What is your experience working in a locked mental health facility?

2. What is the worse thing that has ever happened while working in a mental health facility?

3. Have you ever experienced compassion facility while working in the environment? What were your symptoms?

4. Did you utilize spirituality techniques while working in the environment and how did they help reduce compassion fatigue?

5. After a long day of working with mentally ill patients, how are you feeling mentally and emotionally? Is there something in general that you do once walking out of the facility?

6. Have any of your relationships suffered due to working in mental health locked facilities?

7. Compared to when you started your role how would you say your mental health is?

8. Who would you turn to if you felt your mental health was declining at work? And why?

9. Do you feel that your place of employment supports your mental health at work as an employee? Explain why yes or no.

10. How would you rate your stress levels at work 10 being incredibly stressed 0 being not stressed at all? Can you explain the answer in which you gave?

Appendix Flyer:

Caption: There is a new study to about the lived experiences of compassion fatigue in male mental health technicians and how they use spirituality daily within locked facilities. For this study, you are invited to describe your experiences working in locked facilities.

About the study:

•45-60-minute phone interview that will be audio recorded (no videorecording)

· You would receive a $20 Visa gift card as a thank you.

· To protect your privacy, the published study will not share any names or details that identify you

· 10 Volunteers must meet these requirements:

• Male mental health technicians who work in locked facilities for 5 years or more.

• Participants will age from 24 years old to 58 years old who are engaged with mental health patients in locked facilities.

This interview is part of the doctoral study for Felicia Davis Ramsey, a Ph.D. student at Walden University. Interviews will take place during June- August 2024.

Please email me at Felicia.davis4@waldenu.edu or call at 205-499-8191 to let the researcher know of your interest. You are welcome to forward it to others who might be interested.