2018

Perceived Quality of Care and Burnout in Psychiatric Caregivers Working With Offenders

LaToya Brown Gage
Walden University

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral dissertation by

LaToya Gage

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Sharon Xuereb, Committee Chairperson, Psychology Faculty
Dr. William Tetu, Committee Member, Psychology Faculty
Dr. John Schmidt, University Reviewer, Psychology Faculty

Chief Academic Officer
Eric Riedel, Ph.D.

Walden University
2018

Abstract

Perceived Quality of Care and Burnout in Psychiatric Caregivers Working With Offenders

by

LaToya Gage

MA, Walden University, 2012

BS, University of New Orleans, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

August 2018

Abstract

Perceived quality of care and burnout affects psychiatric care workers professionally and physically. Psychiatric caregivers working in forensic facilities encounter negative changes with perceived quality of care and burnout when working with offender patients. Recognizing the variables that lead to burnout and perceived quality of care may assist professionals and organizations with the information needed to prevent burnout and poor perceived quality of care among psychiatric caregivers. Using self-efficacy theory as a framework, this correlational design examined whether years of experience, self-efficacy, and caseload complexity predict burnout and perceived quality of care. A total of 148 psychiatric caregiver participants completed questionnaires comprised of the Maslach Burnout Inventory-HSS, General Self-efficacy Scale, and Quality of Care Measures (staff-form), along with demographic questions. Multiple regression determined that self-efficacy and years of experience significantly predicted personal accomplishment, which is a subscale of burnout. However, self-efficacy did not predict of depersonalization or emotional exhaustion the other 2 subscales of burnout. Self-efficacy was also found to be a positive predictor of perceived quality of care. The research findings have the potential to influence social change by providing professionals and organizations a better understanding of the factors that influence burnout and perceived quality of care when working with offender patients. In relation, improvements in trainings, interventions, and strategies for positive employee well-being and increased patient care could possibly reduce burnout and increase perceived quality of care.

Perceived Quality of Care and Burnout in Psychiatric Caregivers Working With Offenders

by

LaToya Gage

MA, Walden University, 2012

BS, University of New Orleans, 2010

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Forensic Psychology

Walden University

August 2018

Dedication

I dedicate my dissertation to my son Reginald Gage III. You motivated and encouraged me to follow my dreams throughout all the obstacles that I encountered. I'm so thankful that God blessed me with a very energetic and smart child that help me remain focused on accomplishing my goals. I did this for us, and this journey will continue. Reggie, I love you dearly.

Acknowledgements

First, I would like to give thanks to God for allowing me to experience my dissertation journey and providing me with the many blessings that I have encountered. Through the hard times, negativity, and moments of doubt, I knew that God would give me the strength and perseverance to succeed. I would like to thank all my professors, committee members, and family members who have encouraged and guided me through this journey.

My chair Dr. Sharon Xuereb guided me throughout my whole dissertation journey and was the most caring and motivational person I have ever met. Dr. Xuereb was very professional, but she made me feel comfortable and able to challenge myself even more. Dr. Xuereb continuous support and indispensable insight contributed to my dissertation completion, and I know she has and will continue to be supportive and inspirational to others. My committee member Dr. William Tetu provided his expertise and support which made me think outside of the box as well as recognize other perspectives.

Finally, I would like to thank my family members and any friends that have been with me throughout my dissertation journey. All of them have been encouraging and even made me laugh when I felt defeated. Those encouraging moments whether in person or on the phone allowed me to see that you genuinely care and I appreciate you just making time. Thank you for helping me realize that I have to enjoy life and reduce stress so that I could focus and complete this dissertation journey. I am truly grateful and appreciative of all of you.

Table of Contents

List of Tables

List of Figures

Chapter 1: Introduction to the Study

Introduction

Providing care and support are required responsibilities and job duties for psychiatric caregivers working in forensic facilities (Newman, Patterson, Eason, & Short, 2016). Psychiatric caregivers encounter disruptive behaviors from offender patients in forensic facilities throughout their work shift (Yragui, Demsky, Hammer, Van Dyck, & Neradilek, 2016). In relation, psychiatric caregivers are at high risk for major exhaustion (Yrahui et al., 2016). This negatively contributes to their well-being but also to the quality of services provided to the patients (Green, Albanese, Shapiro, & Aarons, 2014).

Background

Maslach and Leiter (2016) indicated that burnout results from work-related stress that affects employees in health care, human services, and helping professionals such as nurses. Johnson, Worthington, Gredecki, and Wilks-Riley (2016) associated burnout with higher reported physical violations, decreased depersonalization, and lower perceived trust among mental health professionals. In relation, lower levels of emotional exhaustion associated with less burnout and higher perceived trust (Johnson et al., 2016). Professionals who do not have the necessary resources and skills to perform their job suffer from decreased personal accomplishment because of poor self-efficacy (Bandura, 1977; Welp, Meier, & Manser, 2015). Welp et al. (2015) associated self-efficacious people with higher performance and putting forth more effort when trying to accomplish difficult work-related tasks.

Burnt out employees in forensic facilities might not be as efficacious when performing their job duties and providing patient care which might contribute to lower

safety (Consiglio, Borgogni, Di Tecco, & Schaufeli, 2016; Shoji et al., 2016). The number of patients assigned to each nurse contributed to incidents of missed patient care such as neglected patient safety reports which related to poor perceived quality of care (Ball, Murrells, Rafferty, Morrow, & Griffiths, 2013). Research has shown that 99% of psychiatric caregivers reported verbal conflicts with patients, and 70% reported physical assaults from patients (Kelly, Subica, Fulginiti, Brekke, & Novaco, 2014). Nonetheless, the increase in offenders admissions into forensic facilities (Møllerhøj, Stølan, & Brandt-Christensen, 2015; Ogloff, Talevski, Lemphers, Wood, & Simmons, 2015), may contribute to the potential for more violent incidents.

Phillips, Wesaby, and Fowler (2016) indicated that employees' burnout and perceived quality of care changes when they have a caseload of offenders. However, Møllerhøj et al. (2015) noted that changes in employees' well-being are related to increased and complex caseloads of offenders. The influence of such challenges on psychiatric caregivers' perceived quality of care and burnout with complexity caseload of offenders has not been examined. Green et al. (2014) investigated the influences of burnout for psychiatric caregivers, which contributed to higher levels of emotional exhaustion and depersonalization. Nurses who reported increased burnout also experienced increased caseloads, which contributed to more patient interactions and demands from patients (Khamisa et al., 2013).

The body of evidence demonstrating an association between burnout and perceived quality care among nurses is substantial. For example, increased job demands and working overtime have contributed to higher burnout which positively related to poor perceived quality of care (Luther et. al., 2016). In relation, nurses' choice of leadership

styles (e.g. Crisis Prevention Institute which is used for self-management of disruptive behavior) positively related to high or low burnout and their perceptions of the quality of care being provided to the patients (Cheng et al., 2016). Coetzee, Klopper, Ellis, and Aiken (2013) noted that nurses' perceived quality of care and burnout related to higher workloads and poor patient outcomes. Psychiatric nurses who worked with mentally disordered offenders expressed difficulty with managing their workload, and this related to their increase in stress and agitation (Reid, 2014). Manageable patient to nurse caseloads related to higher reported perceived quality of care and patient outcomes (Coetzee et al., 2013). However, burnout and perceived quality of care association among nurses with offender patients is unknown.

Recent reviews of burnout among psychiatric caregivers indicated that 21% to 67% experience high levels of burnout (Green et al., 2014). The increase in burnout has been associated with emotional demands encountered with psychiatric caregivers' job duties (Green et al., 2014). In addition to high burnout, there are reports of poor perceived quality of care and decreased mental and physical well-being (Green et al., 2014; Khamisa et al., 2013). Findings pointed to the need for less stressful work environments and conditions to decrease burnout (Green et al., 2014).

Khamisa et al. (2013) provided information on the stress-related factors that contribute to job satisfaction for psychiatric nurses, which affects patient care, employee well-being, work overload, and job complexity. In addition to those affects, prolonged stress impacts job satisfaction which often leads to job turnover and poor performance (Khamisa et al., 2013). Influences on nurses' job satisfaction consisted of poor interactions, years of experience, and loss of control or responsibility (Dignani &

Toccaceli, 2013). In relation, decreased stress and higher job satisfaction associated with improved well-being and higher perceived quality of care (Dignani & Toccaceli, 2013).

In a study concerning the different aspects of the psychiatric ward as perceived by nursing staff, nurses' work engagement and caseload related to their perceived quality of care (Van Bogaert et al., 2014). Morse et al. (2012) acknowledged that the issues surrounding psychiatric caregivers' work performance related to their perceived quality of care, caseload, and self- efficacy. Bogaert, Clarke, Willems, and Mondelaers (2013) investigated perceived quality of care and workload among employees working in mental health; and their role in job outcomes. They found that improved job outcomes accounted for the higher perceived nurse-reported quality of care.

Problem Statement

Working in a forensic facility is a challenge for direct care workers (Sellers et al., 2012). Direct care employees such as psychiatric caregivers may be at risk for major exhaustion. Employees working in these environments experience issues with burnout when they lack emotional support; they consequently, struggle to manage stressful situations and risk the possibility for injury (Zarea, Nikbakht-Nasrabadi, Abbaszadeh, & Mohammadpour, 2012). Burnout negatively impacts employees' well-being and the quality of services they provide patients (Green et al., 2014). Higher perceived quality of care is related to decreased employee disengagement (Sutter et al., 2014). Thus, perceived quality of care and burnout negatively affects employees' job performance, patient care, job turnover, and work satisfaction (Sutter et al., 2014). Therefore, it is essential and justifiable to understand which variables predict burnout and perceived quality of care in this population.

Low self-efficacy in psychiatric nurses negatively affects their well-being and quality of work (Reid, 2014). Self-efficacy focuses on individual judgments, perceptions, and the influences on behavioral outcomes (Garcia, Restubog, Bordia, Bordia, & Roxas, 2015). Self-efficacy is associated with work-related factors such as caseload complexity and quality of work (King, Le Bas, & Spooner, 2014). The caseload complexity of offenders admitted to psychiatric units is also related to lower staff well-being (Møllerhøj et al., 2015). The affects of such challenges on employees' perceived quality of care and burnout, when working with offenders, is unknown. Also, burnout has been linked to mental health employees who are in the early years of their career (Volpe et al., 2014).

Caseload complexity of offenders has been recognized as one of the contributing stressors for psychiatric caregivers (Happell, Hoey, & Gaskin, 2012). Direct care staff such as psychiatric caregivers are faced with many different work-related challenges that may present difficulty when completing patient care duties and managing offenders in forensic facilities. These work related factors are associated with changes in staff well-being (Green et al., 2014). Furthermore, there are effects on staff perceived quality of care and burnout, but we do not yet know what these effects are from the employee perspective.

The problem this research addressed is the gap in the literature concerning the relationship between caseload complexity, self-efficacy, and years of experience prediction on psychiatric caregivers' perceived quality of care and burnout working with offenders in forensic psychiatric facilities. In this study, I focused on forensic psychiatric facilities that cater for offenders. It is important that psychiatric caregivers' work-related conditions are examined.

I will address perceived quality of care and burnout among these professionals working with offenders. Because psychiatric caregivers encounter daily stressors and provide care to offenders, it is important to understand the factors related to perceived quality of care and burnout from the employee perspective. Understanding perceived quality of care and burnout from the psychiatric caregiver perspective can help with improving training, employee to patient relationships, patient care, employee job performance, decrease burnout, and increase personal well-being. In relation, psychiatric caregivers' self-efficacy, caseload complexity, and years of experience are comprehensively discussed in other chapters.

Purpose

My purpose in this quantitative study was to examine whether the work-related factors; namely; caseload complexity, self-efficacy, and years of experience, predict perceived quality of care and burnout in psychiatric caregivers who work with offenders in forensic facilities. My goal was to determine how caseload complexity, self-efficacy, and years of experience contributed to psychiatric caregivers' burnout and perceived quality of care. Once the influence of those work-related factors on employee burnout and perceived quality of care are understood, we can begin to determine solutions to the problems contributing to effects on employee well-being and poor patient services.

Research Questions and Hypotheses

Research Question 1: Does offender caseload complexity, years of practice, and self-efficacy significantly predict psychiatric caregivers' perceived quality of care in a forensic setting?

H_{01}: Offender caseload complexity, years of experience, and self-efficacy do not predict psychiatric caregivers' perceived quality of care in a forensic setting.

H_{a1}: Offender caseload complexity, years of experience, and self-efficacy predict psychiatric caregivers' burnout in a forensic setting.

Research Question 2: Does offender caseload complexity, years of experience, and self-efficacy significantly predict psychiatric caregivers' burnout in a forensic setting?

H_{02}: Offender caseload complexity, years of experience, and self-efficacy do not predict psychiatric caregivers' perceived quality of care in a forensic setting.

H_{a2}: Offender caseload complexity, years of experience, and self-efficacy predict psychiatric caregivers' perceived quality of care in a forensic setting.

Framework

The theoretical framework for this study is self-efficacy theory, developed by Bandura (1977). This theory was developed within the framework of social cognitive theory. Self-efficacy theory focuses on explaining influences on human functioning through behavior, thoughts, or emotions. Self-efficacy refers to a person's confidence in their ability to execute actions required for fulfillment of a certain performance (Bandura, 1977). By applying self-efficacy theory, I am seeking to explain how self-efficacy predicts perceived quality of care and burnout among direct care employees.

The theory of burnout helps explain what factors in the workplace contribute to employees' physical and mental stress (Maslach, Leiter, & Jackson, 2012). Recently it was found that high self-efficacy contributes to more effort and motivation to accomplish a task or difficult situation (Schwarzer, 2014). Psychiatric caregivers working in forensic

facilities may encounter difficult tasks or situations that contribute to burnout (Yrahui et al., 2016). Burnout can negatively affect an employees' energy level, the ability to address difficult situations, and personal well-being (Maslach et al., 2012). Ensuring dedication and self-efficacy has been related to completion of work tasks and decreased burnout (Maslach et al., 2012).

Nature of Study

I designed this quantitative study with a predictive correlational design. This design help explain how work-related issues predict psychiatric caregivers' perceived quality of care and burnout. Maslach Burnout Inventory-Human Service Survey (MBI-HSS) and Quality of Care Measures-Staff Form (QOC-S) were used to examine burnout and perceived quality of care variables. Offender caseload complexity, self-efficacy and years of experience were measured by the General Self-efficacy Scale (GSES) and the demographic survey. The survey was available online, with the link sent via email, for psychiatric caregivers.

The research questions were applied to investigate caseload complexity, years of experience, and self-efficacy prediction on burnout and perceived quality of care. The independent variables included caseload complexity, years of experience, and self-efficacy, and the dependent variables examined were burnout and perceived quality of care. Survey monkey allowed development, analysis, and collection of the surveys responses. SPSS statistics addressed the reporting and deployment data. Once analyzed, the results provided potential areas for social change.

Definitions

The following served as the operational terms of this study:

Burnout: Maslach and Leiter (2016) defined *burnout* as "a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job" (p. 103).

Caseload: Caseload is the number of patients or clients that a professional is responsible for at one time. The study focused on the caseload that the psychiatric caregivers have (Spernaes, Holborn, Whent, & Griffiths, 2017).

Direct care worker or employee: Direct care workers are professionals (e.g., nurses, personal care assistants) who implement hands on assistance to individuals with individuals who have a chronic disability (Gaugler, Hobday, Robbins, & Barclay, 2016). Direct care workers applied in the study were psychiatric caregivers who provided hands on care and assistance to offenders in forensic facilities.

Forensic facility: Walker, Pann, Shapiro, and Van Hasselt (2016) defined *forensic facility* as a hospital or facility that hold persons who are mentally ill and are involved with the criminal justice system.

Mental health employee or worker: The mental health worker implements and delivers mental health services to families individuals (Goodyear et al., 2015). Mental health employee or worker in this study focuses on the individual providing mental health services to offenders in forensic facilities.

Perceived quality of care: Perceived quality of care is an individual personal perspective or expectations of their quality of care provided or received (Tregea, Lee, Browne, Pouwer, & Speight, 2016).

*Psychiatric Caregivers (*mental health caregivers*)*: Psychiatric caregivers are professionals who work within psychiatric or forensic facilities and provide assistance with activities of daily activities, such as restroom and bathing functions, medication compliance, feeding, grooming, and therapy (Bartolomei et al., 2016). Psychiatric caregivers applied in the study were psychiatric nurses and technicians that work at the California forensic hospital and provided care to offender patients.

Psychiatric nurse: Psychiatric nurse is the area of nursing that focuses on the prevention, care, and treatment of mental disorders (Pearson et al., 2015). The psychiatric nurses for this study work in a forensic facility and were working with patients who have a mental illness and criminal history.

Psychiatric technician: Psychiatric technicians may work in mental health agencies, psychiatric wards, forensic facilities or behavioral psychiatric hospitals. However, psychiatric technicians work under and is supervised by a licensed psychiatric nurse, psychiatrist, psychologist, social worker, counselor or other (Santos, Wainberg, Caldas-de-Almeida, Saraceno, & de Jesus Mari, 2016).

Quality of care: Quality of care is the health services provided to populations and persons to increase the possibility of wanted health outcomes that is derived from specialized knowledge (Chen, Unruh, & Williams, 2016; Stevens, 2013; Tuncalp et al., 2015).

Self-efficacy: Self-efficacy is defined as a person's confidence in their ability to execute a task, and the expectation to master the task to achieve a goal or positive outcome (Bandura, 1977). Halper and Vancouver (2016) defined *self-efficacy* as "individuals' belief in their ability to accomplish a specific outcome."

Workload: The amount of work given or assigned to be completed (Elkin-Frankston, Bracken, Irvin, & Jenkins, 2017).

Years of experience: The number of years of forensic experience by each psychiatric nurse and mental health specialist (Newman et al., 2016).

Assumptions

The first assumption is that not identifying and understanding the changes in burnout and perceived quality care increases turnover rates, promote poor patient services, and decrease employee well-being. Another assumption is that psychiatric caregivers were willing to make changes to improve perceived quality of care and burnout. Lack of funds and resources contributed to employee perceived quality of care, burnout, and services provided to offenders. Without better training and improved resources, employee burnout increases, and perceived quality of care decreases.

Scope and Delimitations

The sample in the study included psychiatric caregivers working in forensic facilities with offenders and provide direct care services to offenders. The study findings were limited to this population. The sample did not include other employees working in forensic facilities such as security guards, psychologists, social worker, counselor, janitor, and others. The study did not include the specific job descriptions of the psychiatric nurses and psychiatric technicians when working with offenders. The study does not consider the effects of the work shifts (night or day).

Limitations

Limitations of the study related to the self-report nature of the Quality of Care Measures, Staff Form (QOC-S), General Self-efficacy Scale (GSES), and Maslach

Burnout Inventory (MBI), as well as the study correlational nature. Because of the self-reporting nature of the QOC-S, GSES, and MBI, bias and errors in the participants' responses are unable to be controlled for. The results of the study can be generalized only to the population of psychiatric caregivers working in forensic facilities with offenders. Limited sampling may lead to the inability to generalize to other populations and present maturation and selection threats to internal validity. The response rate of the psychiatric caregivers cannot be controlled.

Significance

This study is unique because it addressed an under-researched area regarding burnout and perceived quality of care with a population that provides direct care services to offenders' in forensic psychiatric settings. The results of this study lead to better support for employees, and also review patient intake policies (van Bogaert, van Heusden, Timmermans, & Franck, 2014). Insights from these findings assist forensic organizations with development of resources to help improve direct care employee self-efficacy, which promotes better- perceived quality of care and decrease burnout while enhancing patient services and personal well-being (van Bogaert et al., 2014). Thus employees' well-being improves, whereas patients receive better care (Khamisa, Peltzer, & Oldenburg, 2013).

Addressing work-related factors within mental health could potentially have positive implications for social change. Admission of caseload complexity of offenders to forensic facilities cannot be prevented, so implementing intervention strategies to prepare employees with adequate training and support may help increase their overall work experience. Identifying effective strategies that contribute to improving the quality of

services provided to offender patients should aid in reducing violent behaviors in forensic facilities and when offenders return to their communities (Morgan et al., 2012).

Summary and Transition

Burnout and perceived quality of care have been addressed as a problem in many different professions including nursing. In this study, I examined work related predictors of burnout and perceived quality of care in psychiatric caregivers working with offenders. Working in forensic facilities, the employees have many responsibilities with their caseload of offenders. In relation, the responsibilities may present difficulty for psychiatric caregivers with fewer years of experience, as well as relate to their low self-efficacy. However, the components years of experience, caseload and self-efficacy have been examined. The perceived quality of care and burnout among psychiatric caregivers, while analyzing years of experience, self-efficacy, and caseload complexity of offenders were revealed in the study.

In Chapter 1, I presented the possibility of a relationship between psychiatric caregivers burnout and perceived quality of care with offenders. In Chapter 2, I describe the underpinning theory in more detail. Following that, there is a comprehensive presentation of research literature relating to the variables in this study, namely perceived quality of care, burnout, years of experience, self-efficacy, and caseload complexity. In Chapter 3, I provide information on the methodological approaches of this study, and an extensive review of the research design, population characteristics, and research instruments. In Chapter 4, I present an overview of the purpose, research questions, data collections and the results of the study. Finally, in Chapter 5, I introduce interpretation of findings, further recommendations, and conclusion.

Chapter 2: Literature Review

Introduction

Caseload complexity of offenders has been recognized as contributing to stress for mental health workers (Happell et al., 2012). Direct care employees (e.g. psychiatric caregivers) are faced with many different work related changes that present difficulty when completing patient care duties and managing offenders in forensic psychiatric settings. These work related factors are associated with changes in employees' mental and physical well-being (Green et al., 2014). Many mental issues (e.g. depression, anxiety) and physical issues (e.g. neck pain, backache) are associated with burnout (Green et al., 2014). Furthermore, there are effects on employee perceived quality of care and burnout (Nantsupawat, Nantsupawat, Kunaviktikul, Turale, & Poghosyan, 2016), but these effects have not been examined from the psychiatric caregivers' perspective with offender patients. This study addressed how caseload complexity, self-efficacy, and years of experience predict perceived quality of care and burnout in psychiatric caregivers who work with offenders in forensic psychiatric facilities.

Direct care employees interact with patients the majority of their work shift which relates to their burnout and poor perceived quality of care (Dempsey, Wojciechowski, McConville, & Drain, 2014). Khamisa et al. (2013) suggested burnout as a predictor for work-related stressors and verified burnout as the underlying factor for nurses' general health stressors. Dempsey et al. (2014) suggested direct care nurses helping patients can improve patient-centered care by addressing and reducing burnout.

In this chapter, I focus on introducing factors related to perceived quality of care and burnout, as well as independent variables in this study, namely self-efficacy, years of

experience, and caseload complexity. It begins with a comprehensive analysis of empirical based research and literature on burnout and perceived quality of care in forensic psychiatric facilities. The studies analyzed consisted of topics on the effects of burnout and perceived quality of care changes among professionals working in forensic facilities. The theoretical framework provides detailed information used to understand changes in perceived quality of care and burnout.

Search Strategy

This study applied a conscientious literature research approach. The databases included CINAHL Plus with Full Text, MEDLINE with Full Text, PsycBooks, PsycINFO, SAGEPremier, and Science Direct. The literary sources retrieve from the library services came from the University of New Orleans, Southern University, and Walden University. Searches conducted implemented a range of primary key terms, including quality of care, psychiatric nursing, workload, job satisfaction, self-efficacy, work experience, years in the profession, burnout, and psychiatric employees. For this research study, the literature selected is from 2011 to 2017. A combination of books, scholarly articles, and general articles covered information on perceived quality of care and burnout of professionals working within the mental health profession.

A search for the word *burnout* generated 2,209 articles, starting with the publication year of 2011. Quality of care generated 4,476 articles, but only 160 articles focusing on keywords employee or offenders were applied with the publication year of 2011. Burnout and quality of care yielded 639 articles. Burnout and quality of care with employee yielded 48 articles. The majority of articles that focused on burnout and

perceived quality of care in the mental health profession, emphasized social workers, psychologists, nurses, or psychiatrists.

Self-Efficacy Theory

The theoretical framework for this dissertation is self-efficacy theory (SET; Bandura, 1977). Albert Bandura (2014) stated that SET derived from social cognitive theory. SET was developed to explain and understand how thoughts, behaviors, and emotions influence human functioning. Self-efficacy is defined as a person's confidence in their ability to execute a task, and the expectation to master the task to achieve a goal or positive outcome (Bandura, 1977). In relation, high self-efficacy means that the person believes that they can perform the task very well. Bandura (1977) suggested that perceived self-efficacy is derived from four basic principles of information that are "performance accomplishments, vicarious experience, verbal persuasion, and physiological states" (p. 191).

Performance accomplishments, vicarious experience, verbal persuasion, and physiological states are all implemented in some sort of aspect by workers in forensic facilities. Employees working in forensic facilities have to be aware of their body language and actions when interacting with offender patients. These professionals experience difficulty when communicating meaningful and convincing feedback to patients during psychological assessments, psychiatric diagnosing, and therapy (Miller, 2012). Forensic and mental health workers self-efficacy have been applied to explain factors related to their work performance and perceptions of quality of care provided to patients (Roberts, Davies, & Maggs, 2015). Thus, training and learning from previous

experiences or incidents encountered in forensic facilities can help the employees develop more skills and expertise within their field.

Performance accomplishments are personal learning experiences (Grudzen et al., 2016). Vicarious experience is defined as the modeling of behaviors observed from others (Czaplewski, Key, & Van Scotter II, 2016). Verbal persuasion is communicating convincing feedback (Czaplewski et al., 2016). *Physiological states* are defined as body movements or actions (Achterkamp, Hermens, & Vollenbroek-Hutten, 2016). McDougall Jr, Vance, Wayde, Ford, and Ross (2015) described performance accomplishments, vicarious experience, verbal persuasion, and physiological states as the "four mechanisms that work in tandem to build a domain-specific type of self-efficacy" (p. 179). McDougall et al. (2015) applied these four mechanisms to memory confidence on adults ages 53 to 96 years and used them as memory training modules. This contributed to increased self-efficacy. Cheung (2015) explained how students obtain information regarding their level of self-efficacy from vicarious experience, verbal persuasion, performance accomplishments, and physiological states. These four principles along with self-efficacy teaching (known as instructional strategies) provided students with positive experiences and increased self-efficacy (Cheung, 2015).

Self-efficacy has been identified as having an important role in work-related performances by affecting individuals' effort, decisions, and perseverance (Walumbwa et al., 2011). Using SET, Bandura (1977) hypothesized that a person's self-efficacy determines if the individual will use a coping mechanism, how much effort will be exhausted, and how long the coping mechanism will continue for when faced with challenging experiences. Coping mechanisms are techniques or strategies that an

individual implements to deal with difficult situations. Increased self-efficacy is related to more vigorous coping efforts (Bandura & Adams, 1977). Ultimately, behavioral and cognitive coping efforts (e.g. assertiveness, decision making) are applied as problem-solving coping strategies (Völlink, Bolman, Dehue, & Jacobs, 2013). Mental health nurses are exposed to stressful and aggressive situations in forensic settings (Lee, Daffern, Ogloff, & Martin, 2015). Thus, it is important they have high self-efficacy, so they can use vigorous coping efforts to deal with these challenging situations.

Bandura and Adams (1977) suggested that perceived self-efficacy determines the amount of effort expended when encountering unpleasant experiences. Schwarzer (2014) analyzed research that explained how perceived self-efficacy could determine a person's sense of control, thoughts, and actions. In addition, perceived self-efficacy is the way a person feels, their behavior, and actions which are related to the amount of motivation and performance achievement outcomes (Schwarzer, 2014). Indeed, Rodriguez-Villalobos, Vega, Gonzalez, and Ledezman (2016) concluded high levels of perceived self-efficacy increased motivation, decreased emotional disruptions, and improved vigorous coping strategies among college students. In relation, self-efficacy can be used to determine effects on perceived quality of care for employees working in forensic facilities.

Employees working in forensic facilities encounter a range of challenging situations while caring for offender patients (Davies et al., 2016). Experienced employees are more prepared for activities that are threatening within their work environment which relates to increased self-efficacy, safer outcomes, and implementation of self-protective behaviors (Bandura, 1977). Self-protective behaviors are the actions a person applies in a

violent confrontation to prevent the attack or reduce injury (Powers, 2014). Enhancing self-protective behaviors and self-efficacy allows more motivation to implement actions against potential physical, mental or emotional harm (Waddell, McLaughlin, LaRose, Rifon, & Wirth-Hawkins, 2014). Thus, potential threats are prevented (Waddell et al., 2014).

Olusola's study (2011) supported the link between self-efficacy and job performance as it contributes to increased dedication among industrial workers. Self-efficacy and work performance positively associated with the fulfillment of difficult tasks or circumstances for undergraduate college students (Themanson & Rosen, 2015). Many factors could determine if job duties are perceived as difficult. Moczko, Bugaj, Herzog, and Nikendei (2016) suggested working long hours, multitasking, and stress related to decreased self-efficacy and teamwork among medical students. Thus, team support, work engagement, and manageable workloads contributed to less stress for health care workers which increased self-efficacy (Moczko et al., 2016). Schunk and Mullen (2012) analyzed high performing students' self-efficacy with low academic motivation. They found that and decreased self-efficacy predicted lower academic achievement, which contributed to higher dropout rates.

Burnout

Burnout is a term that refers to an individual's occupational exhaustion and stress. Morse et al. (2012) discussed how mental health organizations consider burnout a psychological condition experienced by different professions. Maslach et al. (1996) focused on burnout through analyzing three dimensions: depersonalization, emotional exhaustion, and reduced personal accomplishment. Depersonalization consists of

emotional and cognitive disconnection from job duties, and negative views toward the field of work (Welp et al., 2015). Emotional exhaustion is the core element of burnout and causes employees to feel tired or unable to complete work related tasks (Yu, Jiang, & Shen, 2016). Decreased efficacy and feelings of being unable to contribute to work are experiences of reduced personal accomplishment (Welp et al., 2015).

According to Maslach and Leiter (2014), burnout is prevalent in caregiving and service careers that primarily focus on the relationship between the employee and recipient. However, burnout in the work environment is known to affect all professions in every industry, but especially in the human service field (Brady, 2014); and the mental health field is increasingly recognized for employee burnout (Morse et al., 2012). Mental health employees working in psychiatric settings encounter burnout as a result of work environments, workloads, and exhaustion (Ray, Wong, White, & Heaslip, 2013). For example, nurses have expressed concerns about managing high caseloads as it contributes to fatigue and escalating situations (Reid, 2014).

Burnout has behavioral, physical, cognitive, and emotional indicators (Salyers et al., 2015). Regular displaying of fearful reactions is one of the behavioral responses from nurses when interacting with aggressive patients (Heckemann, Breimaier, Halfens, Schols, & Hahn, 2015). Adverse physical health problems (e.g., headaches, sleep deprivation, body aches) have been associated with burnout (Salyers et al., 2015). Employee burnout coincides with physical and emotional declines that relate to lower job satisfaction (Haynos, Fruzzetti, Anderson, Briggs, & Walenta, 2016). Burnout has been linked to cognitive deterioration, such as decreased alertness, which can contribute to less involvement in the workplace (Salyers et al., 2015). Research has linked burnout with

feelings of reduced empathy (Yu et al., 2016). In nursing, behaviors related to burnout produce emotions related to depression and anxiety (El-aal & HI, 2014). Thus, it is clear that burnout comprises a range of negative physical and psychological experience.

Burnout and Forensic Services

Professional burnout is related to forensic settings, in particular with the enhanced potential for violence experienced by professionals working in these settings (Chien, Novosad, & Mobbs, 2015). Psychiatric caregivers affected by burnout displayed patterns of poor quality relationships with forensic patients which contributed to higher risk of violence from patients (Stahl et al., 2016). Thus, burnout and compassion fatigue are consequences of providing forensic services within the forensic settings (Hanks & Vetere, 2016). This suggests that burnout can affect staff emotionally, physically, and decrease services provided to patients.

Burnout was closely related to emotional distress for physicians (Gleichgerrcht & Decety, 2013). Forensic professionals who experienced burnout had increased levels of emotional exhaustion (Elliott & Daley, 2013). Professional burnout is related to lack of training, sleep deprivation, and medical errors (Mela, Luther, & Gutheil, 2016). Professionals who suffered severe consequences from burnout became withdrawn and deprived their patients of services (Montgomery, Todorova, Baban, & Panagopoulou, 2013). Nurses mostly exposed to physical and verbal abuse experienced burnout and difficulty providing quality nursing care to patients (Al-Ali, Al Faouri, & Al-Niarat, 2016). Al-Ali et al. (2016) explained how nurses' decline in patient care related to experiencing violent incidents from patients and visitors. In relation, these nurses who experienced burnout also had negative attitudes in regards to managing violent incidents

that arise on their job (Al-Ali et al., 2016). Welp et al. (2015) suggested that burnt-out professionals are putting patients at risk because of their inability and lack of resources to adequately perform the job. Thus this suggests that forensic employees who suffer from burnout experience personal health effects, display poor perceived quality of care, and difficulty with addressing and managing violent situations that arise in forensic facilities.

Burnout and Self-efficacy

Yu, Wang, Zhai, Dai, and Yang (2015) explained how SET had been applied by many researchers in recent years to analyze job-related burnout and the role that self-efficacy plays in burnout (e.g. working pressure, decision making). Farkas (2011) discussed how, according to Bandura's SET, it is the person's belief or confidence that contributes to success, and not the actual behavior or ability. For example, students who are self-efficacious implement actions (e.g. studying, researching) because it promotes educational success, which lowers burnout (Bresó et al., 2011). Furthermore, Rigg, Day, and Adler (2013) used SET to explain how less self-efficacious teachers displayed burnout and found they experienced low personal accomplishment (Rigg et al., 2013).

Babenko-Mould, Iwasiw, Andrusyszyn, Laschinger, and Weston (2012) focused on nursing students; they found that self-efficacious behaviors such as empowerment, confidence, skills, and knowledge displayed by nursing students were related to effectively handling leadership roles and improved emotional support. Many researchers have used SET, to analyze and understand burnout. Pas, Bradshaw, and Hershfeldt (2012) discovered that leadership significantly related to increases in both efficacy and burnout. Lewis and Cunningham (2016) found that nursing leaders tend to have more engagement and increased burnout.

Seggelen-Damen and Dam (2016) focused on employee's self-efficacy; they determined that self-efficacy related to changes in personal well-being, work performance, emotional exhaustion, and motivation. This suggests that a definite link exists between job performance, burnout, self-efficacy, well-being, and motivation. Burnout and reduced personal accomplishment lead to doubt for a professional when making work-related decisions (Sadati, Hemmati, Rahnavard, Lankarani, & Heydari, 2016). This suggests that a decline in professionals feelings of competence concerning patient care and lack of self-efficacy decreases motivation and work performance (Sadati et al., 2016). Freitas, Silva, Damásio, Koller, and Teixeira (2016) analyzed the role of self-efficacy in motivation and the effect it has over burnout psychologists and social workers. It was found that professionals with higher levels of self-efficacy developed greater motivation and increased job-related well-being (Freitas et al., 2016). Burnout and stressors experienced in the nursing profession have harmful effects on job-related well-being such as role overload, decreased self-efficacy, and exhaustion (Dasgupta, 2012).

Perceived Quality of Care

There is a difference between perceived quality of care and quality of care. Good quality of care is the health services provided to persons to increase the possibility of wanted health outcomes that are derived from specialized knowledge (Chen et al., 2016; Tuncalp et al., 2015). Perceived quality of care is an individual personal perspective or expectations of their quality of care provided or received (Tregea et al., 2016). Negative effects on mental health include psychiatric disorders or health problems, and positive results focus on satisfactory psychological functioning and feelings of well-being (Schönfeld, Brailovskaia, Bieda, Zhang, & Margraf, 2016). Perceived quality of care

contributes to human functioning because it increases behaviors related to outcome expectations, perceptions of characteristics displayed within the social environment, and impacts on goals (Bandura, 2012; Costa, 2016; Rodriguez-Villalobos et a., 2016).

Patient-centeredness focuses on honoring patients' choices, values, and demands while developing a strong relationship between clinician and patient (Epstein & Gramling, 2013). In relation, improving patient-centeredness could increase perceptions of quality of care. Videbeck (2013) mentioned that nurses have certain standards of care that are outlined by professional organizations which describe the duties nurses are responsible for. In relation, if any ethical dilemmas arise for the nurse, the standards would be used to determine acceptable services and quality of care (Videbeck, 2013). Salyers (2015) indicated that patient-centeredness and therapeutic association, related to staff attitudes and engagement which increased the influence on mental health workers self- reported quality of care. Nurses' perceptions of quality of care can be affected because of inadequate staffing, poor communication, and ineffective leadership (Pineau Stam, Spence Laschinger, Regan, & Wong, 2015). However, improving staffing, teamwork, and work environment can help create more positive perceptions of services being provided, higher job satisfaction, and less stress (Pineau Stam, Spence Laschinger et al., 2015).

Perceived Quality of Care and Forensic Services

Aiken et al. (2012) analyzed patient satisfaction, nurse staffing, and work environment to determine effects on perceived quality of care. They explored how nursing students' perceived quality of care affected patient outcomes and staffing in hospitals across the United States and Europe. Higher perceived quality of care

contributed to lower patient mortality levels and lower perceived quality of care related to higher hospital deaths and poor work environments. Also, poor perceived quality of care positively influenced the amount of time forensic employees took to complete their work duties within their work environment (Schröder & Lundqvist, 2013).

Psychiatric caregivers' poor perceived quality of care positively related to negative views of ward atmosphere and decreased patient-centered care (Alexiou, Degl'Innocenti, Kullgren, & Wijk, 2016). Thus, patients in forensic facilities often report dissatisfaction with the perceived quality of care provided, management, and communication from employees (Selvin, Almqvist, Kjellin, & Schröder, 2016). In relation, Lundqvist and Schröder (2015) found that good organization security, the effectiveness of management, and planning of care on forensic units positively related to staff perceived quality of care provided to patients. Lundqvist and Schröder (2015) suggested that assessing perceptions of quality of care in forensic settings and evaluating interventions are important factors for planning and improving forensic care.

Perceived Quality of Care and Self-efficacy

Many researchers have analyzed SET to understand self-efficacy beliefs and its cognitive effects on quality of care (Miller & Harrison, 2015). Self-efficacy has been used to explain the effects on perceived quality of care through analyzing physicians' performances; it was found that physician's loss of control related to decreased perceived quality of care and well-being (Claassens et al., 2016). Beaulieu et al. (2013) suggested increased quality of care can be accomplished by implementing different organizational models, but underlying factors such as the effectiveness of the team process can improve perceived quality of care as well. Van Dyk et al. (2016) mentioned how self-efficacy

explains frontline nurses' willingness and motivation to participate in a task. This suggests that self-efficacy influences nurses' motivation to make better nursing decisions and their ability to provide professional services (Van Dyk et al., 2016), hence potentially increasing perceived quality of care. Ball et al. (2013) concluded that nurses with higher perceived quality of care provided to patients also had higher self-efficacy. However, nurses who had provided poor perceptions of quality of care reported poor perceived self-efficacy and patient safety (Ball et al., 2013).

Changes in self-efficacy are related to organizational and health-related factors such as physical symptoms, poor leadership, and lower perceived quality of care (Diggins et al., 2016). Ultimately, increasing self-efficacy among professionals led to higher perceived quality of care and stronger physician-patient relationship (De Vries et al., 2014). Thus, this suggests that professional's high self-efficacy increases the perceived quality of care provided. However, none of the above-mentioned studies have focused on psychiatric caregivers working with offenders.

Perceived Quality of Care and Burnout

Burnout and perceived quality of care changes are experienced by psychiatric caregivers. Salyers (2015) hypothesized that increased levels of depersonalization and emotional exhaustion, and reduced levels of personal accomplishment among mental health professionals, would contribute to decreased perceived quality of care. Johnson et al. (2016) applied the Maslach Burnout Inventory (MBI) to measure burnout and trust among mental health professionals; they concluded that burnt out employees on a forensic unit reported a decline in the perceived quality of care provided (Johnson et al.,

2016). Thus, staff decline in perceived quality of care positively related to lower trust in others which associated with higher levels of burnout (Johnson et al., 2016).

Weng et al. (2011) used Maslach Burnout Inventory and Wong and Law Emotional Intelligence Scale to measure the association between doctors' burnout and emotional intelligence (EI); they determined that EI and burnout related to decreased job satisfaction and well-being. Furthermore, employee burnout decreases perceived quality of care, increases intention to leave the profession, presents financial burdens for organizations (e.g. institutional costs for developing programs), and personal implications of stress, such as suicide (Fortney et al., 2013; Regan, Laschinger, & Wong, 2016). Thus, higher perceived quality of care positively related to lower burnout (Regan et al., 2016). Ineffective coping skills and increased burnout among professionals contributed to decreased perceived quality of care provided to patients (Sim et al., 2016). Thus, professionals with poor coping skills within their work environment had lower perceived quality of care and higher burnout.

Montgomery et al. (2013) suggested that job burnout affects professionals' well-being, which results in their poor perceived quality of care. These effects on poor perceived quality of care related to poor professional relationships, depression, and decreased work-life balance among surgeons (Oskrochi et al., 2016). Improvement within the work environment is one strategy that can guard against burnout and perceived quality of care (Leiter & Maslach, 2015). In relation, increased burnout contributed to lower perceived quality of care which affected personal well-being and services provided to patients. Nurses attributed their positive perceptions of quality of care to good teamwork, being competent, and meeting the needs of their patients (Koy, Yunibhand,

Angsuroch, & Fisher, 2015). Thus, higher perceived quality of care related to increasing nursing care provided to the patient.

SET, Burnout, and Perceived Quality of Care

Although previous research is consistent with SET, SET as it relates to burnout and perceived quality of care has not been applied in studies with burnout with working in forensic facilities. SET is essential for understanding factors of burnout and perceived quality of care among mental health workers in forensic settings. Schr (2013) investigated perceived quality of psychiatric care among staff and found that staff with high perceived quality of care also had high ratings with addressing concerns related to patient-staff relationships, such as emotional characteristics of caring and solving patients' problems. Brouwers and Tomic (2016) applied SET to explain whether emotional support related to burnout; they found that lower emotional support along with burnout did not decrease tasks completion, but staff who perceived their job demands as high experienced increased levels of emotional exhaustion. SET helps explain how greater confidence developed from strong career motivation and confidence in completing tasks (Huang, 2015). Additionally, nurses who experienced decreased stress and increased confidence experienced less burnout and improved perceived quality of care (Fallatah & Laschinger, 2016).

SET can help explain how mental health professionals produce actions that bring about changes in direct care employees perceived quality of care and burnout in forensic facilities. Nurses with higher job performance within their work environment have lower burnout, higher perceived quality of care, and higher self-efficacy. Empowering work settings related to good nurse-patient relationships, higher job satisfaction, and lower

burnout (Regan et al., 2016). Bresó, Schaufeli, and Salanova (2011) concluded that burnout resulted from low self-efficacy and consecutive stressful situations (e.g. lack of confidence to carry out activities successfully, inability to cope with exams) among college students. These stressful situations and low self-efficacy related to increased levels of anxiety, fatigue, and stress (Bresó et al., 2011).

Higher self-efficacy increases nurses' perceived quality of care, improves job performance and contributes to better mental and physical health (Alavi et al., 2015; Cherian & Jacob, 2013). SET explained better job involvement and higher job satisfaction by promoting employee self-efficacy which contributed to motivating better work performance (Cherian & Jacob, 2013). Lower self-efficacy lead to increased burnout and reduced work engagement (Adriaenssens, Gucht, & Maes, 2015; Laschinger et al., 2016). This literature review addressed changes in self-efficacy while analyzing the importance of SET for decreasing burnout. SET has shown that perceived quality of care is dependent on nurses' performances, and burnout is dependent on work engagement (Cherian & Jacob, 2013).

Caseload

Caseload is the number of cases (e.g. patients, clients) that a nurse, doctor, social worker, counselor, case manager, or mental health specialist, is responsible for at one time. However, the profession determines what details and responsibilities professionals will have with the caseload. Nurses working in forensic facilities may have a caseload of offender patients with mental illnesses and criminal history (Harris, Happell, & Manias, 2015; Moss, Wilson, & Davis, 2016; Reid, 2014), indicating the importance to

understand how caseload relates to burnout experienced by professionals with offender caseload (Phillips et al., 2016).

Caseload Complexity and Burnout

Caseload complexity refers to severe or highly challenging problem cases that a professional is assigned. A high caseload presents difficulty in terms of various physical, emotional, and physiologic demands, such as patient satisfaction, turnover, and perceived quality of care (Holden et al., 2011). Increased workload contributed to nurses' poor perceived quality of care and quality of working life by decreasing patient safety and nurses' well-being (Holden et al., 2011). The effects of caseload complexity in nursing still require more detailed investigation (Holden et al., 2011). Nelson and Flynn (2015) analyzed nurses' caseloads and poor perceived quality of care to determine the types of missed care presented. Indeed, high nursing workloads and poor perceived quality of care positively related to the failure to administer medicine on time and poor observation of patients, which are issues with very serious potential consequences (Nelson & Flynn, 2015).

Mcmillan et al. (2016) investigated how increased burnout was the main outcome for nurses who felt their caseloads were high. In relation, nurses who were disappointed with their caseloads experienced more emotional distress (Mcmillan et al., 2016). Complex caseloads led to increased stress for nurses who provided patient-centered care in stressful work environments such as intensive care unit, forensic units, and more (Hunter, 2016). High burnout and stress negatively impact nurses' ability to effectively manage a caseload and the quality of care provided (Hunter, 2016). Amongst psychologists, increasing caseloads contributed to more complex work demands and

potentially prompted burnout (Sim, Zanardelli, Loughran, Mannarino, & Hill, 2016). Higher employee burnout related to increased caseloads and presented greater environmental demands (e.g. time pressures, higher workload) on mental health employees, such as time management which eventually contributed to stress (Landrum, Knight, & Flynn, 2012). Thus, it appears that caseload complexity eventually contributed to burnout, work stress, and dissatisfaction for employees (Brady, 2014), but this has not been studied among forensic mental health workers.

Caseload Complexity and Perceived Quality of Care

Caseload complexity presents difficulty with prioritizing and affects patient perceptions of quality of care received (Minard et al., 2016). Reid (2014) suggested that caseload significantly affects the quality of services provided. Complex caseload assignments in challenging work environments related to decreasing perceived quality of care (Hall, Poth, Manns, & Beaupre, 2016). Challenges at work can lead to professionals neglecting their caseload, which can have adverse effects on perceived quality of care because of higher patient deaths and increased work-related anxiety and stress (Aiken et al., 2014; Taylor & Olsen, 2016). Nurses who described their caseload and perceived quality of care as negative also experienced burnout and negative job outcomes especially with the quality of care provided (Taylor & Olsen, 2016). Thus, nurses with poor perceived quality of care reported high caseload complexity and reduced staffing levels.

Inadequate staffing patterns and reduced perceptions of work environment from nurse managers related to poor self-care and perceived quality of care (Gormley, 2011). Ball et al. (2013) analyzed caseload and low staffing levels to show they contributed to poor patient outcomes. In relation, poor perceived quality of care significantly related to

poor nursing care provided to patients, which potentially contributed to harm experienced by patients (Ball et al., 2013). Employees with moderate levels of experience and demanding interventions present opportunities for the reduction in perceived quality of care for patients in hospitals (Aiken et al., 2012). Nurses associated time, type of interventions, and complexity of cases as factors that contributed to poor perceptions of quality of care (Storfjell, Allen, & Easley, 2015). Nonetheless, developing more training resources for nurses with complexity caseload can help with managing the number of patients they have and improve the perceived quality of care implemented (Storfjell, Allen, & Easley, 2015).

Years of Experience

Years of experience is known as the number of years of experience working in a particular profession. Park, Cho, and Hong (2015) analyzed nurses' years of experience with their experience of verbal abuse and physical or verbal threats of violence; they concluded that nurses with three or more years of experience had less stress compared to nurses with fewer years of experience. Understanding how years of experience affects employees working with offenders in forensic facilities could help with developing more techniques to improve employee well-being and patient services.

Years of Experience and Burnout

Coates and Howe (2015) mentioned how some studies found years of work experience protects against burnout. Volpe et al. (2014) confirmed the existence of increased burnout among mental health workers who were in their early years of professional experience, and they showed increased levels of depression and decreased personal accomplishment which related to ineffective coping mechanisms. Furthermore,

early career psychologists who experienced burnout also faced challenges with applying coping skills within their work profession (Sim, Zanardelli, Loughran, Mannarino, and Hill, 2016). On the other hand, Sacco, Ciurzynski, Harvey, and Ingersoll (2015) analyzed nurses' compassion satisfaction to determine changes with age, burnout, and years of experience when providing care to patients. They found that older nurses with more years of experience had increased compassion satisfaction and lower burnout than younger nurses with less experience (Sacco et al., 2015). Furthermore, professionals with more years of experience reported reduced personal accomplishment but decreased depression and less burnout only experienced reduced personal accomplishment and decreased depression were found to use more depression because of effective coping mechanisms (Volpe et al., 2014). Furthermore, a significant negative relationship was shown among mental health professionals' years of experience and burnout (Di Benedetto & Swadling, 2014). This suggests that the relationship between years of experience and burnout requires more detailed examination.

Maruyama, Suzuki, and Takayama (2016) researched influences such as assertiveness and job satisfaction on employee burnout within the work environment, focusing on employees with fewer than three years' work experience. Employees tend to burnout quickly if they have been at their present workplace for less than 3 years (Raj & Julius), and employees with under three years of experience expressed wanting to quit working (Maruyama et al., 2016). Nonetheless, years of experience, as well as work environment and coping behaviors (e.g. techniques to reduce stress) are influences for burnout (Maruyama et al., 2016), indicating fewer years of experience, poor work environment, and ineffective coping contributes to increased stress and burnout.

Years of Experience and Perceived Quality of Care

Harvey et al. (2015) suggested that there are advantages for nurses who have more years of work experience in their professions such as decreased stress, increased well-being, and increased job satisfaction. In relation, higher job satisfaction and patient care lead to increased perceived quality of care (Tregea et al., 2016). Schr (2013) explored perceived quality of psychiatric care among staff working in forensic facilities and found that years of experience positively related to better perceived quality of care which contributed to improving the care provided to patients. In relation, high perceived quality of care among staff also had high ratings with addressing concerns positively related to patient-staff relationship such as emotional characteristics of caring and solving patients' problems (Schr, 2013). This suggests that years of nursing experience and perceived quality of care related to the delivery of nursing care provided to patients (Harvey et al., 2015; Tregea et al., 2016). Patients who received poor nursing care were more likely to respond negatively to nurses who disclosed failing safety grades and poor perceived quality of care (Aiken et al., 2012). However, improving the work environment for nurses contributed to increased patient safety, higher perceived quality of care, and increased patient satisfaction (Aiken et al., 2012).

Pineau Stam et al. (2015) examined the possible influences on new graduate nurses' job satisfaction as it relates to staffing, services provided, and empowerment. They found that insufficient staffing and stressful work environments presented issues for new nurses which contributed to poor perceived quality of care and high turnover. Aiken et al. (2012) studied nursing staffing effects within the work environment for nurses in European countries; they found that nurses experienced poor perceived quality of care,

increased burnout, poor job satisfaction, and possibilities of leaving their profession. Thus, reducing nurse's caseload and improving work environment related to increased perceived quality of care (Aiken et al., 2012). Effective orientation and training provided more support for new graduate nurses and contributed to nurses positive perceptions of their work environment, job satisfaction, and perceived quality of care (Pineau Stam et al., 2015). Individual dedication was shown to have positive effects on turnover intentions and perceived quality of care (Bogaert et al., 2013).

Methodologies Used

This study focused on how self-efficacy, caseload complexity, and years of experience predicted burnout and perceived quality of care among mental health specialists and psychiatric nurses. Multiple regression was selected for use in my research because it allowed more than one predictor variable to be applied to predict another variable (Fumo & Biswas, 2015). Multiple regression was able to predict staff perceived quality of care and burnout with caseload complexity of offenders, years of experience, and self-efficacy. Chou, Li, and Hu (2014) applied a multiple regression analysis to identify factors contributing to work-related burnout. The variables consisted of work hours, job position, demographic information (e.g. age, gender, marital status, and education level), and any percentages (Chou et al., 2014). The results indicated that gender and age related to burnout, but marital status and education did not (Chou et al., 2014). Social support, job stress, and over commitment significantly related to work-related burnout and explained 30% variance in burnout (Chou et al., 2014).

Wilde-Larsson, Nordström, and Johansson (2015) used multiple regression analysis with factors associated with high quality of care from nursing assistants'

perspectives. The nursing assistants worked as previous caregivers' for patients. Quality from the patient's perspective questionnaire (QPP) was used, and it included subjective importance (SI) and perceived reality (PR), but only the PR items were used. It was concluded that caregivers' perceived quality of care predicted increased perspective of health and competence and decreased organizational climate and coherence (Wild-Larsson et al., 2015).

Summary and Transition

There is a lack of research regarding relevant literature involving the effects of burnout and perceived quality of care on psychiatric caregivers working with offenders in forensic facilities. However, impacts from burnout and perceived quality of care can contribute to other physical, emotional, and cognitive effects for staff and patients. The importance of understanding perceived quality of care, reasons for burnout, and possible solutions to prevent burnout and increase perceived quality of care have been discussed. Psychiatric caregivers can provide direct care to offenders in forensic settings while adhering to professional and ethical standards.

Burn out employees are at risk for making poor decisions and providing poor patient services. Burn out employees are stressed and display poor well-being which contributes to the quality of care provided to the patients. Patients that receive poor services from staff, respond negatively. Employees that feel burnt out tend to put less effort into their job duties or task. These actions affect teamwork, patient care and the safety of the unit. Recognizing these factors can help with improving training strategies, coping mechanisms and identifying triggers for burnout and poor perceived quality of care.

Further research is needed to fully understand the impact of years of experience, caseload complexity, and self-efficacy on perceptions of quality of care and the development of burnout. Identifying the potential factors that predict burnout and reduce perceived quality of care could contribute to positive outcomes for employees and patients. The findings of this study may contribute to improved work life balance, lower turnover rates, higher patient satisfaction, better employee to patient relationships, improved work performance, and decrease in the rate of recidivism.

Chapter 3 addresses the methods used in the research design. An examination of the methodology, questionnaire instruments, and characteristics of the sample proposed in the study will be presented. The survey instruments implemented included Maslach Burnout Inventory, General Self-efficacy Scale, and Quality of Care Measures, Staff Form (QOC-S). Chapter 3 concludes with a data analysis of research findings.

Chapter 4 presents an overview of the study purpose, hypotheses, research questions, and regression analysis results. Chapter 5 includes an overview of the interpretations of the findings, limitations of the study, and recommendations for future research.

Chapter 3: Research Method

Introduction

Direct psychiatric care staff have many different work related challenges that may present difficulty when completing patient care duties, and managing offenders in forensic facilities. These work-related factors are associated with changes in staff well-being, such as increased emotional exhaustion (Green et al., 2014). Furthermore, there are negative effects on staff perceived quality of care and burnout (Kilroy, Flood, Bosak, & Chênevert, 2016), which justifies the need to understand those effects from the employee perspective. My purpose in this quantitative study was to examine whether the work-related factors; namely; caseload complexity, self-efficacy, and years of experience, predict perceived quality of care and burnout in psychiatric caregivers who work with offenders in forensic facilities.

In the following chapter, a discussion and examination of psychiatric caregivers' variables (burnout, perceived quality of care, years of experience, self-efficacy, and caseload). Information is provided on methodology, sampling procedures for selection of participants and detail on the study population. Chapter 3 ends with a summary of the potential threats to validity, ethical concerns, and data analysis.

Research Design and Rationale

Using quantitative methodology, the study has a predictive correlational design that employs an electronic questionnaire through survey monkey to measure the variables. As maintained by Welford, Murphy, and Casey (2012), quantitative research analyzes and measures information, and produces computations as results. A quantitative approach determines statistical description, relationships among variables, prediction,

validation, control of independent variables, and allows testing of hypotheses (Bernard, 2013; Welford et al., 2012). Correlation is a technique used to investigate relationships among quantitative variables (Curtis, Comiskey, & Dempsey, 2016). The regression analysis identified the independent variables, which are self-efficacy, caseload complexity, and years of experience and how they predicted burnout and perceived quality of care. The correlational design explained how the independent variables predicted direct care employees' perceived quality of care and burnout. Correlational research is more efficient than doing a longitudinal study. The survey method allowed significant amounts of data to be collected within a short time frame.

The correlational research design was the most appropriate method to address the research questions because it indicated the linear relationships among variables. The study design provided an analysis of the predictors of burnout and perceived quality of care variables and determined whether there were significant differences between psychiatric caregivers. Multiple regression was used to analyze the relationship between the dependent variable (perceived quality of care) and the independent variables (caseload complexity, self-efficacy, and years of experience). I also used multiple regression a second time to investigate the relationship between the dependent variable (burnout) and the independent variables (caseload complexity, self-efficacy, and years of experience). Multiple regression and correlation analyses are commonly used to for quantitative testing purposes and for determining the association among variables (DeFusco, McLeavey, Pinto, Anson, & Runkle, 2015). The regression and correlation analysis were suitable for this study because they both determined the relationships among the dependent and independent variables. The regression analysis examined more

than one predictor (years of experience, self-efficacy, and caseload) of the dependent variables (burnout and perceived quality of care).

Online surveys are known as popular research instruments (Martinez & Jaeger, 2016). The survey chosen, allowed quantifiable data acquired from psychiatric caregivers. Surveys provide many advantages for data collection such as speed, employee perspectives, and low cost (Flaherty, Honeycutt Jr, & Powers, 2015). Surveys have been used in research that contain healthcare and mental health professionals such as nurses, physicians, social workers, and other professionals who provide direct care services to patients (Flaherty et al., 2015; Keough & Tanabe, 2011).

Methodology

Population

The selected population for this research study included psychiatric caregivers working with offenders in forensic facilities. Approximately 58,450 psychiatric technicians are employed in the United States. The state hospital study site treats forensically committed patients and has approximately 1,925 employees, with 190 different job classifications. The forensic hospital is located in California, and the hospital contains approximately 1,286 beds. It is hosting the current study. The hospital provides services to mentally disordered offenders, patients not guilty by reason of insanity, sexually violent predators, and disabled patients who are a danger to themselves or others due to a mental illness.

Sampling and Sampling Procedures

For this study, the forensic hospital was purposely selected and participants were randomly self- selected for participation in study. California forensic hospital was

selected because it employs psychiatric caregivers and has offender patients which are needed for my research study. The sample for this study has to meet research criteria for selection to address the purpose, hypotheses, and research questions. The sampling frame were psychiatric caregivers working in forensic facilities and who are at least 21 years of age. This group was selected because they provide services to offenders within a forensic hospital.

The inclusion criteria consist of psychiatric caregivers (psychiatric technicians and psychiatric nurses) who work directly with offenders in inpatient forensic facilities. The psychiatric caregivers are employed at the California forensic hospital. Exclusion criteria included psychiatric caregivers who are under the age of 21, those who do not work directly with patients, and those who have less than a year experience within profession (mental health or forensic psychology).

Adequate sample size increases validity of the research study. Before this research study could be conducted, selection of the appropriate sample size needed to be determined (Beck, 2013). Calculation for an adequate sample was determined by using a Gpower 3.1.9.2 analysis. The statistical Gpower 3.1.9.2 analysis is used in behavioral and social research and for regression and correlational analyses (Faul, Erdfelder, Buchner, & Lang, 2009).

For each analysis, the effect size of 0.15 is considered appropriate for a medium effect which is suitable for my research. A priori sample size calculator was used for regression analysis in which the alpha was set at 0.05 and .80 for the power. This gave a sample size of 43. I re-ran the power analysis, this time having .99 as the power. This

time a sample size of 107 was indicated. Therefore the sample size for this study was between 43 (at a minimum) and 107. I aim to collect 107 questionnaires.

Procedures for Recruitment, Participation, and Data Collection

After receiving approval from the Walden IRB and the California forensic hospital, the data collection from participants took place. The potential participants were invited to participate in the study by email. This introductory email can be found in Appendix A. The email introduced the researcher, research study, and instructions on how to retrieve the survey through Survey Monkey. Survey Monkey is an online service that allows development of surveys, the collection of responses, and analysis of data. Reassurance of privacy and confidentiality was acknowledged in the email. The procedures for consent was included in the email while informing the participants of their protection and right to refuse participation. The consent was emailed along with the initial contact form (Appendix A) and a tick box stating, "I consent," which served as verification of consent. The consent email can be found in Appendix B.

The demographic questionnaire contain questions about age, gender, ethnicity, years of experience, years of experience in current profession, highest level of education, number of patients they are responsible for currently, and the perceived complexity of their caseload currently. The participants were given 3 weeks to complete the survey, and a reminder email was sent on the tenth (see Appendix C). The data were collected and analyzed on my personal computer that is password protected for privacy. All data were stored and kept for 5 years as required by Walden University. The debriefing email included sources for support and was sent two weeks after the reminder email. The debrief-

ing email can be found in Appendix D. The forensic hospital have services for any employee who may feel distressed or stressed due to research. This study does not require any follow-up procedures.

For this research, the data were collected from surveys that measured perceive quality of care, burnout, and self-efficacy. A demographic questionnaire was utilized which also addressed years of experience and caseload of offenders. The demographic survey asks participants to give their age, gender, ethnicity, years of work experience, years of work experience in current profession, highest level of education, the current patients, and rate the complexity of current caseload.

Data collection extended over a period of 3 weeks, from October 11, 2017 to November1, 2017, with 949 psychiatric caregivers invited to take part. The research liaison assisted with the distribution of email invitations that contained the survey link from survey monkey as well as email reminders to participate in the study. The data were collected over 4.5 weeks to give any individuals who had not completed the survey a chance to do so. There were five days of no surveys being completed. The research liaison brought to attention the possibility for the five days of no responses which revolved around the holidays, employee planned vacation, busy with work, and more.

To encourage more participants to complete the survey, two reminder emails were sent. In relation, numerous surveys were completed, and it exceeded the number of surveys that I was aiming for. The sample size minimum required (N = 43) and maximum at

(N = 107) based on a priori analysis with an aim of 107 completed surveys for this research. However, a total of 148 psychiatric caregivers participated in the study by returning completed surveys. There was no missing data. There was no indication that the sample was biased, and that it did not represent psychiatric caregivers at the hospital.

Quality of Care Measures- Staff Form. Danielson et al. (2008) developed the QOC measures, with two separate forms, the QOC-S and QOC-Patient forms. The Quality of Care Measures are the only forms and most relevant instruments measuring perceptions of quality of care from the patients and staff. The QOC-P form measures the patient perception of quality of care, and was not used in this study. The QOC-S was used to measure staff perceptions of quality of care within their work environment. It focuses on engagement model, environment, and staff sensitivity to patient trauma history. Danielson et al. (2008) used the QOC-S to investigate staff perceived quality of care in psychiatric settings.

The QOC-S contains 27 questions, and comprises three reliable subscales, namely staff sensitivity to patient trauma history (4 items; e.g. I have a good understanding of evidence-based treatments for traumatized individual,' 'I have a good understanding of the nature of trauma.'), environment of unit (11 items; e.g. 'I feel comfortable in the unit,' or 'There are places that patients can go to relax and calm down if they get anxious or agitated.'), and awareness of the engagement model (8 items; e.g. 'Patients are being involved in the development of their individual treatment plans,' or 'I believe that the "engagement model " can improve patient care.'). The engagement model focuses on changes with the care provided within psychiatric facilities. The responses are answered

on a 5-point Likert scale (1= Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree).

Danielson et al. (2008) investigated ways to improve quality of care for psychiatric inpatients to eventually develop behavioral techniques to decrease restraint and seclusion in the United States. The authors tested the psychometric properties of the QOC-P and QOC-S in a sample of 81 patients and 68 staff. The QOC-S was found to have Cronbach's alpha coefficient of 0.87, and deleting any item is not going to improve the alpha on this scale. For the QOC-S, 25 of the items correlated with scale score and 24 items presented correlations higher than .30. However, items 4 (r=0.18), 5 (r=0.18), and 11 (r=0.22) fell below the criterion. The QOC-S has limitations, such as these items low correlations, but the QOC-S is the most appropriate and relevant scale there is to assess perceived quality of care from employees' perspectives. The three subscales for QOC-S can evaluate different areas of quality of care improvement to decrease patient restraint occurrences and increase satisfaction within inpatient facilities.

Maslach Burnout Inventory - Human Services Survey. Employee burnout was measured by the MBI-HSS (Maslach, Jackson, & Leiter, 1996), which is known as the leading measure of burnout, valid, and reliable (Aguayo, Vargas, de la Fuente, & Lozano, 2011). The MBI-HSS consists of three subscales which are used to assess various components of burnout and have been found to be valid and reliable (Hansen & Pit, 2016): depersonalization (DP), emotional exhaustion (EE), and reduced personal accomplishment (PA). The MBI-HSS was given to participants in the study because it can access the level of burnout experienced by direct care employees.

The MBI-HSS takes approximately 10 to 15 minutes to complete, and it is self-administered (Maslach et al., 1996). The MBI-HSS has been proven to be a valid measure for burnout and reliable. The MBI-HSS contains 22-items that examine three dimensions of burnout: PA, DP, and EE. EE contains 9 items, PA have 8 items, and DP contain 5 items (Maslach et al., 1996). The Cronbach alpha values reported are .90 for EE, .71 for DP, and .79 for PA (Khamisa et al., 2016). MBI-HSS Serbian version has internal consistency reliability and perfect reliability for Cronbach's alpha coefficient 0 to 1.0 (Matejić et al., 2015). The average reliability for each dimension of the instrument is .71, .88, and .78 and with the highest reliability for the emotional exhaustion scale (Maslach et al., 1996). The instrument also has established discriminant and convergent validity for all three dimensions of burnout.

Muse, Love, and Christensen (2016) applied MBI-HSS to assess the effects on 23 clergy who were suffering from burnout and depression. The authors reviewed 221 articles that applied the MBI-HSS, which determined the internal reliability of the MBI-HSS subscales with .70-.84 ranges. Loera, Conversa, and Viotti (2014) analyzed the MBI-HSS to identify the most appropriate version of the MBI for measuring burnout in Italy. The sample included 925 Italian nurses and ten other models of burnout. The MBI-HSS subscales (EE, DP, and PA) reliability was measured by Cronbach's α index that presented 0.80. The Cronbach's α index for EE is 0.87, 0.82 for PA, and 0.76 for DP.

The MBI-HSS is considered a very reliable and valid questionnaire for research (Mollart, Skinner, Newing, & Foureur, 2013). One hundred and fifty-two midwives who are registered and working in two public hospital units for maternity were given the MBI-HSS. The authors concluded that the minimum level of the MBI-HSS reliability is 0.70

and 0.65, which are appropriate for the surveys. The Cronbach's α reliability for EE is 0.92, 0.74 for DP, and 0.67 for PA. Katyal (2013) used MBI-HSS to evaluate burnout among nurses working in Government and Private Hospitals. Katyal (2013) found that MBI-HSS is highly valid and reliable. The coefficient reliability reported for subscales were 0.79 for DP, 0.90 for EE, and 0.71 for PA.

General Self-Efficacy Scale. The GSES was developed by Mattias Jerusalem and Ralf Schwarzer in 1979, and it contained 20 items which were reduced to 10 items and adapted 28 languages in 1981 (Scholz, Doña, Sud, & Schwarzer, 2002). The 10 item responses are answered on a 4-point scale (1= Not at all true, 2 = Hardly true, 3 = Moderately true, 4 = Exactly true). The GSES is used to assess perceived self-efficacy while recognizing the daily life struggles that may be encountered in many different aspects of life such as home, work, relationship or educational (Schwarzer, 1995). The GSES has been used in numerous research studies and presented internal consistency of alpha between .75 and .91 (Scholz et al., 2002). Also, the GSES has been described as unidimensional and reliable (Scholz et al., 2002; Schwarzer, 1995). The GSES also have a Korean, Spanish, and German version.

Zeng, Chen, and Chen's (2014) study concentrated on the service industry. The sample included a variety of individuals working in the service field, such as telephone operators, customer service employees, directors, and managers. The GSES reported a coefficient of 0.87 internal consistency, 0.83 test-retest reliability, and 0.9 split-half reliability. Maujean, Davis, Kendell, Casey, and Loxton (2014) applied the 10-item GSES. The sample included 424 participants with 227 being females and 197 males. The

GSES Cronbach's reported high internal consistency at 0.94 and 0.82 test- retest reliability with 7.23 days of elapsed time.

Rees et al. (2016) recognized that the nursing profession could be very demanding and stressful, so they investigated nurses' resilience association to psychological adjustment. The sample consisted of nursing students at a university in Australia and is in the final year of their program or just completing their final year of clinical requirement. The GSES presented high reliability, construct validity, and a very good alpha at 0.89. Chan, Chan, Chuang, Ng, and Neo (2015) analyzed burnout and compassion fatigue among physicians. The English version of the GSES was provided to physicians who work at Singapore acute general hospital and oncology center. The GSES Cronbach's alpha was 0.80. Ritsner (2016) considered GSES to be the most widely used scale to measure self-esteem. The study contained 87 stable outpatients with schizophrenia. The GSES internal consistency was satisfactory, and Cronbach's α ranged from 0.82 to 0.87.

Operationalization of Variables

Dependent Variables

Perceived quality of care was measured using the QOC-S which comprise 27-items that are measured on a 5-point Likert scale (Danielson et al., 2008). There are three subscales known as Staff Sensitivity to Patient Trauma History, Engagement Model, and Environment. Perceived quality of care can be found in Appendix E.

Burnout was measured using MBI-HSS which contains 22-items (Maslach et al., 1996). There are three subscales of burnout which are Depersonalization, Emotional Exhaustion, and Personal Accomplishment (Maslach & Leiter, 2016). Perceived quality of care can be found in Appendix E.

Independent variables

Self-efficacy was measured using the GSES which contains 10 item responses that are answered on a 4-point scale (Schwarzer, 1995). Self-efficacy can be found in Appendix E.

Years of experience and caseload complexity were measured on the demographic survey. Years of experience contains two questions that are specified by the number of years worked in a forensic or psychiatric facility and the number of years working as a psychiatric caregiver.

Caseload complexity was measured by two questions inquiring the number of intricate or complication in their caseload of offenders and the current number of patients or clients that a psychiatric caregivers is responsible for at one time or during a work shift. Years of experience and caseload complexity can be found in Appendix E.

Data Analysis

A correlational approach involving multiple regression analysis was applied to the research design**.** As noted above, SPSS was used to complete data analysis. All collected data was screened to identify any missing data and to examine whether data analysis assumptions were met. The information from the participants' surveys were analyzed by using the statistical program SPSS 21.0 version. Two separate regression analysis were conducted. One analysis with burnout as the DV, and including each of the three predictor variables (caseload, years of experience, and self-efficacy); and the other analysis with perceived quality of care as the DV, and with the same three predictor variables. Regression analysis was selected as the most appropriate method to test the hypotheses and answer the research questions, in that it allows to investigate how the IVs predict the DV.

RQ1: Does offender caseload complexity, years of experience, and self-efficacy predict psychiatric caregivers' perceived quality of care in a forensic setting?

Null hypothesis (H01): Offender caseload complexity, years of experience, and self-efficacy do not predict psychiatric caregivers' perceived quality of care in a forensic setting?

Alternative hypothesis (Ha1): Offender caseload complexity, years of experience, and self-efficacy predict psychiatric caregivers' perceived quality of care in a forensic setting?

RQ2: Does offender caseload complexity, years of experience, and self-efficacy predict psychiatric caregivers' burnout in a forensic setting?

Null hypothesis (H01): Offender caseload complexity, years of experience, and self-efficacy do not predict psychiatric caregivers' burnout in a forensic setting.

Alternative hypothesis (Ha1): Offender caseload complexity, years of experience, and self-efficacy predict psychiatric caregivers' burnout in a forensic setting.

Threats to Internal Validity

Threats to internal validity relate to the experiment procedures and participant research treatments that affect the research by compromising interpretation about the results (Creswell, 2005). A quantitative approach validates research by ensuring analyses of data and the validity and reliability of data analysis validates quantitative research. Selection of participants can be problematic if they are chosen because of particular characteristics which may lead to certain outcomes, possibly biased. Internal validity threats are the experimental procedures or experiences of the participants that contribute to the inability to determine inferences from the data, such as no inclusion or exclusion criteria

(Creswell, 2005). In the current study, participants have to provide direct care services to offenders, work in a forensic facility, and be 21 years old to analyze my research question and give consent while ensuring internal validity. Therefore there are clear inclusion and exclusion criteria. There is no apparent bias in inviting all mental health professionals in a particular hospital to take part in this study.

The study environment was solely determined on where participants had internet access (work environment, home, or other) to complete the survey. In relation, participants might feel uncomfortable answering questions truthfully if responding in their work environment. The effects on results were relevant because of the inability to control for each participant completing the survey in the same environment. However, each participant was provided with the option to not participant or withdraw from the study as well as directions for survey and confidentiality protection. There were concerns with the research because of collecting data online. The possibility for multiple survey submissions by the same participant or lack of truthful responses can present issues with validity. Nonetheless, the consent provided the purpose and nature of the research and also informed participants that only one submission is allowed.

The Hawthorne effect is when participants alter their behavior or responses while being observed when they are aware of their participation in a project (Sedgwick, 2011). Participants might answer questions in a way that does not accurately reflect their perception or reality. Protecting against the Hawthorne effect was explained to participants by emphasizing the need, to be honest with their responses to survey questions. Participants

were made aware that no one is obligated to participate in the research and can stop participating in the study if they feel stressed, overwhelmed with daily life circumstances or have any attitudes that prevent truthful responses. Furthermore, anonymity was assured.

Applying a quantitative approach allowed a statistical examination of research questions, but quantitative tests were not able to examine the profundity of research participants' experiences or perceptions. The effects of maturation related to the time frame of the research study for survey completion. The participants were answering a survey which is not done over a long period of time. It is expected that participants would only take around 35 to 40 minutes to complete the questionnaire, and therefore maturation should not threaten validity.

Instrumentations that are not accurate or have unstandardized procedures are not able to address research questions, so well-designed and validated measurements were used to protect against internal validity. Instruments are evaluated by their validity and reliability (Creswell, 2005). The MBI-HSS and GSES have been used and tested as reliable and valid instruments (Maslach et al., 1996; Scholz et al., 2002). However, the QOC-S has not been applied to any other research but is the most appropriate instrument for this research study. Nevertheless, I decided to use it in the current study as there are encouraging internal reliability statistics (Danielson et al., 2008), and it was the only existing measure of staff's perceived quality of care.

Threats to External Validity

Creswell (2014) discussed possible threats to external validity through discussing selection and testing. Using surveys in the study presents standard questions that may be

more reflective of the researcher's view instead of the participant. However, questionnaires being used in the current study have been standardized. Furthermore, participants were given clear directions explaining how all answers need to reflect their experiences, and that the answers were anonymous and confidential. Another threat to validity is missing data on the survey or dropping out due to emergency or personal well-being. Larger sample sizes could help when receiving surveys that are incomplete or having participants that drop out. The larger number of randomly selected participants can ensure sample size confidence and that the survey results are representative. In relation, all information was analyzed and screened to identify any missing data. If missing data were random, they were replaced.

The California forensic hospital was purposely selected, but participants were selected in a random way. Although the random selection was partially applied when selecting participants, the participants completed the surveys on their own time and in the environment that they chose to. In relation, the participants were given 3 weeks to complete the survey because daily life circumstances (work, family, health) may not allow completion of the survey in two days, so more time is helpful. Allowing more time could help prevent feeling rushed because of time fast approaching time constraints.

Participants answered survey questions to get the depth of their experience working with offender patients, but the MBI-HSS and GSES instruments were reliable and validated. The QOC-S form has not been applied to much research which presents a limitation with reliability and validity, but the QOC-S was the most appropriate instrument for my research questions and population. The study only included participants in the state of California which might bring a threat to external validity being that the results

cannot be generalized to other states and other professions who work with offenders. The study does not involve any experimentation or generalization of future situations. In relation, the research was not done over an extended time frame. However, acknowledging that every forensic facilities in the United States might have certain months with more or less offender patients during different times of the year which could relate to changes in employee attitudes and affect the validity of results.

Ethical Procedures

As a researcher, many different ethical concerns may arise in research. To minimize any risk, all information was made available for all participants. After IRB approval (IRB Approval number 09-15-17-0275610), all documentations for permission to conduct research from the affiliated associations, IRB approval, and participants' consent for treatment was collected. The forensic hospital associated with the psychiatric caregivers sent my email to the participants' email address which served as the survey retrieval method. The research was explained and described fully while acknowledging that the research was voluntary and anonymous. The purpose and expectations of the study were explained to the participants to prevent legal or defamation of anyone involved in the research all documents (initial email (Appendix A), consent (Appendix B), reminder email (Appendix C), and debriefing form (Appendix D). The participants received statements with full disclosure of the nature of the study while minimizing risks and preventing harm. The participants were provided with resources if they experience any distress because of research. All participants had access to the survey through Survey Monkey and directions were provided.

The consent covered the purpose of the study, the institution involved, researcher contact information, the level of involvement for participants, and anonymity to protect participants' privacy. The consent form also highlighted that the research does not involve any cost or compensation for participating. The participants were provided with information that explained how misrepresenting or falsifying research is considered unethical and may affect the results of the study. Confidentiality was assured by not collecting or including any names, phone numbers or personal home addresses from the participants. The data collected were kept and stored on a personal computer in a private file for five years. After five years, the file will be deleted from the computer hard drive and recycling bin.

Summary and Transition

In this chapter, I explained how I applied a quantitative, correlational approach to analyze the relationship between burnout and perceived quality of care of psychiatric caregivers with offender patients. The hypotheses, research questions, instruments, and research design were presented. The ethical considerations and participants rights were also discussed. The study explored psychiatric caregivers' reported feelings of burnout and perceived quality of care while addressing predictor factors (caseload, self-efficacy, and years of experience). The data were collected from the MBI-HSS, QOC-Staff form, GSES, and demographic questions were analyzed. The data collected were analyzed using the SPSS program version 21. Regression analyses were used to determine if years of experience, caseload complexity, and self-efficacy predict burnout and perceived quality of care among psychiatric caregivers working with offenders.

Chapter 4 presents detailed information regarding the study purpose, hypotheses, and research questions. It also contains results from the surveys, a summary of the data analysis, and study assumptions. Chapter 5 provides an overview of the study, interpretation of the study results, limitations of the study, implications for social change, and recommendations for future research that is derived from the study strengths and limitations.

Chapter 4: Results

Introduction

The purpose of this quantitative study was to examine whether work-related factors, namely; caseload complexity, self-efficacy, and years of experience, predict perceived quality of care and burnout in psychiatric nurses and psychiatric technicians who work with offenders in forensic facilities. This study is unique because it allowed psychiatric caregivers to express their personal perspectives on burnout and perceive quality of care as it pertains to working with offender patients. In this chapter, I present the data analysis results from the collection and organization of data. This includes details about the hypotheses and research questions, research population, statistical tests and analysis applied to research study. The hypotheses and research questions that guided this research study are the following:

Research Question 1 - Does offender caseload complexity, years of experience, and self-efficacy predict psychiatric caregivers' perceived quality of care in a forensic setting?

Research Question 2 - Does offender caseload complexity, years of experience, and self-efficacy predict psychiatric caregivers' burnout in a forensic setting?

The data were collected for research from participants by applying the demographic questionnaire, QOC-S, MBI-HSS, and GSES. The data analysis results, included tables, and charts which are presented in this chapter 4. Chapter 4 ends with a summary of the statistical findings and explanation of hypotheses.

Demographic Characteristics

A total of 148 completed participant surveys were analyzed. There was more than twice as many women (*N* = 103, 70%) than men (*N* = 45, 30%) that participated. Demographic characteristics for age and gender with a sample of 148 presented ages ranging from 21 to 69 with mean M = 38.91 and a standard deviation (SD) = 11.62. The majority of the participants were 21 to 35 years of age with 75 (50.67%). The most frequent age among men and women was 35 with 12 (8.1%). The median ages for men and women were 30 and 32 with 8 (5.4%). Participants aged 36 to 51 years of age presented a median age range with 48 (32.43%), and 52 to 69 age ranges represented the lowest with 25 (16.9%). A breakdown of the sample by gender and age is shown in Table 1.

Table 1

Gender and Age of Participants

Age	*N*	Male	Female	Percentage
21 to 35 years old	75	23	52	50.67%
36 to 51 years old	48	11	37	32.43%
52 to 69 years old	25	8	17	16.9%
Total	148	42	106	100%
Standard deviation	11.62	.46	.46	
Mean	38.91	.30	.70	

The majority of the participants were Latino or Hispanic American 47 (31.8 %) and Non-Hispanic White or Euro – American 53 (35.8 %). The lowest amount of participants were South Asian or Indian American 3 (2.0%) 1 woman (0.97%) 2 men (4.44%). The second lowest amount of participants were Native or Alaskan American 4 (2.7%) with 4 women (3.88) and 0 men participants. The majority of women were Non-

Hispanic White or Euro – American, at 37 (35.92%), but Latino/Hispanic American women came fairly close, with 36 (34.95%) participants. The lowest amount of women were South Asian/Indian American 1 (0.97%). The majority of men were Non-Hispanic White or Euro – American, 16 (35.56%), and none were Native or Alaskan American. A breakdown of gender, ethnicity, and age are shown in Table 2.

Table 2

Gender, Age, and Ethnicity

Ethnicity	Total		Women		Men		Age	
	Freq	%	Freq	%	Freq	%	Freq	%
Native American	4	2.7	4	3.88	0	0	4	2.7
Black	12	8.1	7	6.80	5	11.11	12	8.1
Latino	47	31.8	36	34.95	11	24.44	47	31.8
South Asian	3	2.0	1	0.97	2	4.44	3	2.0
East Asian	6	4.1	4	3.88	2	4.44	6	4.1
Non-Hisp White	53	35.8	37	35.92	16	35.56	53	35.8
Other	23	15.5	14	13.59	9	20	23	15.5
Total	148	100	103	100	45	100	100	100

Note. Native American = Native /Alaskan American; Black = Black/ Afro-American/African American; Latino = Latino/Hispanic American; South Asian = South Asian/Indian American; East Asian = East Asian/Asian American; Non-Hisp White= Non-Hispanic White/Euro-American.

GSES, QOC, and burnout levels (EE, PA, DP) shows distribution that is highly skewed with measurements less than 1 or greater than 1. The GSES presented the highest Kurtosis. PA presented the highest standard deviation (SD = 30.69). Table 3 presents the means, standard error, kurtosis, and standard deviations for QOC, GSES, EE, DP, and PA.

Table 3

Normality Frequencies of Burnout, Self-Efficacy, and Quality of Care

	N	*M*	*SD*	Skewness	*SE*	Kurtosis	*SE*
EE	148	26.54	11.03	.109	.199	-.353	.396
DP	148	10.53	6.76	.339	.199	-.583	.396
PA	148	30.69	30.69	.019	.199	-.657	.396
QOC	148	2.81	2.81	.278	.199	-.195	.396
GSES	148	2.97	.65	.333	.199	2.312	.396

Note. EE = emotional exhaustion; DP = depersonalization; PA = personal accomplishment; QOC =quality of care-staff form; GSES = general self-efficacy scale, *M* = mean; *SD* = standard deviation; *SE* = standard error.

Assumption Tests

The screening of data included the recognition of any missing data, assumption testing, and graphical displays. The test of normality for burnout presented a Shapiro-Wilk significance at .27 which is greater than .05, so it is assumed that burnout is normally distributed. The test of normality for quality of care presented a Shapiro-Wilk significance at .28 which is greater than .05, so it was assumed that quality of care is normally distributed. None of the tolerance variables showed multicollinearity greater than 0.1, which was analyzed by measuring the variance inflation factor (VIF) for the dependent and predictor variables. The predictor variables years of work experience and caseload complexity did not correlate with quality of care with correlation values less than .3. The normal P-Plot presented a linear relationship between the dependent variable quality of care and the predictor variables. The residual statistics presented a minimum standard residual at -2.63 and 2.72 for maximum. The normal P-Plot presented a linear relationship between dependent variable burnout measured by each level EE, DP, PA and the

predictor variables (see Figures 1-3). The residual statistics presented a minimum standard residual at -2.23 and 1.81 for maximum. The residual scatterplots showed the assumption of homoscedasticity as met for EE, DP, and PA levels (see Figure 4-6). The normality assumption was tested and validated by examining a P-Plot, which followed the P-Plot trend line (see Figure 8). The assumption of homoscedasticity was measured and met by the residual scatterplot (see Figure 7).

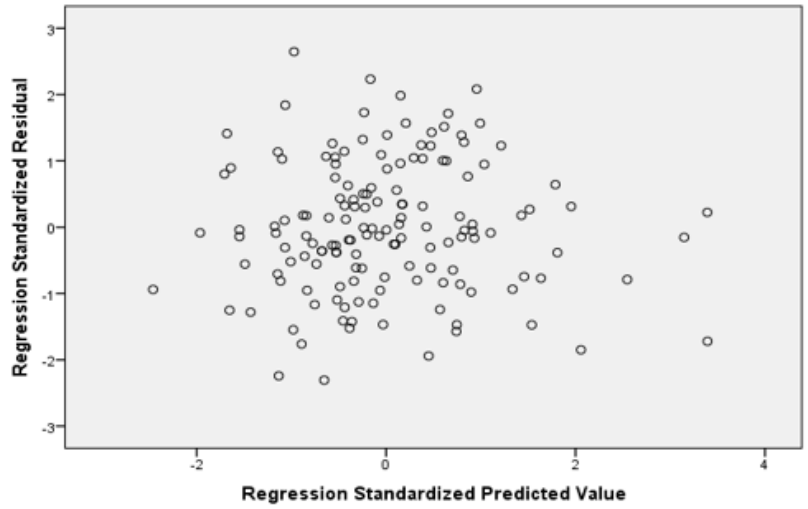


Figure 1. Normal P-P scatterplot for emotional exhaustion and predictor variables.

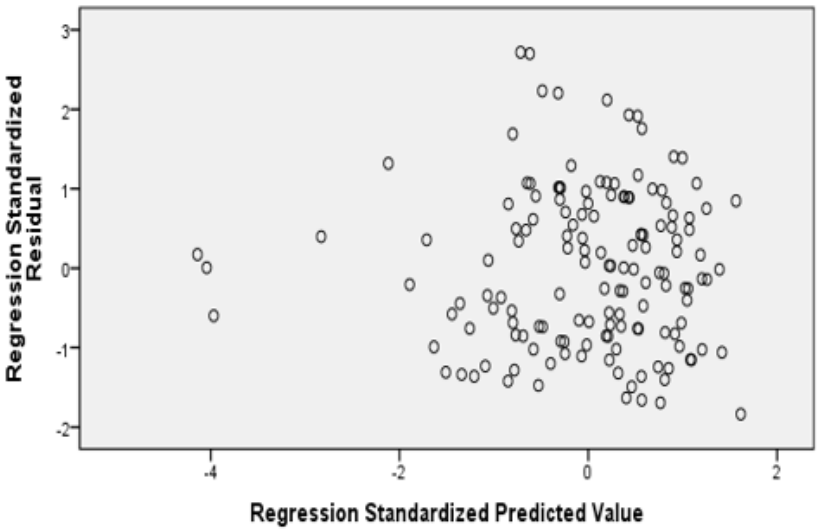


Figure 2. Normal P-P scatterplot for depersonalization and predictor variables.

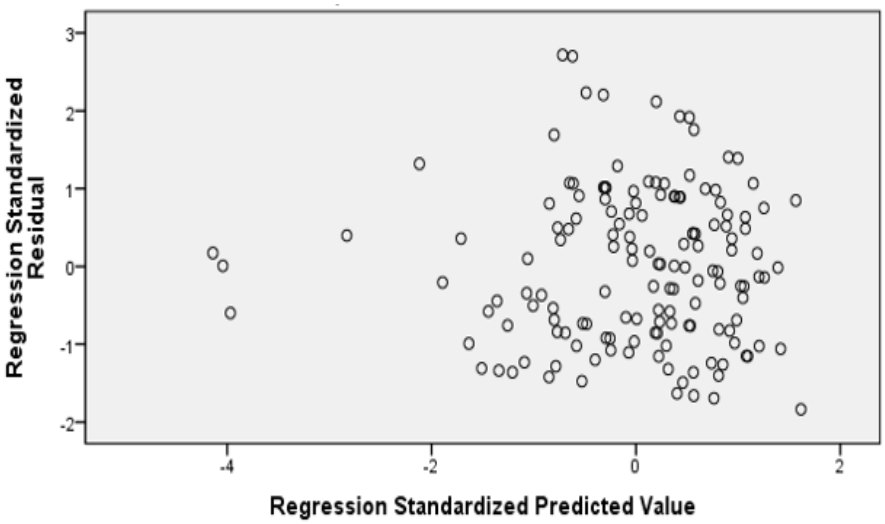


Figure 3. Normal P-P scatterplot for personal accomplishment and predictor variables.

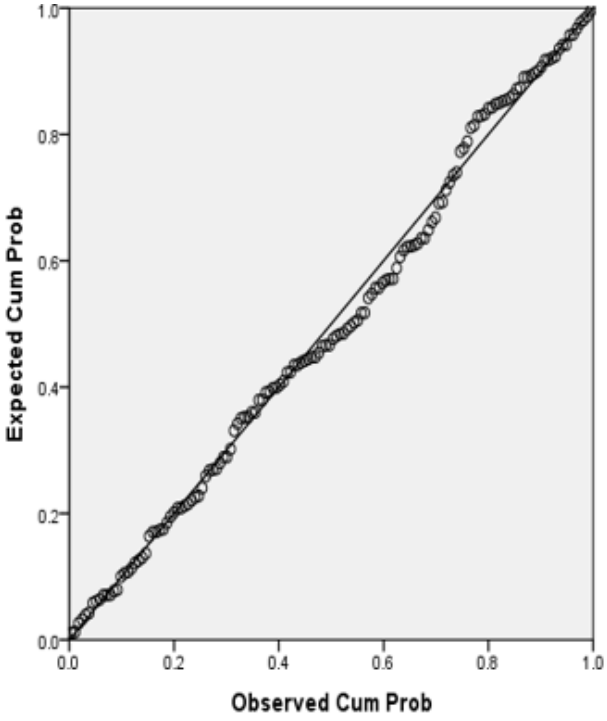


Figure 4. Normal P-P scatterplot for emotional exhaustion and predictor variables.

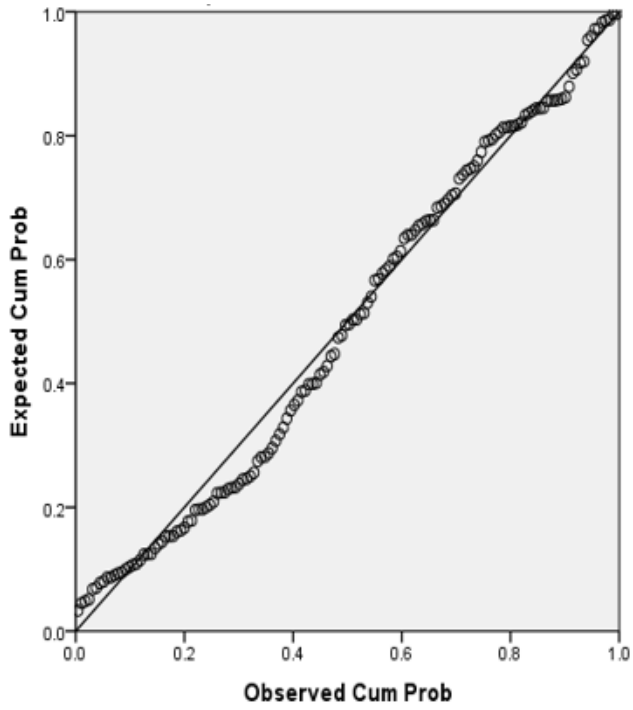


Figure 5. Normal P-P scatterplot for depersonalization and predictor variables.

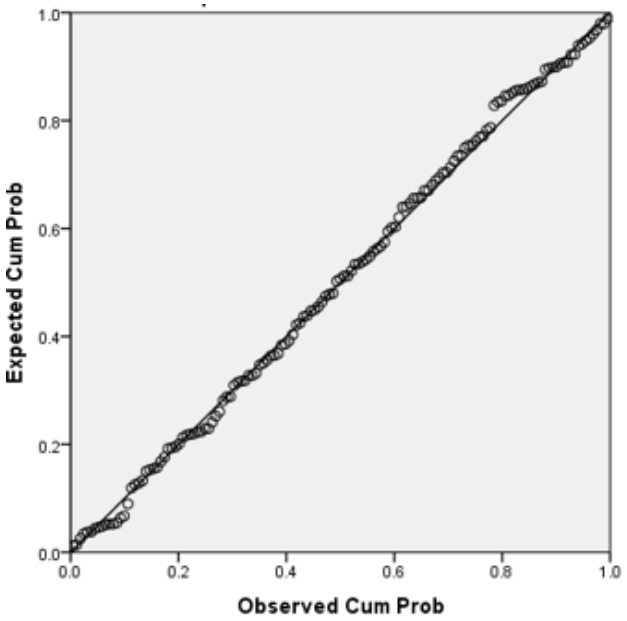


Figure 6. Normal P-P scatterplot for personal accomplishment and predictor variables.

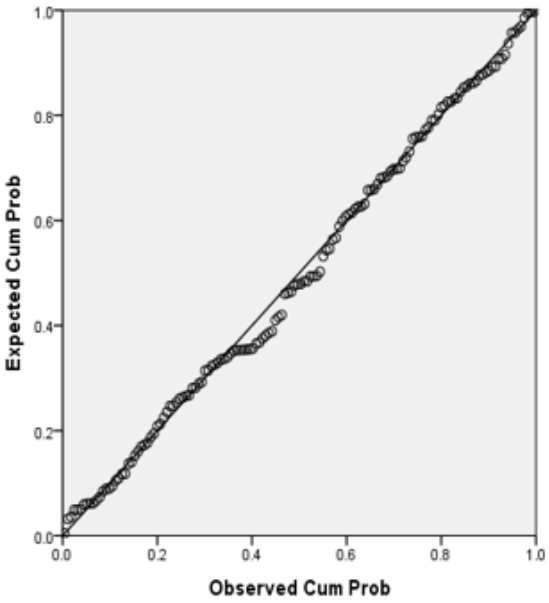


Figure 7. Normal P-P scatterplot for perceived quality of care and predictor variables.

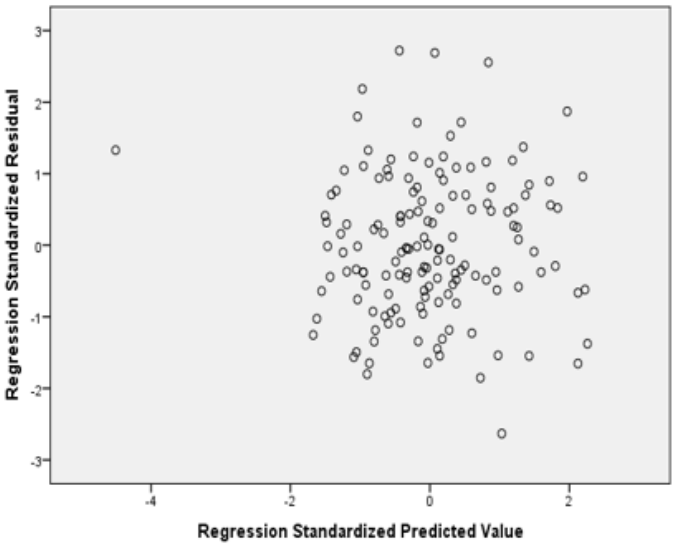


Figure 8. Residual scatterplot for perceived quality of care and predictor variables.

Descriptive Statistics

The MBI-HSS is an inventory designed for individuals working in the human service field. It uses three subscales emotional exhaustion (EE), depersonalization (DP), and personal accomplishment (PA) to measure overall burnout in these individuals who

work in the human service field. Women had higher scores on the EE, DP and PA subscales as compared to the men. According to the results, women scored lowest for DP and highest for PA, and similarly with men. The QOC-Staff form assesses an employee's perception of quality of care when interacting with patients. Regarding the QOC results, the women scored higher, but the difference was low. The GSES's purpose is to assess perceived self-efficacy of individuals regarding their coping abilities with daily life circumstances and stressful events. The descriptive statistics are presented in table 4.

Table 4

Descriptive Statistics for Burnout, Self-efficacy, and Quality of Care

Variable	*N*	Group	*M*	*SD*
EE	103	Women	27.92	10.68
	45	Men	23.40	11.29
		Total	51.32	21.97
DP	103	Women	10.80	6.50
	45	Men	9.91	7.35
		Total	20.71	13.85
PA	103	Women	31.89	8.10
	45	Men	27.93	7.38
		Total	59.82	15.48
QOC	103	Women	2.82	0.50
	45	Men	2.79	0.48
		Total	5.61	0.98
GSES	103	Women	2.98	0.60
	45	Men	2.93	0.75
		Total	5.91	1.35

Note. EE = emotional exhaustion; DP = depersonalization; PA = personal accomplishment; QOC = quality of care-staff form; GSES = general self-efficacy scale.

Reliability

The reliability of the questionnaires for the MBI-HSS subscales, GSES, and QOC-staff form were determined by calculating Cronbach's alpha. The highest reliability presented for EE at 0.85 and lowest was DP with 0.70, though this was still within acceptable limits (Naude & Rothmann, 2004). The MBI-HSS when applied to previous literature have shown internal consistencies at approximately .70 or higher, except for DP (Naude & Rothmann, 2004). Jesse, Abouljoud & Eshelman (2015) indicated that the MBI-HSS presented good internal validity with Cronbach's alpha for EE at 0.87, DP at 0.70, and PA at 0.76. Table 5 presented ranges for all subscales below.

Table 5

Reliability for MBI-HSS Subscales, GSES, and QOC-Staff Form

Variable	Items	Cronbach's Alpha
EE	9	0.85
DP	5	0.70
PA	8	0.73
QOC	26	0.77
GSES	10	0.73

Note. EE =emotional exhaustion; DP =Depersonalization; PA = personal accomplishment; QOC =quality of care-staff form; GSES = general self-efficacy scale.

Results

Research Question 1

Does offender caseload complexity, years of experience, and self-efficacy predict psychiatric caregivers' perceived quality of care in a forensic setting?

Null hypothesis (H_{01}): Offender caseload complexity, years of experience, and self-efficacy do not predict psychiatric caregivers' burnout in a forensic setting?

Alternative hypothesis (H_{a1}): Does offender caseload complexity, years of practice, and self-efficacy predict psychiatric caregivers' perceived quality of care in a forensic setting?

A multiple regression was conducted with the perceived quality of care as the dependent variable, and complexity of offenders, years of practice, and self-efficacy as the independent variables. The regression determined that caseload complexity of offenders and years of experience did not significantly predict perceive quality of care, at the p level of .05. In regards to self-efficacy, the regression determined that self-efficacy was a significant predictor of perceived quality of care. The model was significant ($F(3,144) = 7.37$, $p < .01$), with an R^2 of .13. While caseload complexity and years of experience individually did not predict perceived QOC, self-efficacy did, with a standardized β of -.364 and p -value .01. Therefore, the null hypothesis was partially supported. Table 6 presents the results of the regression.

Table 6

Regression Results with Self-efficacy, Years of Experience, and Caseload Complexity Prediction on Perceived Quality of Care

Dependent	Independent	B	*P*	*SE*	*t*	*B*
QOC Regression 1	Self-efficacy	-.364	.000	.060	-4.626	-.278
QOC Regression 2	Years of Experience	.000	.997	.007	-.004	-2.651
QOC Regression 3	Caseload Complexity	.056	.475	.017	.716	.012

Note. Regression 1: $F(3,144) = 7.37$, $p = .000$; Regression 2: $F(3,144) = 7.37$, $p = .997$; Regression 3: $F(3,144) = 7.37$, $p = .716$.

Research Question 2

Does offender caseload complexity, years of practice, and self-efficacy predict psychiatric caregivers' burnout in a forensic setting?

Null hypothesis (H_{02}): Offender caseload complexity, years of experience, and self-efficacy do not predict psychiatric caregivers' burnout in a forensic setting.

Alternative hypothesis (H_{a2}): Offender caseload complexity, years of experience, and self-efficacy predict psychiatric caregivers' burnout in a forensic setting.

A multiple regression was conducted with the three MBI-HSS subscales totals as the dependent variable (EE, DP, and PA), and caseload complexity of offenders, years of practice, and self-efficacy as the independent variables. Three separate regressions were ran, each one contained a different burnout subscale as the dependent variable. The models for EE and DP were not significant. Table 7 presents the results for EE and Table 8 presents the results for DP. The model for PA was significant. Within PA, self-efficacy and years of experience were significant positive predictors of PA at the .05 level for p, but caseload complexity was not. Therefore, the alternative hypothesis was partially supported.

The results for PA and years of experience: $F(3,144) = 9.588$, $p = .00$, $R^2 = .17$. As the years of experience increased, personal accomplishment also increased. The results for PA and self-efficacy: $F(3,144) = 9.588$, $p = .03$, $R^2 = .17$. Table 9 presents the results of the regressions for PA.

Table 7

Regression Results with Self-efficacy, Years of Experience, and Caseload Complexity Prediction on Burnout level Emotional Exhaustion (EE)

Dependent	Independent	*B*	*P*	*SE*	*t*	*B*
EE Regression 1	Self-efficacy	-.070	.408	1.260	-.830	-1.046
EE Regression 2	Years of Experience	.123	.145	*.147*	-1.465	.215
EE Regression 3	Caseload Complexity	-.023	.691	*.365*	-.398	-.145

Note. Regression 1: F (3,144) = .873, p = .408, R^2 = .08; Regression 2: F (3,144) = .873, p = .145, R^2 = .08; Regression 3: F (3,144) = .873, p = .691, R^2 = .08.

Table 8

Regression Results with Self-efficacy, Years of Experience, and Caseload Complexity Prediction on Burnout level Depersonalization (DP)

Dependent	Independent	*B*	*P*	*SE*	*t*	*B*
DP Regression 1	Self-efficacy	-.013	.881	.867	-.150	-.130
DP Regression 2	Years of Experience	-.161	.055	*.101*	-1.932	-.195
DP Regression 3	Caseload Complexity	.056	.497	*.251*	.682	.171

Note. Regression 1: F (3,144) = 1.389, p = .881, R^2 = .03; Regression 2: F (3,144) = 1.389, p = .055, R^2 = .03; Regression 3: F (3,144) = 1.389, p = .497, R^2 = .03.

Table 9

Regression Results with Self-efficacy, Years of Experience, and Caseload Complexity Prediction on Burnout level Personal Accomplishment (PA)

Dependent	Independent	*B*	*P*	*SE*	*t*	*B*
PA Regression 1	Self-efficacy	.17	.031	.96	2.18	2.10
PA Regression 2	Years of Experience	*.35*	.000	*.11*	4.47	.50
PA Regression 3	Caseload Complexity	.0	.94	*.28*	.05	.01

Note. Regression 1: F (3,144) = 9.588, p = .031, R^2 = .17; Regression 2: F (3,144) = 9.588, p = .000, R^2 = .17; Regression 3: F (3,144) = 9.588, p = .94, R^2 = .17.

Summary and Transition

Chapter 4 began with a detailed analysis and description of the sample and data collection process. There were two research questions that focused on burnout and perceived quality of care among psychiatric caregivers. Regressions analyses were conducted for each dependent variable with the predictor variables. The dependent variables burnout and perceived quality of care were analyzed with the predictor variables caseload complexity, years of experience, and self-efficacy.

Perceived quality of care was analyzed with caseload complexity, years of experience, and self-efficacy was determined with the GSES. Findings determined that caseload complexity and years of experience were not a significant predictor of perceived quality of care. However, research determined that self-efficacy was a significant predictor of perceived quality of care. The analysis indicated that years of experience and self-efficacy significantly predicted burnout in regards to personal accomplishment, while case-

load complexity was not a significant predictor. Caseload complexity, years of experience, and self-efficacy were not a significant predictor of burnout in relation to emotional exhaustion and depersonalization.

Chapter 5 presents the results in more detail, as well as the limitations and strengths of the study. The purpose and interpretations of the research findings were presented. It also provides recommendations for future research.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative study was to examine whether work-related factors, namely, caseload complexity, self-efficacy, and years of experience, predict perceived quality of care and burnout in psychiatric caregivers who work with offenders in forensic facilities. A quantitative predictive correlational design was used to examine the relationship between predictor variables (caseload complexity, self-efficacy, and years of experience) and the dependent variables (burnout and perceived quality of care) psychiatric caregivers. The MBI-HSS was used to examine burnout with its elements EE, DP, and PA. The QOC-staff form was applied to analyze perceived quality of care, and the GSES was used to examine self-efficacy.

A multiple regression was conducted for perceived quality of care and for EE, PA, and DP. The results showed self-efficacy and years of experience as significant positive predictors of personal accomplishment, a subscale of burnout; however, caseload complexity did not significantly predict burnout for emotional exhaustion, personal accomplishment or depersonalization. Self-efficacy showed a significantly positive prediction on perceived quality of care. Caseload complexity and years of experience did not significantly predict perceived quality of care. In this chapter I will provide results from data analysis, present study limitations, and provide recommendations for future research.

Interpretation of the Findings

This section includes a discussion of the results from the data analysis for each research question. The first research question examined self-efficacy, caseload complexity, and years of experience prediction on perceived quality of care. The second research

question examined self-efficacy, caseload complexity, and years of experience prediction on burnout. Multiple regression was used as the statistical analysis and the variance scores from MBI-HSS, GSES and QOC-Staff form.

Burnout

Burnout, as described by Maslach and Leiter (2016), is "a psychological syndrome emerging as a prolonged response to chronic interpersonal stressors on the job" (p. 103). Emotional exhaustion, personal accomplishment, and depersonalization are the three dimensions of burnout (Maslach et al., 1996). Emotional exhaustion is feeling drained emotionally, which leads to the inability to complete ones task (von Harscher, Desmarais, Dollinger, Grossman, & Aldana, 2018). Reduced personal accomplishment is displayed when self-respect decreases and negativity towards work capabilities increases (Peng et al., 2013). Depersonalization is the display of negative feelings and emotional detachment from someone, self, and work (Peng et al., 2013).

This study has shown that self-efficacy predicts the personal accomplishment element of burnout. It was found that burnt out employees appear to experience difficulty with patient care services when self-efficacy is low. Green et al. (2014) acknowledged that work-related factors such as patient care services are positively related to changes in employees' well-being. Reduced personal accomplishment may lead to physical, emotional and mental problems for employees. Mela et al. (2016) acknowledged that burnout individuals do not have training are, sleep deprived, and produce more medical errors. Burnout relates to emotional distress and higher emotional exhaustion (Elliott & Daley,

2013; Gleichgerrcht & Decety, 2013). Although the current study did not show any prediction on DP and EE elements of burnout, it has presented the need to study patient-staff relationships, as well as emotional and psychological effects of forensic employees.

Perceived Quality of Care

Quality of care is the health services provided to people to increase the possibility of a positive health outcome which is derived from specialized knowledge (Chen et al., 2016; Stevens, 2013; Tuncalp et al., 2015). For this research, perceived quality of care was measured. This the QOC-staff form was used to measure psychiatric caregivers perceptions of quality of care provided to offender patients. Perceived quality of care is an individual's personal perspective or expectations of their quality of care provided or received (Tregea et al., 2016).

This study has shown that perceived quality of care is predicted by self-efficacy. It was found that employees with lower perceived quality of care experience poor motivation and difficulty with completing tasks when self-efficacy is low. Van Dyk et al. (2016) acknowledged that poor self-efficacy influence employees' decisions made when providing patient care services. Poor patient services may lead to poor patient safety and negative effects with personal well-being. Claassens et al. (2016) acknowledged that professionals with lower perceived quality of care also experienced decreased well-being and loss of control on their unit. Lower perceived quality of care relates to decreased self-efficacy, poor patient services, and health-related factors such as physical symptoms for patients and employees (De Vries et al., 2014; Diggins et al., 2016). These results highlight the need to study patient-centered care, safety precautions and ways to improve well-being for forensic employees.

Caseload Complexity

Caseload is the number of patients or clients that a professional is responsible for at one time. Caseload complexity was defined as intricate or complicating cases which were the cases analyzed by psychiatric caregivers. The results of the current study showed caseload complexity did not predict burnout as measured by the elements PA, EE, and DP. Hunter (2016) conducted research using mindfulness training and its ability to explain how caseload complexity affects burnout. The results for stress and increase burnout negatively impact nurses' ability to manage their caseload effectively. Overall, Hunter (2016) concluded that nurses who provided care to patients in work environments such as forensic units experienced increased stress (Hunter, 2016). This study results could be different due to the use of nurses and midwives, and providing mindfulness training, which appeared to have been a positive coping technique to manage stress and depersonalization. For my research, the participants were not provided with a coping technique such as mindfulness training, which could have contributed to the results.

The results from this study showed that caseload complexity did not predict perceived quality of care. However, previous research have shown different results. Storfjell et al. (2015) explained how nurses with poor perceptions of quality of care associated time, complexity of caseload and types of interventions as contributing factors. In another study, Taylor and Olsen (2016) determined that nurses who had negative perceptions of quality of care and caseload also experienced burnout and provided poor quality of care. Also, nurses that presented poor perceived quality of care reported low staffing levels and high caseload complexity. Taylor and Olsen (2016) study results could be different because the participants were from the European Academy of Nursing Science (EANS),

and the EANS participants were a part of a conference where they presented their perspective on nursing research rather than their opinions from personal experiences.

Years of Experience

The results for years of experience showed that it did significantly predict burnout as measured by the element PA. However, years of experience did not significantly predict burnout as measured by elements EE and DP. These results may be possible because EE and DP appear to put more emphasis on emotions or feelings and not on the amount of experience or time with accomplishing a task, which could be why years of experience did predict EE or DP. Volpe et al. (2014) conducted a study that confirmed the existence of increased burnout among mental health workers who were in their early years of professional experience. They also showed increased levels of depression and decreased personal accomplishment related to ineffective coping mechanisms. According to Maruyama et al. (2016), female nurses' years of experience and coping mechanisms are positive factors for burnout, indicating that fewer years of experience and ineffective coping contributes to increased burnout. The results of the current study confirm these results, with years of experience predicting PA by recognizing an individual ability to accomplish a task, years of experience and coping techniques.

The results of the current study showed years of experience did not predict perceived quality of care. According to Schr (2013), staff working in forensic facilities positively associated years of experience with the improved perceived quality of care being provided to patients. The results from this study may differ because it was analyzed with the Quality in Psychiatric Care-Forensic Inpatient Staff (QPC-FIPS) instrument and the staff work at a forensic facility in Sweden which may have fewer patients hospitalized

and the population is smaller. Pineau Stam et al. (2015) studied the possible influences of job satisfaction, patient services, and empowerment among newly graduated nurses. Pineau Stam et al. (2015) concluded that stressful work environment and inadequate staffing related to issues which contributed to nurses' high turnover and poor perceived quality of care. These results could different because the sample consisted newly graduated nurses who have not had as much experience with offender patients compared to other nurses with more years of experience.

Self-efficacy Theory

Self-efficacy theory (SET) was the theoretical framework for this study (Bandura, 1977). Bandura (1977) defined self-efficacy as an individual confidence in their ability to execute a task, and the expectation to master the task to achieve a goal or positive outcome (Bandura, 1977). Perceived self-efficacy according to Bandura (1977) is derived from four basic principles of information which are "performance accomplishments, vicarious experience, verbal persuasion, and physiological states" (p. 191).

My research study can contribute to the theoretical foundation and to previous studies that have applied self-efficacy by understanding the effects of burnout and perceived quality of care. The results of the current study showed the self-efficacy did significantly predict burnout as measured by the element PA. Based on the results, self-efficacy and PA related to SET because they are both centered on performing tasks, accomplishing a function, and reaching an outcome from completing the work. Rigg et al. (2013) applied self-efficacy theory (SET) to explain how teachers that were less self-efficacious were also burnt out. Rigg et al. (2013) determined that teachers experienced low personal accomplishment which contributed to low self-efficacy and burnout. The role of

self-efficacy in motivation was analyzed to determine its effects on burnout psychologists and social workers (Freitas et al., 2016). Freitas et al. (2016) found that professionals with higher motivation and high job-related well-being had high levels of self-efficacy. It could be concluded that self-efficacy and PA are related to the levels of burnout a person may experience. Hence the current findings are consistent with previous research in linking self-efficacy with burnout.

Self-efficacy did not significantly predict burnout as measured by elements DP and EE. These results are possibly because DP and EE focus more on feelings or emotions, and self-efficacy relates more to accomplishing a function or task. Cheung (2015) applied the four principles known as verbal persuasion, performance accomplishments, physiological states, and vicarious experience to explain students' level of self-efficacy. Overall, Cheung (2015) concluded that students who experience increased self-efficacy implemented these four principles and were provided with instructional strategies which consist of self-efficacy teaching. Schwarzer (2014) mentioned how perceived self-efficacy focuses on a person's behaviors and actions, which positively relates to the amount of achievement outcomes and motivation. Improving self-efficacy increases motivation and the willingness to apply actions to prevent, physical, emotional or mental harm (Waddell, McLaughlin et al., 2014). In regards to these research findings, it could be concluded that self-efficacy influences a person's determination and motivation to accomplish a task, but high self-efficacy may relate to choices made to prevent physical well-being or mental burdens such as tiredness and depression.

Self-efficacy did predict psychiatric caregivers' perceived quality of care provided to patients. These results related to SET because the services provided have to be

performed to get an outcome or resolution for the patients which relates to performance accomplishments and confidence to complete a task. Van Dyk et al. (2016) conducted a study to determine if self-efficacy explains frontline nurses' motivation and willingness to participate in a task. The study results suggest that nurses' ability to provide professional services and motivation to make better nursing decisions are influenced by self-efficacy which contributes to higher perceived quality of care (Van Dyk et al., 2016). In another study, the perceptions of quality of care and self-efficacy among nurses was studied and it was determined that nurses with high self- efficacy also presented high perceived quality of care provided to patients (Ball et al., 2013). However, nurses with low perceived self-efficacy and patient safety had poor perceptions of quality of care provided to patients (Ball et al., 2013). These findings present the importance of studying self-efficacy among employees and developing techniques increase self-efficacy which contributes to higher perceived quality of care and lower burnout.

This research's findings were able to confirm the information presented in previous research as it relates to self-efficacy predicting perceived quality of care. There has been much research on mental health employees, doctors, and nurses who work within psychiatry. However, compared to previous research populations, this research population consisted of psychiatric caregivers who provide services to offenders within a forensic hospital. Therefore we can conclude that forensic hospital caregivers have similar experiences of self-efficacy as other human services professionals. De Vries et al. (2014) concluded that increasing self-efficacy among teachers positively related to higher perceived quality of care. On the other hand, Claassens et al. (2016) applied self-efficacy to determine its effects on professionals' performances. Claassens et al. (2016) found that

lack of control and low self-efficacy related to reduced perceived quality of care. It could be determined that self-efficacy positively predicts perceived quality of care among different professionals within different work fields.

Years of experience predicted burnout with the PA element. SET focus on the confidence a person has to accomplish a task which explains why the amount of experience a person has relates to their ability to handle and address task effectively. Years of experience did not predict EE and DP elements probably because of low-stress levels. Fallatah and Laschinger (2016) studied the Authentic Leadership Theory and its ability to explain newly graduated nurses' ability to make positive decisions and job satisfaction. They found that newly graduated nurses that were not stressed and confident had less burnout and improved quality of care. These findings determined that having less years of experience may not cause high burnout or poor quality of care if the individual is confident, able to implement decisions and be a leader which are qualities of high self-efficacy. Years of experience did not predict perceived quality of care. These results could be possible because the psychiatric caregivers knew how to effectively deal with stressful situations and were confident in their abilities to provide services which is related to high self-efficacy.

Caseload complexity did not predict burnout at the PA, EE, or DP elements. Caseload complexity did not predict burnout at any subscale which could be due to an individual ability and confidence to handle the variety and difficult caseloads. These results may be possible because of the difficulty with knowing the changes in the level and time frame of a complicated caseload over a certain amount of time which could present many fluctuating changes with PA, EE, and DP. Caseload complexity did not predict perceived

quality of care. This result could be described by SET because it explains work involvement and increased job satisfaction by advocating employee self-efficacy which contributed to better work performance (Cherian & Jacob, 2013). Psychiatric caregivers' caseload complexity possibly did not cause stress to the extent where it would negatively affect perceptions of quality of care. In relation, better work performance and confidence with caseload complexity could relate to perceptions of quality of care provided to the patients.

Limitations of the Study

A quantitative methodology with a predictive correlational design was used in this study. Applying this research method allowed the data to be collected over a specific timeframe. An electronic questionnaire through survey monkey was used to measure the variables. Self-reporting measures were used with MBI-HSS, GSES, and QOC –Staff form. Response bias could have contributed to the way each participant responded to the questions. Participants may have completed the survey after dealing with a very difficult or easy caseload of offenders, which could be deceptive or biased. The participants might have answered the questions in the way they think it should be answered instead of from their personal experiences.

Convenience sampling method allowed a non-probability selection of participants who are employed at the California forensic hospital. There are many different forensic hospitals around the world that treat offenders who are mentally ill. There are other professionals besides psychiatric caregivers who treat or provide services to offenders who are mentally ill. Sampling from this particular population and facility may not be an accurate representation. Participants were limited to psychiatric caregivers at one forensic

hospital. The inclusion of other forensic hospitals and professionals working with mentally ill offenders worldwide and internationally. In relation, this could limit generalization of this study.

The forensic hospital is secured, so how the variable is measured presented limitations. The survey was used to collect data but measuring caseload complexity by rating the level of caseload complexity could be misleading. The participants might not have had a certain amount in their caseload at the time of research period and may not have answered the question based on their caseload complexity since working at the facility. These type of responses could misrepresent the true nature of the caseload complexity. In relation, this challenge could affect the results for caseload complexity with burnout and perceived quality of care.

Recommendations

Understanding burnout among psychiatric caregivers in forensic hospitals is essential, but the effects of burnout need to be analyzed among all staff who interact with offender patients. It is important to examine the impact of burnout in other forensic and psychiatric facilities among professionals providing patient-centered care. Patients in forensic facilities are dealing with mental illnesses but also have committed violent or criminal acts. In relation, when developing and delivering forensic services, all aspects of the employee, state, organization, community, and patients must be considered (Livingston, Nijdam-Jones, & Brink, 2012). Recognizing all these factors could increase patient care and employee job satisfaction, but also improve safety within forensic facilities and reduce crime in the communities. Providers were more likely to have negative perceptions

of their work environment because of safety concerns which affect services being provided (Livingston et al., 2012). Understanding perceptions of quality of care may help increase patient-centered care that could lead to an improved work environment.

Years of experience and caseload complexity had no prediction on perceived quality of care. Self-efficacy positively predicted perceived quality of care. It has been suggested that higher perceptions of quality of care could be accomplished with implementing a variety of organizational strategies, but recognizing factors related to successful team processes can increase perceived quality of care (Beaulieu et al., 2013). Other variables such as employee well-being, work safety, employee to patient relationship, and work performance could help explain perceptions of quality of care. The research could help promote improvement in professional well-being, patient care, job performance, communication, patient assessments, and more. Future research is needed to investigate the possible predictors of burnout and perceived quality of care to implement positive solutions for employee, patient and organizational improvement.

Implications

Positive Social Change

Implications from this study present a potential for positive change for employees, patients, and care facilities. Psychiatric caregivers may experience burnout or reduced perceived quality of care which could affect their job performance, the patients' well-being, the organization, community, communication, and family. Research has indicated that reduced perceived quality of care positively relates to poor views of hospital unit and poor patient-centered care (Alexiou et al., 2016). Selvin et al. (2016) mentioned how pa-

tients reported dissatisfaction with the perceived quality of care provided and communication from employees. Professionals who experienced burnout also had high levels of emotional exhaustion (Elliott & Daley, 2013). This research provided information on the possible predictors of burnout and perceived quality of care. Results from this research showed that self-efficacy positively predicted perceived quality of care and burnout.

Findings from this research will allow a better understanding of self-efficacy, years of experience and caseload complexity prediction on burnout and perceived quality of care. For example, one predictor of burnout is years of experience with fewer years of experience relating to reduced personal accomplishment and more years of experience contributing to increased personal accomplishment. Self-efficacy and years of experience positively impacted personal accomplishment. Sacco et al. (2015) found older nurses with more years of experience had more positive feelings towards helping others and decreased burnout than younger nurses with fewer years of experience. The information retained could be used to improve training and development of stress relief interventions for employees. The interventions could be applied to help reduce burnout, increase work-life balance, and improve coping methods and more. In relation, improvement within job performance, patient care, and personal well-being could contribute to the improvement within the organization as a whole. Improvement within the organization positively related to the employees' and patients' satisfaction which decreases burnout and improve perceived quality of care.

Professional implications

Individuals working in psychiatry, mental health or forensics could benefit from this research. These individuals provide a variety of patient-centered care and educational

techniques, and the research findings could bring about new ways to address and care for patients and teaching methods such as behavioral modifications, coping mechanisms, and more. The preferred outcome is to learn and understand how and why self-efficacy, years of experience, caseload complexity predict perceived quality of care and burnout. Evaluating perceived quality of care and interventions in forensic settings are important for improving forensic services (Lundqvist & Schröder, 2015). Professional burnout is related to lack of training, sleep deprivation, and medical errors (Mela, Luther, & Gutheil, 2016). Self-efficacy and years of experience are positive predictors of reduced personal accomplishment. Professionals tend to doubt or second guess decisions when experiencing burnout and reduced personal accomplishment (Sadati et al., 2016). This makes it challenging to provide professional decisions, training, resources, and teaching.

Conclusion

This study presented an examination of self-efficacy, caseload complexity, and years of experience prediction on psychiatric caregivers' burnout and perceived quality of care with offenders. These variables were measured by the GSES, QOC-staff form, and MBI-HSS. Three regression analysis were ran for burnout to provide measurements for EE, DP, and PA. One regression analysis was ran to measure perceived quality of care. Caseload complexity and years of experience were not significant predictors for perceived quality of care. Many factors could have contributed to the variables that had not significant findings such as environment, time, Caseload complexity was not a significant predictor of EE, DP or PA elements. Self-efficacy and years of experience significantly

predicted PA but did not significantly predict DP and EE. Self-efficacy significantly predicted perceived quality of care. Self-efficacy was the only variable that predicted perceived quality of care and Burnout (PA).

The research provided information regarding the limitations which regarded the validity and reliability of GSES, MBI-HSS, and QOC-staff form. Limitations of the researcher and self-reporting bias sample were all discussed. Recommendations for improvement and recognition of employee burnout within psychiatric and forensic facilities were suggested. Also, recommendations regarding the understanding of perceptions of quality of care among professionals within psychiatric and forensic facilities were mentioned. Positive social change at the employee, patient, and organizational level were discussed. This research will contribute to current literature regarding burnout and perceived quality of care through the research results, recommendations, and implications. The study will also add to the future literature on improving burnout and increasing perceptions of quality of care among professionals who provide patient care by recognizing self-efficacy as a positive predictor of both variables. The aim is to provide forensic and psychiatric facilities with research results that can aid in enhancing patient lives through better education and management of behaviors effectively while reducing employee burnout and increasing patient care at an organizational, society and community level.

References

Achterkamp, R., Hermens, H. J., & Vollenbroek-Hutten, M. M. R. (2016). The influence of vicarious experience provided through mobile technology on self-efficacy when learning new tasks. *Computers in Human Behavior, 62*, 327-332. doi:10.1016/j.chb.2016.04.006

Adriaenssens, J., Gucht, V. D., & Maes, S. (2015). Association of goal orientation with work engagement and burnout in emergency nurses. *Journal of Occupational Health, 57*, 151-160. Retrieved from https://www.jstage.jst.go.jp/article/joh/57/2/57_14-0069-OA/_pdf/-char/en

Aguayo, R., Vargas, C., de la Fuente, E. I., & Lozano, L. M. (2011). A meta-analytic reliability generalization study of the Maslach Burnout Inventory. *International Journal of Clinical and Health Psychology, 11*(2), 343-361. Retrieved from http://www.redalyc.org/html/337/33716996009/

Aiken, L. H., Sermeus, W., Van den Heede, K., Sloane, D. M., Busse, R., McKee, M., . . . & Tishelman, C. (2012). Patient safety, satisfaction, and quality of hospital care: Cross sectional surveys of nurses and patients in 12 countries in Europe and the United States. *British Medical Journal, 344*, e1717. http://dx.doi.org/10.1136/bmj.e1717

Aiken, L. H., Sloane, D. M., Bruyneel, L., Van den Heede, K., Griffiths, P., Busse, R., . . . & McHugh, M. D. (2014). Nurse staffing and education and hospital mortality in nine European countries: A retrospective observational study. *The Lancet*, *383*(9931), 1824-1830. doi:10.1016/S0140-6736(13)62631-8

Alexiou, E., Degl'Innocenti, A., Kullgren, A., & Wijk, H. (2016). The impact of facility relocation on patients' perceptions of ward atmosphere and quality of received forensic psychiatric care. *Journal of Forensic and Legal Medicine, 42*, 1-7. http://dx.doi.org/10.1016/j.jflm.2016.04.014

Al-Ali, N. M., Al Faouri, I., & Al-Niarat, T. F. (2016). The impact of training program on nurses' attitudes toward workplace violence in Jordan. *Applied Nursing Research*, *30*, 83-89. doi:10.1016/j.apnr.2015.11.001

Babenko-Mould, Y., Iwasiw, C. L., Andrusyszyn, M. A., Laschinger, H. K., & Weston, W. (2012). Effects of clinical practice environments on clinical teacher and nursing student outcomes. *Journal of Nursing Education, 51*(4), 217-225. doi: 10.3928/01484834-20120323-06

Ball, J. E., Murrells, T., Rafferty, A. M., Morrow, E., & Griffiths, P. (2013). 'Care left undone'during nursing shifts: associations with workload and perceived quality of care. *British Medical Journal Quality & Safety*, 1-10. doi:10.1136/bmjqs-2012-001767

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychology Review, 84*, 191-215. doi:10.1037/0033-295X.84.2.191

Bandura, A. (2012). On the functional properties of perceived self-efficacy revisited. *Journal of Management, 38*(1), 9-44. doi:10.1177/0149206311410606

Bandura, A. (2014). Psychological Assessment for the Workplace. In Harder, H. G., Wagner, S., & Rash, J. A. (Eds.), *Mental Illness in the Workplace: Psychological*

Disability Management (pp. 253-269). New York, NY: Gower Publishing. Retrieved from https://books.google.com/books?hl=en&lr=&id=6M4FDAAAQBAJ&oi=fnd&pg

Bandura, A., & Adams, N. E. (1977). Analysis of self-efficacy theory of behavioral change. *Cognitive Therapy and Research*, *1*(4), 287-310. Retrieved from http://web.stanford.edu/dept/psychology/bandura/pajares/Bandura1977CTR-Adams.pdf

Bartolomei, J., Baeriswyl-Cottin, R., Framorando, D., Kasina, F., Premand, N., Eytan, A., & Khazaal, Y. (2016). What are the barriers to access to mental healthcare and the primary needs of asylum seekers? A survey of mental health caregivers and primary care workers. *BioMed Central Psychiatry*, *16*(336), 1-8. doi:10.1186/s12888-016-1048-6

Beaulieu, M. D., Haggerty, J., Tousignant, P., Barnsley, J., Hogg, W., Geneau, R., . . . & Dragieva, N. (2013). Characteristics of primary care practices associated with high quality of care. *Canadian Medical Association Journal, 185*(12), E590-E596. doi:10.1503 /cmaj.121802

Beck, T. (2013). The importance of a priori sample size estimation in strength and conditioning research. *Journal of Strength and Conditioning Research / National Strength & Conditioning Association, 27*(8), 2323-2337. doi:10.1519/JSC.0b013e318278eea0

Bernard, H. R. (2013). Social research methods: Qualitative and quantitative approaches (2nd ed.). Thousand Oaks, CA: Sage Publications.

Bogaert, P., Clarke, S., Willems, R., & Mondelaers, M. (2013). Nurse practice environment, workload, burnout, job outcomes, and quality of care in psychiatric hospitals: A structural equation model approach. *Journal of Advanced Nursing*, *69*(7), 1515-1524**.** doi:10.1111/jan.12010

Brady, E. (2014). Child protection social workers' engagement in continuing Professional development: An exploratory study. *Social Work Education*, *33*(6), 819-834. doi:10.1007/s10488-014-0599-4

Bresó, E., Schaufeli, W. B., & Salanova, M. (2011). Can a self-efficacy-based intervention decrease burnout, increase engagement, and enhance performance? A quasi-experimental study. *Higher Education*, *61*(4), 339-355. doi:10.1007/s10734-010-9334-6

Brouwers, C., Caliskan, K., de Jonge, N., Theuns, D. A., Constantinescu, A., Young, Q. R., . . . & Pedersen, S. S. (2015). A comparison of the health status and psychological distress of partners of patients with a left ventricular assist device versus an implantable cardioverter defibrillator: A preliminary study. *Heart & Lung: The Journal of Acute and Critical Care*, *44*(1), 27-32. doi:10.1016/j.hrtlng.2014.10.007

Brouwers, A., & Tomic, W. (2016). Job-demands, Job control, social support, self-efficacy, and burnout of staff of residential children's homes. *Educational Practice and Theory, 38*(1), 89-107. http://dx.doi.org/10.7459/ept/38.1.07

Chan, A. O., Chan, Y. H., Chuang, K. P., Ng, J. S., & Neo, P. S. (2015). Addressing physician quality of life: Understanding the relationship between burnout, work engagement, compassion fatigue and satisfaction. *Journal of Hospital*

Administration, 4(6), 46-55. doi:10.5430/jha.v4n6p46

Chao, M., Shih, C. T., & Hsu, S. F. (2016). Nurse occupational burnout and patient-rated quality of care: The boundary conditions of emotional intelligence and demographic profiles. *Japan Journal of Nursing Science*, *13*(1), 156-165. doi:10.1111/jjns.12100

Chen, S. S., Unruh, M., & Williams, M. (2016, February). In quality we trust; but quality of life or quality of care. *Seminars in Dialysis*. *29*(2), 103-110. doi:10.1111/sdi.12470

Cheng, C., Cheng, C., Bartram, T., Bartram, T., Karimi, L., Karimi, L., . . . & Leggat, S. (2016). Transformational leadership and social identity as predictors of team climate, perceived quality of care, burnout and turnover intention among nurses. *Personnel Review, 45*(6), 1200-1216. doi.org/10.1108/PR-05-2015-0118

Cherian, J., & Jacob, J. (2013). Impact of self-efficacy on motivation and performance of employees. *International Journal of Business and Management*, *8*(14), 80-88. doi:10.5539/ijbm.v8n14p80

Cheung, D. (2015). The Combined Effects of Classroom Teaching and Learning Strategy Use on Students' Chemistry Self-Efficacy. *Research in Science Education, 45*(1), 101-116. doi:10.1007/s11165-014-9415-0

Chien, J., Novosad, D., & Mobbs, K. E. (2015). The Oregon Health and Science University–Oregon State Hospital Collaboration: Reflections on an Evolving Public-Academic Partnership. *Psychiatric Services, 67*, 262-264. http://dx.doi.org/10.1176/appi.ps.201500467

Chou, L. P., Li, C. Y., & Hu, S. C. (2014). Job stress and burnout in hospital employees: Comparisons of different medical professions in a regional hospital in Taiwan. *British Medical Journal Open, 4*(2), 1-7. doi:10.1136/bmjopen-2013-004185

Claessens, L., van Tartwijk, J., Pennings, H., van der Want, A., Verloop, N., den Brok, P., & Wubbels, T. (2016). Beginning and experienced secondary school teachers' self-and student schema in positive and problematic teacher–student relationships. *Teaching and Teacher Education, 55*, 88-99. doi.org/10.1016/j.tate.2015.12.006

Coates, D. D., & Howe, D. (2015). The design and development of staff wellbeing initiatives: Staff stressors, burnout and emotional exhaustion at children and young people's mental health in Australia. *Administration and Policy in Mental Health and Mental Health Services Research, 42*(6), 655-663. doi:10.1007/s10488-014-0599-4

Coetzee, S. K., Klopper, H. C., Ellis, S. M., & Aiken, L. H. (2013). A tale of two systems—nurses practice environment, well-being, perceived quality of care and patient safety in private and public hospitals in South Africa: A questionnaire survey. *International Journal of Nursing Studies*, 50(2), 162-173. http://dx.doi.org/10.1016/j.ijnurstu.2012.11.002

Consiglio, C., Borgogni, L., Di Tecco, C., & Schaufeli, W. B. (2016). What makes employees engaged with their work? The role of self-efficacy and employee's perceptions of social context over time. *Career Development International*, *21*(2), 125-143. doi:10.1108/CDI-03-2015-0045

Costa, M. (2016). Stakeholder Involvement in Forensic Psychiatry: The Brazilian Experience. *Journal of the American Academy of Psychiatry and the Law Online, 44*(1), 2-8. http://www.jaapl.org/content/44/1/2.full.pdf+html

Creswell, J. (2014). *Research design: Qualitative, quantitative, and mixed method approaches* (4th ed.). Thousand Oaks, C. A., Sage Publications.

Creswell, J. W. (2005). *Educational research: Planning, conducting, and evaluating quantitative and qualitative research* (2nd ed.). Upper Saddle River, NJ: Pearson Education, Inc.

Curtis, E. A., Comiskey, C., & Dempsey, O. (2016). Importance and use of correlational research. *Nurse Researcher, 23*(6), 20-25. http://dx.doi.org/10.7748/nr.2016.e1382

Czaplewski, A. J., Key, T. M., & Van Scotter II, J. R. (2016). The role of positive organizational behavior in building a world class service organization. In T. N. Duening (Ed.)*, Leading the positive organization: Actions, tools, and processes* (pp. 21-34). New York, NY: Business Expert Press, LLC. Retrieved from https://books.google.com/books?hl=en&lr=&id=ItrVCwAAQBAJ&oi=fnd&pg=PT68&dq=Czaplewski,+A.+J.,+Key,+T.+M.,+%26+Van+Scotter+II,+J.+R.+(2016).+&ots=5hnL4jNTmc&sig=ACXDluDWMc_mVYKsiRFGAKCKG90#v=onepage&q&f=false

Danielson, C. K., Borckardt, J. J., Grubaugh, A. L., Pelic, C. G., Hardesty, S. J., & Frueh,

B. C. (2008). Quantifying staff and patient perceptions of quality of care improvement in the psychiatric inpatient setting: Preliminary psychometrics of a new measure. *Psychological Services, 5*(1), 1-10. doi:10.1037/1541-1559.5.1.1

Dasgupta, P. (2012). Effect of role ambiguity, conflict and overload in private hospitals' nurses' burnout and mediation through self-Efficacy. *Journal of Health Management, 14*(4), 513-534. doi:10.1177/0972063412468980

Davies, B., Griffiths, J., John-Evans, H., Lowe, K., Howey, S., & Artt, A. (2016). Changes in staff confidence and attributions for challenging behaviour after training in positive behavioural support, within a forensic mental health setting: a replication study with follow-up. *Journal of Forensic Psychiatry & Psychology, 27*(6), 886-906. http://dx.doi.org/10.1080/14789949.2016.1222448

Dempsey, C., Wojciechowski, S., McConville, E., & Drain, M. (2014). Reducing patient suffering through compassionate connected care. *Journal of Nursing Administration, 44*(10), 517-524. doi:10.1097/NNA.0000000000000110

DeFusco, R. A., McLeavey, D. W., Pinto, J. E., Anson, M. J., & Runkle, D. E. (2015). *Quantitative investment analysis*. Hoboken, NJ. John Wiley & Sons.

De Vries, A. M. M., Roten, Y., Meystre, C., Passchier, J., Despland, J. N., & Stiefel, F. (2014). Clinician characteristics, communication, and patient outcome in oncology: a systematic review. *Psycho-Oncology, 23*(4), 375-381. doi:10.1002/pon.3445

Di Benedetto, M., & Swadling, M. (2014). Burnout in Australian psychologists: Correlations with work-setting, mindfulness and self-care behaviours. *Psychology, Health & Medicine*, *19*(6), 705-715. doi:10.1080/13548506.2013.861602

Diggins, A. D., Hearn, L. E., Lechner, S. C., Annane, D., Antoni, M. H., & Whitehead, N. E. (2016). Physical activity in Black breast cancer survivors: Implications for quality of life and mood at baseline and 6-month follow-up. *Psycho-Oncology*, doi:10.1002/pon.4095

Dignani, L., & Toccaceli, A. (2013). Nurses and job satisfaction: Results of an Italian survey. *Journal of US-China Public Administration*, *10*(4), 379-387. Retrieved from http://s3.amazonaws.com/academia.edu.documents/32435892/JUCPA_Volume_10_Number_4_April_2013.pdf?AWSAccessKeyId=AKIAJ56TQJRTWSMTNPEA&Expires=1471117528&Signature=OSSwqLcL1796K%2FRkCCcyFUvjiV4%3D&response-content-disposition=inline%3B%20filename%3DJUCPA_Volume_10_Number_4_April_2013.pdf#page=40

Djukic, M., Kovner, C. T., Brewer, C. S., Fatehi, F. K., & Cline, D. D. (2013). Work environment factors other than staffing associated with nurses' ratings of patient care quality. *Health Care Management Review, 38*(2), 105-114. doi:10.1097/HMR.0b013e3182388cc3

Elkin-Frankston, S., Bracken, B. K., Irvin, S., & Jenkins, M. (2017). Are behavioral measures useful for detecting cognitive workload during human-computer interaction? In *Advances in the Human Side of Service Engineering*, 494, (127-

137). Springer, CH. Springer International Publishing. doi:10.1007/978-3-319-41947-3_13

Elliott, K. A., & Daley, D. (2013). Stress, coping, and psychological well-being among forensic health care professionals. *Legal and Criminological Psychology*, *18*(2), 187-204. doi:10.1111/j.2044-8333.2012.02045.x

Epstein, R. M., & Gramling, R. E. (2013). What is shared in shared decision making? Complex decisions when the evidence is unclear. *Medical Care Research and Review*, *70*(1_ suppl), 94S-112S. doi:10.1177/1077558712459216

Fallatah, F., & Laschinger, H. K. (2016). The influence of authentic leadership and supportive professional practice environments on new graduate nurses' job satisfaction. *Journal of Research in Nursing*, *21*(2), 125-136. https://doi.org/10.1177/1744987115624135

Farkas, K. J. (2011). Social work treatment: Interlocking theoretical approaches. In F. J. Turner (Ed.), *Self-efficacy theory* (pp. 428-436). New York, NY: Oxford University Press, Inc. Retrieved from https://books.google.com/books?hl=en&lr=&id=EdVoAgAAQBAJ&oi=fnd&pg=PA428&dq=Farkas, K. J. (2011). Self-efficacy theory. Social work treatment: Interlocking theoretical approaches, 428-436.&ots=AdVYzc8i-m&sig=lPg7_fzOfsh2OAqqrqbuquLbOVA#v=onepage&q&f=false

Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods, 41,* 1149-1160.

Flaherty, T. B., Honeycutt Jr, E. D., & Powers, D. (2015). Exploring Text-Based Electronic Mail Surveys as a Means of Primary Data Collection. In *Proceedings of the 1998 Academy of Marketing Science (AMS) Annual Conference* (pp. 260-264). Norfolk, VA: Springer International Publishing. doi:10.1007/978-3-319-13084-2_60

Faul, F., Erdfelder, E., Buchner, A., & Lang, A.-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods, 41*, 1149-1160.

Fortney, L., Luchterhand, C., Zakletskaia, L., Zgierska, A., & Rakel, D. (2013). Abbreviated mindfulness intervention for job satisfaction, quality of life, and compassion in primary care clinicians: A pilot study. *The Annals of Family Medicine*, *11*(5), 412-420. doi:10.1370/afm.1511

Freitas, C. P. P., Silva, C. S. C. D., Damásio, B. F., Koller, S. H., & Teixeira, M. A. P. (2016). Impact of Job-Related Well-Being on the Relationship of Self-Efficacy With Burnout. *Paidéia (Ribeirão Preto), 26*(63), 45-52. http://dx.doi.org/10.1590/1982-43272663201606

Fumo, N., & Biswas, M. R. (2015). Regression analysis for prediction of residential energy consumption. *Renewable and Sustainable Energy Reviews*, *47*, 332-343. doi:10.1016/j.rser.2015.03.035

Garcia, P. R. J. M., Restubog, S. L. D., Bordia, P., Bordia, S., & Roxas, R. E. O. (2015). Career optimism: The roles of contextual support and career decision-making self-efficacy. *Journal of Vocational Behavior*, *88*, 10-18. doi:10.1016/j.jvb.2015.02.004

Gaugler, J. E., Hobday, J. V., Robbins, J. C., & Barclay, M. P. (2016). Direct care worker training to respond to the behavior of individuals with dementia: The CARES® Dementia-Related Behavior™ Online Program. *Gerontology and Geriatric Medicine*, *2*, 1-11. doi:10.1177/2333721415626888

Gleichgerrcht, E., & Decety, J. (2013). Empathy in clinical practice: how individual dispositions, gender, and experience moderate empathic concern, burnout, and emotional distress in physicians. *PLoS One, 8*(4), 1-12. doi:10.1371/journal.pone.0061526

Goodyear, M., Hill, T. L., Allchin, B., McCormick, F., Hine, R., Cuff, R., & O'Hanlon, B. (2015). Standards of practice for the adult mental health workforce: Meeting the needs of families where a parent has a mental illness. *International Journal of Mental Health Nursing, 24*(2), 169-180. doi:10.1111/inm.12120

Gormley, D. K. (2011). Are we on the same page? Staff nurse and manager perceptions of work environment, quality of care and anticipated nurse turnover. *Journal of Nursing Management*, *19*(1), 33-40. doi.10.1111/j.1365-2834.2010.01163.x

Green, A. E., Albanese, B. J., Shapiro, N. M., & Aarons, G. A. (2014). The roles of individual and organizational factors in burnout among community-based mental health service providers. *Psychological Services*, *11*(1), 41. doi:10.1037/a0035299

Grudzen, C. R., Emlet, L. L., Kuntz, J., Shreves, A., Zimny, E., Gang, M., . . . & Arnold, R. (2016). EM Talk: Communication skills training for emergency medicine patients with serious illness. *British Medical Journal Supportive & Palliative Care*, *6*(2), 219-224. doi:10.1136/bmjspcare-2015-000993

Hall, M., Poth, C., Manns, P., & Beaupre, L. (2016). An exploration of canadian physiotherapists' decisions about whether to supervise physiotherapy students: Results from a national survey. *Physiotherapy Canada*, *68*(2), 141-148. doi: http://dx.doi.org/10.3138/ptc.2014-88E

Halper, L. R., & Vancouver, J. B. (2016). Self-efficacy's influence on persistence on a physical task: Moderating effect of performance feedback ambiguity. *Psychology of Sport and Exercise*, *22*, 170-177. doi:10.1016/j.psychsport.2015.08.007

Hanks, H., & Vetere, A. (2016). Working at the extremes: The impact of us doing work. In H. Hanks & P. Stratton (Eds.), *Interacting Selves: Systemic Solutions for Personal and Professional Development in Counselling and Psychotherapy* (pp.65-84). New York, NY: Taylor &Francis Group. Retrieved from https://books.google.com/books?hl=en&lr=&id=TGeFCwAAQBAJ&oi=fnd&pg=PP1&dq=Hanks,+H.,+%26+Vetere,+A.+(2016).+Working+at+the+extremes.+Interacting+Selves:+Systemic+Solutions+for+Personal+and+Professional+Development+in+Counselling+and+Psychotherapy,+65.+&ots=XRyJaBwIIN&sig=txhocE_CQF5eaKX-GLpjStSV_LU#v=onepage&q&f=false

Hansen, V., & Pit, S. (2016). The single item burnout measure is a psychometrically sound screening tool for occupational burnout. *Health Scope, 5*(2). 1-6. doi:10.17795/jhealthscope-32164

Happell, B., Hoey, W., & Gaskin, C. J. (2012). Community mental health nurses, caseloads, and practices: A literature review. *International Journal of Mental Health Nursing, 21*(2), 131-137. doi:10.1111/j.1447-0349.2011.00777.x

Harris, D. M., Happell, B., & Manias, E. (2015). Working with people who have killed: The experience and attitudes of forensic mental health clinicians working with forensic patients. *International Journal of Mental Health Nursing, 24*(2), 130-138. doi:10.1111/inm.12113

Harvey, C., Buckley, C., Forrest, R., Roberts, J., Searle, J., Meyer, A., & Thompson, S. (2015). Aberrant Work Environments, Rationed Care as System Failure or Missed Care as Skills Failure. *GSTF Journal of Nursing and Health Care, 2*(1). 72-80. doi:10.5176/2345-718X_2.1.66

Haynos, A. F., Fruzzetti, A. E., Anderson, C., Briggs, D., & Walenta, J. (2016). Effects of dialectical behavior therapy skills training on outcomes for mental health staff in a child and adolescent residential setting. *Journal of Hospital Administration*, *5*(2), 55-61. doi:10.5430/jha.v5n2p55

Heckemann, B., Breimaier, H. E., Halfens, R. J., Schols, J. M., & Hahn, S. (2015). The participant's perspective: Learning from an aggression management training course for nurses. Insights from a qualitative interview study. *Scandinavian Journal of Caring Sciences*, *30*, 574-585. doi:10.1111/scs.12281

Holden, R. J., Scanlon, M. C., Patel, N. R., Kaushal, R., Escoto, K. H., Brown, R. L., . . . & Karsh, B. T. (2011). A human factors framework and study of the effect of nursing workload on patient safety and employee quality of working life. *British Medical Journal Quality & Safety*, *20*(1), 15-24. doi:10.1136/bmjqs.2008.028381

Huang, D. (2015). A study on the application of task-based language teaching method in a comprehensive English class in China. *Journal of Language Teaching and Research*, *7*(1), 118-127. http://dx.doi.org/10.17507/jltr.0701.13

Hulton, L., Matthews, Z., Bandali, S., Izge, A., Daroda, R., & Stones, W. (2016). Accountability for quality of care: Monitoring all aspects of quality across a framework adapted for action. *International Journal of Gynecology & Obstetrics, 132*(1), 110-116. doi:10.1016/j.ijgo.2015.11.005

Hunter, L. (2016). Making time and space: The impact of mindfulness training on nursing and midwifery practice. A critical interpretative synthesis. *Journal of Clinical Nursing*, *25*(7-8), 918-929. doi:10.1111/jocn.13164

Jesse, M. T., Abouljoud, M., & Eshelman, A. (2015). Determinants of burnout among transplant surgeons: A national survey in the United States. *American Journal of Transplantation, 16*(4), 772-778. doi:10.1111/ajt.13056

Johnson, H., Worthington, R., Gredecki, N., & Wilks-Riley, F. R. (2016). The relationship between trust in work colleagues, impact of boundary violations and burnout among staff within a forensic psychiatric service. *Journal of Forensic Practice, 18*(1), 64-75. http://dx.doi.org/10.1108/JFP-03-2015-0024

Katyal, S. (2013). Burnout among nurses working in government and private hospitals. *Studies on Home and Community Science, 7*, 83-85. Retrieved from http://www.krepublishers.com/02-Journals/S-HCS/HCS-07-0-000-13-Web/S-HCS-07-2-000-13-Abst-PDF/S-HCS-07-2-083-13-235-Katyal-S/S-HCS-07-2-083-13-235-Katyal-S-Tt.pdf

Kelly, E. L., Subica, A. M., Fulginiti, A., Brekke, J. S., & Novaco, R. W. (2014). A cross-sectional survey of factors related to inpatient assault of staff in a forensic psychiatric hospital. *Journal of Advanced Nursing*, *71*(5), 1110-1122. doi:10.1111/jan.12609

Keough, V. A., & Tanabe, P. (2011). Survey research: an effective design for conducting nursing research. *Journal of Nursing Regulation, 1*(4), 37-44. Retrieved from http://jnr.metapress.com/home/main.mpx

Khamisa, N., Peltzer, K., & Oldenburg, B. (2013). Burnout in relation to specific contributing factors and health outcomes among nurses: A systematic review. *International Journal of Environmental Research and Public Health*, *10*(6), 2214-2240. doi: v10.3390/ijerph10062214

Kilroy, S., Flood, P. C., Bosak, J., & Chênevert, D. (2016). Perceptions of high-involvement work practices, person-organization fit, and burnout: A time-lagged study of health care employees. *Human Resource Management, 73*(192), 1-15. doi:10.002/hrm.21803

King, R., Le Bas, J., & Spooner, D. (2014). The impact of caseload on the personal efficacy of mental health case managers. *Psychiatric Services, 51*(3), 364-368. doi:10.1176/appi.ps.51.3.364

Koy, V., Yunibhand, J., Angsuroch, Y., & Fisher, M. L. (2015). Relationship between nursing care quality, nurse staffing, nurse job satisfaction, nurse practice environment, and burnout: Literature review. *International Journal of Research in Medical Sciences, 3*(8), 1825-1831. http://dx.doi.org/10.18203/2320-6012.ijrms20150288

Laschinger, H. K. S., Cummings, G., Leiter, M., Wong, C., MacPhee, M., Ritchie, J., ... & Young-Ritchie, C. (2016). Starting out: A time-lagged study of new graduate nurses' transition to practice. *International Journal of Nursing Studies*, *57*, 82-95. http://dx.doi.org/10.1016/j.ijnurstu.2016.01.005

Lee, J., Daffern, M., Ogloff, J. R., & Martin, T. (2015). Towards a model for understanding the development of post-traumatic stress and general distress in mental health nurses. *International Journal of Mental Health Nursing, 24*(1), 49-58. doi:10.1111/inm.12097

Leiter, M. P., & Maslach, C. (2015). Conquering burnout. *Scientific American Mind, 26*(1), 30-35. doi:10.1038/scientificamericanmind0115-30

Lewis, H. S., & Cunningham, C. J. (2016). Linking nurse leadership and work characteristics to nurse burnout and engagement. *Nursing Research*, *65*(1), 13-23. doi:10.1097/NNR.0000000000000130

Livingston, J. D., Nijdam-Jones, A., & Brink, J. (2012). A tale of two cultures: Examining patient-centered care in a forensic mental health hospital. *Journal of Forensic Psychiatry & Psychology*, *23*(3), 345-360. Retrieved from https://doi.org/10.1080/14789949.2012.668214

Loera, B., Converso, D., & Viotti, S. (2014). Evaluating the psychometric properties of the Maslach Burnout Inventory-Human Services Survey (MBI-HSS) among Italian nurses: How many factors must a researcher consider? *PloS one, 9*(12), e114987. Retrieved from http://dx.doi.org/10.1371/journal.pone.0114987

Luther, L., Gearhart, T., Fukui, S., Morse, G., Rollins, A. L., & Salyers, M. P. (2016). Working overtime in community mental health: Associations with clinician burnout and perceived quality of care. *Psychiatric Rehabilitation Journal, 40*(2), 252-259. http://dx.doi.org/10.1037/prj0000234

Lundqvist, L. O., & Schröder, A. (2015). Patient and Staff Views of Quality in Forensic Psychiatric Inpatient Care. *Journal of forensic nursing, 11*(1), 51-58. doi:10.1097/JFN.0000000000000060

Martinez, L. F., & Jaeger, D. S. (2016). Ethical decision making in counterfeit purchase situations: The influence of moral awareness and moral emotions on moral judgment and purchase intentions. *Journal of Consumer Marketing*, *33*(3), 213-223. http://dx.doi.org/10.1108/JCM-04-2015-1394

Maruyama, A., Suzuki, E., & Takayama, Y. (2016). Factors affecting burnout in female nurses who have preschool-age children. *Japan Journal of Nursing Science, 13*(1), 123-134. doi:10.1111/jjns.12096

Maslach, C., Jackson, S. E., & Leiter, M. P. (1996). *Maslach Burnout Inventory*. (3rd ed.). Palo Alto, CA: Consulting Psychologists Press.

Maslach, C., Leiter, M.P., & Jackson, S.E. (2012). Making a significant difference with burnout inventions: Researcher and practitioner collaboration. *Journal of Organizational Behavior, 33*(2), 296-300. doi:10.1002/job.784

Maslach, C., & Leiter, M. P. (2016). Understanding the burnout experience: Recent research and its implications for psychiatry. *World Psychiatry*, *15*(2), 103-111. doi:10.1002/wps.20311

Matejić, B., Milenović, M., Kisić Tepavčević, D., Simić, D., Pekmezović, T., & Worley, J. A. (2015). Psychometric properties of the Serbian version of the Maslach Bur

out Inventory-Human Services Survey: A validation study among Anesthesiologists from Belgrade teaching hospitals. *Scientific World Journal*, *85*(3), 32-40. http://dx.doi.org/10.1155/2015/903597

Maujean, A., Davis, P., Kendall, E., Casey, L., & Loxton, N. (2014). The daily living self-efficacy scale: A new measure for assessing self-efficacy in stroke survivors. *Disability and Rehabilitation*, *36*(6), 504-511. doi:10.3109/09638288.2013.804592

McDougall Jr, G. J., Vance, D. E., Wayde, E., Ford, K., & Ross, J. (2015). Memory training plus yoga for older adults. *Journal of Neuroscience Nursing*, *47*(3), 178-188. doi:10.1097/JNN.0000000000000133

Mcmillan, K., Butow, P., Turner, J., Yates, P., White, K., Lambert, S., . . . & Lawsin, C. (2016). Burnout and the provision of psychosocial care amongst Australian cancer nurses. *European Journal of Oncology Nursing*, *22*, 37-45. http://dx.doi.org/10.1016/j.ejon.2016.02.007

Mela, M., Luther, G., & Gutheil, T. G. (2016). Forty-five years of civil litigation against Canadian psychiatrists: An empirical pilot study. *Canadian Journal of Psychiatry*, *61*(2), 112-118. doi:10.1177/0706743715625943

Miller, L. (2012). *Criminal Psychology*: *Nature, nurture, culture-A textbook and practical reference guide for students and working professionals in the fields of law enforcement, criminal justice, mental health, and forensic psychology*. Springfield, IL: Charles C Thomas Publisher. Retrieved from https://books.google.com/books?hl=en&lr=&id=pP3mCAAAQBAJ&oi=fnd&pg=PR1&dq=Miller,+L.+(2012).+CRIMINAL+PSYCHOLOGY:+Nature,+Nurture,

+Culture-
A+Textbook+and+Practical+Reference+Guide+for+Students+and+Working+Professionals+in+the+Fields+of+Law+Enforcement,+Criminal+Justice,+Mental+Health,+and+Forensic+Psychology.++Charles+C+Thomas+P&ots=RL59UZlzIR&sig=iRXowSlt_m4sLeiuawSkXQ4_7gs#v=onepage&q&f=false

Miller, S., & Harrison, H. (2015). A cluster randomized controlled trial and process evaluation of the early years DELTA parenting programme. *International Journal of Educational Research*, *74*, 49-60. doi:10.1016/j.ijer.2015.09.006

Minard, L. V., Deal, H., Harrison, M. E., Toombs, K., Neville, H., & Meade, A. (2016). Pharmacists' perceptions of the barriers and facilitators to the implementation of clinical pharmacy key performance indicators. *PloS one, 11*(4), 1-17. http://dx.doi.org/10.1371/journal.pone.0152903

Moczko, T. R., Bugaj, T. J., Herzog, W., & Nikendei, C. (2016). Perceived stress at transition to workplace: A qualitative interview study exploring final-year medical students' needs. *Advances in Medical Education and Practice, 7*, 15-27. doi:10.2147/AMEP.S94105

Mollart, L., Skinner, V. M., Newing, C., & Foureur, M. (2013). Factors that may influence midwives work-related stress and burnout. *Women and Birth, 26*(1), 26-32. http://dx.doi.org/10.1016/j.wombi.2011.08.002

Møllerhøj, J., Stølan, L. O., & Brandt-Christensen, M. (2015). A thorn in the flesh? Forensic inpatients in general psychiatry. *Perspectives in Psychiatric Care*. 1-8. doi:10.1111/ppc.12099

Morgan, R. D., Flora, D. B., Kroner, D. G., Mills, J. F., Varghese, F., & Steffan, J. S. (2012). Treating offenders with mental illness: A research synthesis. *Law and Human Behavior*, *36*(1), 37-50. Retrieved from http://dx.doi.org/10.1037/h0093964

Montgomery, A., Panagopoulou, E., Kehoe, I., & Valkanos, E. (2011). Connecting organisational culture and quality of care in the hospital: Is job burnout the missing link? *Journal of Health Organization and Management*, *25*(1), 108-123. http://dx.doi.org/10.1108/14777261111116851

Montgomery, A., Todorova, I., Baban, A., & Panagopoulou, E. (2013). Improving quality and safety in the hospital: The link between organizational culture, burnout, and quality of care. *British Journal of Health Psychology*, *18*(3), 656-662. doi:10.1111/bjhp.12045

Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2012). Burnout in mental health services: A review of the problem and its remediation. *Administration and Policy in Mental Health and Mental Health Services Research*, 39(5), 341-352. doi:10.1007/s10488-011-0352-1

Moss, S. A., Wilson, S. G., & Davis, J. M. (2016). Which Cognitive Biases can exacerbate our Workload? *Australasian Journal of Organizational Psychology, 9*, 2054-2232. http://dx.doi.org/10.1017/orp.2016.1

Muse, S., Love, M., & Christensen, K. (2016). Intensive outpatient therapy for clergy burnout: How much difference can a week make? *Journal of Religion and Health, 55*(1), 147-158. doi:10.1007/s10943-015-0013-x

Nantsupawat, A., Nantsupawat, R., Kunaviktikul, W., Turale, S., & Poghosyan, L. (2016). Nurse burnout, nurse-reported quality of care, and patient outcomes in Thai hospitals. *Journal of Nursing Scholarship, 48*(1), 83-90. doi:10.1111/jnu.12187

Naude, J.L.P & Rothmann, S. (2004). The validation of the Maslach Burnout Inventory-Human Services Survey for emergency medical technicians in Gauteng. *SA Journal of Industrial Psychology, 30*(3), 21-28. doi:10.4102/sajip.v30i3.167

Nelson, S. T., & Flynn, L. (2015). Relationship between missed care and urinary tract infections in nursing homes. *Geriatric Nursing, 36*(2), 126-130. doi:10.1016/j.gerinurse.2014.12.009

Newman, C., Patterson, K., Eason, M., & Short, B. (2016). Defining the role of a forensic hospital registered nurse using the Delphi method. *Journal of Nursing Management, 24*(8), 1130-1136. doi:10.1111/jonm.12422

Ogloff, J. R., Talevski, D., Lemphers, A., Wood, M., & Simmons, M. (2015). Co-occurring mental illness, substance use disorders, and antisocial personality disorder among clients of forensic mental health services. *Psychiatric Rehabilitation Journal*, *38*(1), 16-23. http://dx.doi.org/10.1037/prj0000088

Olusola, O. (2011). Intrinsic motivation, job satisfaction and self-efficacy as predictors of job performance of industrial workers in Ijebu Zone of Ogun State. *Journal of International Social Research*, *4*(17), 570-577. Retrieved from http://www.sosyalarastirmalar.com/cilt4/sayi17pdf/5egitim/olusola_olayiwola.pdf

Oskrochi, Y., Maruthappu, M., Henriksson, M., Davies, A. H., & Shalhoub, J. (2016). Beyond the body: A systematic review of the nonphysical effects of a surgical career. *Surgery*, *159*(2), 650-664. doi:10.1016/j.surg.2015.08.017

Park, M., Cho, S. H., & Hong, H. J. (2015). Prevalence and perpetrators of workplace violence by nursing unit and the relationship between violence and the perceived work environment. *Journal of Nursing Scholarship, 47*(1), 87-95. doi:10.1111/jnu.12112

Pas, E. T., Bradshaw, C. P., & Hershfeldt, P. A. (2012). Teacher-and school-level predictors of teacher efficacy and burnout: Identifying potential areas for support. *Journal of School Psychology*, *50*(1), 129-145. doi:10.1016/j.jsp.2011.07.003

Pearson, G. S., Hines-Martin, V. P., Evans, L. K., York, J. A., Kane, C. F., & Yearwood, E. L. (2015). Addressing gaps in mental health needs of diverse, at-risk, underserved, and disenfranchised populations: A call for nursing action. *Archives of Psychiatric Nursing, 29*(1), 14-18. http://dx.doi.org/10.1016/j.apnu.2014.09.004

Peng, J., Jiang, X., Zhang, J., Xiao, R., Song, Y., Feng, X., ... & Miao, D. (2013). The impact of psychological capital on job burnout of Chinese nurses: The mediator role of organizational commitment. *PloS one, 8*(12), e84193. https://doi.org/10.1371/journal.pone.0084193

Phillips, J., Westaby, C., & Fowler, A. (2016). 'It's relentless' The impact of working primarily with high-risk offenders. *Probation Journal, 63*(2), 182-192. doi:10.1177/0264550516648399

Pineau Stam, L. M., Spence Laschinger, H. K., Regan, S., & Wong, C. A. (2015). The influence of personal and workplace resources on new graduate nurses' job satisfaction. *Journal of Nursing Management*, *23*(2), 190-199. doi:10.1111/jonm.12113

Powers, R. A. (2014). Predictors of self-protective behaviors in non-sexual violent encounters: The role of victim sex in understanding resistance. *Social Science Research*, *48*, 279-294. doi:10.1016/j.ssresearch.2014.07.003

Raj, A. E. A. I., & Julius, S. (2015). Working Father and their perceived work–life balance with special reference to Hyundai Motors (I) Private Limited at Chennai. *International Journal of Advanced Scientific Research & Development*, *2*(01), 50-58. Retrieved from http://www.ijasrd.org/in/wp-content/uploads/2015/06/RVS011.pdf

Ray, S. L., Wong, C., White, D., & Heaslip, K. (2013). Compassion satisfaction, compassion fatigue, work life conditions, and burnout among frontline mental health care professionals. *Traumatology*, *19*(4), 255-267. doi:10.1177/1534765612471144

Regan, S., Laschinger, H. K., & Wong, C. A. (2016). The influence of empowerment, authentic leadership, and professional practice environments on nurses' perceived interprofessional collaboration. *Journal of Nursing Management, 24*(1), E54-E61.doi: 10.1111/jonm.12288

Reid, M. (2014). Self-efficacy and job satisfaction in nurses who care for mentally disordered offenders: Matthew Reid analyses the relationship between these two complex concepts, and the possible implications this may have for practice. *Mental Health Practice*, *18*(4), 29-36. doi:10.7748/mhp.18.4.29.e952

Rees, C. S., Heritage, B., Osseiran-Moisson, R., Chamberlain, D., Cusack, L., Anderson, J., . . . & Hegney, D. G. (2016). Can we predict burnout among student nurses?

An exploration of the ICWR-1 model of individual psychological resilience. *Frontiers in Psychology, 7*, 1-11. doi:10.3389/fpsyg.2016.01072

Rigg, J., Day, J., & Adler, H. (2013). Emotional exhaustion in graduate students: The role of engagement, self-efficacy and social support. *Journal of Educational and Developmental Psychology, 3*(2), 138-152. doi:10.5539/jedp.v3n2p138

Ritsner, M. S. (2016). Anhedonia of patients with schizophrenia and schizoaffective disorder is attributed to personality-related factors rather than to state-dependent clinical symptoms. *Clinical Schizophrenia & Related Psychoses, 9*(4), 187-197C. Retrieved from http://clinicalschizophrenia.net/pdfs/Featured_Paper-Winter2016-Ritsner.pdf

Roberts, C., Davies, J., & Maggs, R. G. (2015). Structured community activity for forensic mental health–a feasibility study. *Journal of Forensic Practice, 17*(3), 180-191. http://dx.doi.org/10.1108/JFP-12-2014-0049

Rodriguez-Villalobos, J. M., Vega, L. H. B., Gonzalez, M. A., & Ledezma, Y. R. (2016). Factorial invariance of self-efficacy in physical health care scale for men and women university students. *European Scientific Journal, 12*(1), 514-522. doi:10.19044/esj.2016.v12n1p514

Sadati, A. K., Hemmati, S., Rahnavard, F., Lankarani, K. B., & Heydari, S. T. (2016). The impact of demographic features and environmental conditions on rates of nursing burnout. *Shiraz E-Medical Journal, 17*(3), 1-7. doi:10.17795/semj37882

Sacco, T. L., Ciurzynski, S. M., Harvey, M. E., & Ingersoll, G. L. (2015). Compassion satisfaction and compassion fatigue among critical care nurses. *Critical Care Nurse*, *35*(4), 32-42. doi:10.4037/ccn2015392

Salyers, M. P., Fukui, S., Rollins, A. L., Firmin, R., Gearhart, T., Noll, J. P., . . . & Davis, C. J. (2015). Burnout and self-reported quality of care in community mental health. *Administration and Policy in Mental Health and Mental Health Services Research*, *42*(1), 61-69. doi:10.1007/s10488-014-0544-6

Santos, P. F., Wainberg, M. L., Caldas-de-Almeida, J. M., Saraceno, B., & de Jesus Mari, J. (2016). Overview of the mental health system in Mozambique: Addressing the treatment gap with a task-shifting strategy in primary care. *International Journal of Mental Health Systems, 10*(1), 1-9. doi:10.1186/s13033-015-0032-8

Scholz, U., Doña, B. G., Sud, S., & Schwarzer, R. (2002). Is general self-efficacy a universal construct? Psychometric findings from 25 countries. *European Journal of Psychological Assessment, 18*(3), 242-251. doi:10.1027//1015-5759.18.3.242

Schr, A. (2013). The Quality in Psychiatric Care-Forensic In-Patient Staff (QPC-FIPS) instrument: Psychometric properties and staff views of the quality of forensic psychiatric services in Sweden. *Open Journal of Nursing, 3*(3). 330-341. doi:10.4236/ojn.2013.33045

Schröder, A., & Lundqvist, L. O. (2013). The Quality in Psychiatric Care-Forensic In-Patient Staff (QPC-FIPS) instrument: Psychometric properties and staff views of the quality of forensic psychiatric services in Sweden. *Open Journal of Nursing, 3*(03), 330-341. doi:10.4236/ojn.2013.33045

Schröder, A., Lorentzen, K., Riiskjaer, E., & Lundqvist, L. O. (2016). Patients' views of the quality of Danish forensic psychiatric inpatient care. *Journal of Forensic Psychiatry & Psychology*, *27*(4), 551-568. http://dx.doi.org/10.1080/14789949.2016.1148188

Schwarzer, R. (1995). General Self-Efficacy Scale [Database record]. Retrieved from PsycTESTS. doi: http://dx.doi.org/10.1037/t00393-000

Schwarzer, R. (2014). *Self-efficacy: Thought control of action*. New York, NY: Taylor & Francis.

Sedgwick, P. (2011). The Hawthorne effect. *British Medical Journal, 344,* 1-2. doi:10.1136/bmj.d8262

Seggelen-Damen, I. V., & Dam, K. V. (2016). Self-reflection as a mediator between self-efficacy and well-being. *Journal of Managerial Psychology, 31*(1), 18-33. http://dx.doi.org/10.1108/JMP-01-2013-0022

Sellers, R. V., Salazar, R., Martinez, C., Gelfond, S. D., Deuter, M., Hayes, H. G., ... & Pollock, B. H. (2012). Difficult encounters with psychiatric patients: A south Texas Psychiatry Practice-based Research Network (PBRN) Study. *Journal of the American Board of Family Medicine*, *25*(5), 669-675. doi:10.3122/jabfm.2012.05.120050

Selvin, M., Almqvist, K., Kjellin, L., & Schröder, A. (2016). The concept of patient participation in forensic psychiatric care: The patient perspective. *Journal of Forensic Nursing, 12*(2), 57-63. doi:10.1097/JFN.0000000000000107

Shoji, K., Cieslak, R., Smoktunowicz, E., Rogala, A., Benight, C. C., & Luszczynska, A. (2016). Associations between job burnout and self-efficacy: A meta-analysis. Anxiety, Stress, & Coping, 29(4), 367-386. doi:10.1080/10615806.2015.1058369

Sim, W., Zanardelli, G., Loughran, M. J., Mannarino, M. B., & Hill, C. E. (2016). Thriving, burnout, and coping strategies of early and later career counseling center psychologists in the United States. *Counselling Psychology Quarterly*, *29*(4), 1-23. doi:10.1080/09515070.2015.1121135

Spernaes, I., Holborn, P., Whent, A., & Griffiths, K. (2017). A caseload management tool for community mental health teams. *British Journal of Mental Health Nursing*, 6(2), 81-86. http://dx.doi.org/10.12968/bjmh.2017.6.2.81

Stahl, S. M., Morrissette, D. A., Cummings, M. A., Azizian, A., Bader, S. M., Broderick, C., . . . & Proctor, G. J. (2016). California state hospital violence assessment and Treatment (Cal-VAT) guidelines. In K. D Warburton & Stahl, S. M (Eds.), *Violence in Psychiatry* (pp. 155-245). Cambridge, NY: Cambridge University Press. Retrieved from https://books.google.com/books?hl=en&lr=&id=mSP-CwAAQBAJ&oi=fnd&pg=PA155&dq=Stahl,+S.+M.,+Morrissette,+D.+A.,+Cummings,+M.+A.,+Azizian,+A.,+Bader,+S.+M.,+Broderick,+C.,+...+%26+Proctor,+G.+J.+(2016).+and+Treatment+(Cal-VAT)+guidelines.+Violence+in+Psychiatry,+155.&ots=nkkhf7_M5Q&sig=glabKrZe6K7b9cTYocD5n4liwpo#v=onepage&q&f=false

Storfjell, J. L., Allen, C. E., & Easley, C. E. (2015). Analysis and Management of Home Health Nursing Caseloads and Workloads: Implications for Productivity. *In* M.D

Harris (Ed.), *Handbook of Home Health Care Administration* (pp. 427-435). Burlington, MA: Jones & Bartlett Learning, LLC. Retrieved from https://books.google.com/books?hl=en&lr=&id=v97GCgAAQBAJ&oi=fnd&pg=PA427&dq=Storfjell,+J.+L.,+Allen,+C.+E.,+%26+Easley,+C.+E.+(2015).+Analysis+and+Management+of+Home+Health+Nursing+Caseloads+and+Workloads:+Implications+for+Productivity.+Handbook+of+Home+Health+Care+Administration,+427.&ots=T80OSsE2Ll&sig=FRc4xfcftZAZMjtvUagLqLNQI0o#v=onepage&q&f=false

Sutter, M., Perrin, P. B., Chang, Y. P., Hoyos, G. R., Buraye, J. A., & Arango-Lasprilla, J. C. (2014). Linking family dynamics and the mental health of Colombian dementia caregivers. *American journal of Alzheimer's Disease and Other Dementias*, *29*(1), 67-75. doi:10.1177/1533317513505128

Taylor, J., & Olsen, P. R. (2016). Perspectives: European Academy of Nursing Science Debate. *Journal of Research in Nursing*, *21*(2), 143-151. doi:10.1177/1744987116636268

Themanson, J. R., & Rosen, P. J. (2015). Examining the relationships between self-efficacy, task-relevant attentional control, and task performance: Evidence from event-related brain potentials. *British Journal of Psychology, 106*(2), 253-271. doi:10.1111/bjop.12091

Tregea, H., Lee, C., Browne, J. L., Pouwer, F., & Speight, J. (2016). Does self-efficacy mediate the cross-sectional relationship between perceived quality of health care and self-management of diabetes? Results from diabetes MILES–Australia. *Psychology & Health*, 1-13, 592-604. doi:10.1080/08870446.2015.1128543

Tunçalp, Ö., Were, W. M., MacLennan, C., Oladapo, O. T., Gülmezoglu, A. M., Bahl, R., ... & Temmerman, M. (2015). Quality of care for pregnant women and newborns—the WHO vision. *BJOG: An International Journal of Obstetrics & Gynaecology, 122*(8), 1045-1049. doi:10.1111/1471-0528.13451

Van Bogaert, P., van Heusden, D., Timmermans, O., & Franck, E. (2014). Nurse work engagement impacts job outcome and nurse-assessed quality of care: Model testing with nurse practice environment and nurse work characteristics as predictors. *Frontiers in Psychology, 5*, 1-11. doi:10.3389/fpsyg.2014.01261

Van Dyk, J., Siedlecki, S. L., & Fitzpatrick, J. J. (2016). Frontline nurse managers' confidence and self-efficacy. *Journal of Nursing Management. 24*(3), 273-434. doi:10.1111/jonm.12355

Videbeck, S. (2013). Psychiatric-mental health nursing. In P. Barbara (Ed.), Foundations in psychiatric-mental health nursing (pp. 2-15). Philadelphia, PA: Lippincott Williams & Wilkins. Retrieved from https://books.google.com/books?hl=en&lr=&id=u5CpAgAAQBAJ&oi=fnd&pg=PP1&dq=Videbeck,+S.+(2013).+Psychiatric-mental+health+nursing.++Lippincott+Williams+%26+Wilkins.&ots=scYnDshFod&sig=-hShnlZNsf4tZkLj4gHpM0Aif1g#v=onepage&q=Videbeck%2C%20S.%20(2013).%20Psychiatric-mental%20health%20nursing.%20%20Lippincott%20Williams%20%26%20Wilkins.&f=false

Völlink, T., Bolman, C. A., Dehue, F., & Jacobs, N. C. (2013). Coping with cyberbullying: Differences between victims, bully-victims and children not involved in bullying. *Journal of Community & Applied Social Psychology, 23*(1), 7-24. doi:10.1002/casp.2142

Volpe, U., Luciano, M., Palumbo, C., Sampogna, G., Del Vecchio, V., & Fiorillo, A. (2014). Risk of burnout among early career mental health professionals. *Journal of Psychiatric and Mental Health Nursing, 21*(9), 774-781. doi:10.1111/jpm.12137

von Harscher, H., Desmarais, N., Dollinger, R., Grossman, S., & Aldana, S. (2018). The impact of empathy on burnout in medical students: New findings. *Psychology, Health & Medicine, 23*(3), 295-303. https://doi.org/10.1080/13548506.2017.1374545

Waddell, J. C., McLaughlin, C., LaRose, R., Rifon, N., & Wirth-Hawkins, C. (2014). Promoting Online Safety among Adolescents: Enhancing coping self-efficacy and protective behaviors through enactive mastery. *Communication and Information Technologies Annual*, *8*, 133-157. doi:10.1108/S2050-206020140000008021

Walker, L. E., Pann, J. M., Shapiro, D. L., & Van Hasselt, V. B. (2016). Best practices for the mentally ill in the criminal justice system. In V. B Van Hasselt (Ed.), *Best practice mode* (pp. 1-9). Fort Lauderdale, FL: Springer International Publishing. Retrieved from http://www.antoniocasella.eu/archipsy/Walker_etal_2016.pdf

Welford, C., Murphy, K., & Casey, D. (2012). Demystifying nursing research terminology: Part 2. *Nurse Researcher, 19*(2), 29-35. Retrieved from http://cmapspublic2.ihmc.us/rid=1P1H1DBN3-1R5ZDMR-

291S/Welford%20et%20al.%20-%202012%20%20Demystifying%20nursing%20research%20terminology%20Part%202.pdf

Welp, A., Meier, L. L., & Manser, T. (2015). Emotional exhaustion and workload predict clinician-rated and objective patient safety. *Frontiers in Psychology*, *5*, 1-13. doi:10.3389/fpsyg.2014.01573

Weng, H. C., Hung, C. M., Liu, Y. T., Cheng, Y. J., Yen, C. Y., Chang, C. C., & Huang, C. K. (2011). Associations between emotional intelligence and doctor burnout, job satisfaction and patient satisfaction. *Medical Education*, *45*(8), 835-842. doi.10.1111/j.1365-2923.2011.03985.x

Wilde-Larsson, B., Nordström, G., & Johansson, I. (2015). Formal caregivers' perceptions of quality of care for older people: Associating factors. *Biomed Central Research Notes*, *8*(623), 1-9. doi:10.1186/s13104-015-1597-7

Yragui, N. L., Demsky, C. A., Hammer, L. B., Van Dyck, S., & Neradilek, M. B. (2016). Linking workplace aggression to employee well-being and work: The moderating role of family-supportive supervisor behaviors (FSSB). *Journal of Business and Psychology*, *32*(2), 1-18. doi:10.1007/s10869-016-9443-z

Yu, H., Jiang, A., & Shen, J. (2016). Prevalence and predictors of compassion fatigue, burnout and compassion satisfaction among oncology nurses: A cross-sectional survey. *International Journal of Nursing Studies*, 57, 28-38. doi:10.1016/j.ijnurstu.2016.01.012

Yu, X., Wang, P., Zhai, X., Dai, H., & Yang, Q. (2015). The effect of work stress on job burnout among teachers: The mediating role of self-efficacy. *Social Indicators Research*, *122*(3), 701-708. doi:10.1007/s11205-014-0716-5

Zeng, Y., Chen, X., & Chen, Y. (2014). Impact of emotional intelligence on emotional labor strategy: The mediating effects of general self-efficacy and organizational identification. International Conference on Computer Science and Service Systems (pp. 207-210). Ontario, CA. Atlantis Press. Retrieved from file:///C:/Users/reg/Downloads/CC30638%20(1).pdf

Appendix A: Demographic Questionnaire

Directions

Please read the following questions and answer how they relate to you.

1. What is your age?
2. What is your gender?
3. What is your ethnicity?
4. Years of work experience in forensic or psychiatric facility?
5. Years of work experience in current profession?
6. Highest level of education?
7. How many patients are you responsible for currently?
8. Defining complexity as intricate or complicated, how would you rate the complexity of your current caseload on a scale of 1 to 10?

Appendix B: Maslach Burnout Inventory/Permission Letter

To Whom It May Concern,

The above-named person has made a license purchase from Mind Garden, Inc. and has permission to administer the following copyrighted instrument up to that quantity purchased:

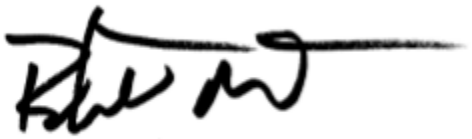
MBI-General Survey (MBI-GS): Copyright ©1996 Wilmar B. Schaufeli, Michael P. Leiter, Christina Maslach & Susan E. Jackson. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com

MBI-Human Services Survey (MBI-HSS): Copyright ©1981 Christina Maslach & Susan E. Jackson. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com

MBI-Educators Survey (MBI-ES): Copyright ©1986 Christina Maslach, Susan E. Jackson & Richard L. Schwab. All rights reserved in all media. Published by Mind Garden, Inc., www.mindgarden.com

The three sample items only from this instrument as specified below may be included in your thesis or dissertation. Any other use must receive prior written permission from Mind Garden. The entire instrument form may not be included or reproduced at any time in any other published material.

Sincerely,



Robert Most
Mind Garden, Inc.
www.mindgarden.com

Appendix C**:** Burnout

Directions

The following consist of 21 statements of job-related feelings. Please read each statement and select one response which represents how you feel most about your job. How often: 0 = Never 1 = A few times a year or less 2 = Once a month or less 3 = A few times a month 4 = Once a week 5 = A few times a week 6 = Every day

1. _____ I feel emotionally drained from my work.

2. _____ I feel used up at the end of the workday.

3. _____ I feel fatigued when I get up in the morning and have to face another day on the job.

4. _____ I can easily understand how my clients feel about things.

5. _____ I feel I treat some of my clients as if they were impersonal objects.

6. _____ Working with people all day is really a strain on me.

7. _____ I deal very effectively with the problems of my clients.

8. _____ I feel burned out from my work.

9. _____ I feel I'm positively influencing other people's lives through my work.

10. _____ I've become more callous toward people since I took my job.

11. _____ I worry that this job is hardening me emotionally.

12. _____ I feel very energetic.

13. _____ I feel frustrated by my job.

14. _____ I feel I am working too hard on my job.

15. _____ I don't really care what happens to some clients.

16. _____ Working directly with people puts too much stress on me.

17. _____ I can easily create a relaxed atmosphere with my clients.

18. _____ I feel exhilarated after working closely with my clients.

19. _____ I have accomplished many worthwhile things.

20. _____ I feel like I am at the end of my rope.

21. _____ In my work, I deal with emotional problems very calmly.

Appendix D: Quality of Care Measures /Permission Letter

Quality of Care Measures

Version Attached: Full Test

PsycTESTS Citation:

Danielson, C. K., Borckardt, J. J., Grubaugh, A. L., Pelic, C. G., Hardesty, S. J., & Frueh, B. C. (2008). Quality of Care Measures [Database record]. Retrieved from PsycTESTS. doi: http://dx.doi.org/10.1037/t00929-000

Instrument Type:

Test

Test Format: Responses to both the QOC-S and the QOC-P are rated on 5-point Likert scale: 1= strongly agree, 2 = agree, 3 = neutral, 4 = disagree, 5 = strongly disagree.

Source: Danielson, Carla Kmett, Borckardt, Jeffrey J., Grubaugh, Anouk L., Pelic, Christopher G., Hardesty, Susan J., & Frueh, B. Christopher (2008). Quantifying staff and patient perceptions of quality of care improvement in the psychiatric inpatient setting: Preliminary psychometrics of a new measure. Psychological Services, Vol 5(1), 1-10. doi: 10.1037/1541-1559.5.1.1

Permissions: Test content may be reproduced and used for non-commercial research and educational purposes without seeking written permission. Distribution must be controlled, meaning only to the participants engaged in the research or enrolled in the educational activity. Any other type of reproduction or distribution of test content is not authorized without written permission from the author and publisher. Always include a credit line that contains the source citation and copyright owner when writing about or using any test.

PsycTESTS™ is a database of the American Psychological Association

Appendix E: Quality of Care Staff Form

Directions

Please read the following statements and answer carefully. Select one option that best relates to your perceptions of quality of care.

5-point Likert scale: 1= strongly agree, 2 = agree, 3 = neutral, 4 = disagree, 5 = strongly disagree.

1. I am aware of the plans to implement the "engagement/sanctuary model" in the IOP.

2. I have a good understanding of the nature of trauma.

3. I can easily identify things in the environment that may be "trauma triggers."

4. I can easily identify staff behaviors that might be "trauma triggers."

5. Staff spends a lot of time interacting with patients.

6. If I provide input about the "engagement model," it is taken seriously.

7. My supervisor/manager is committed to the "engagement model."

8. My unit can significantly reduce the use of seclusion and restraint.

9. I feel safe in my unit.

10. I believe that the "engagement model" can improve patient care.

12. The unit is calm and peaceful.

13. The unit is neat and clean.

14. Supervision is available to me (when I need it).

15. I feel comfortable in the unit.

16. Patients are being involved in the development of their individual treatment plans.

17. Students and trainees are adequately trained in the concepts of the engagement model.

18. There are places that patients can go to relax and calm down if they get anxious or agitated.

19. The staff are friendly and welcoming to new patients.

20. The unit looks welcoming and inviting to new patients.

21. I look forward to coming to work each day.

22. The unit smells pleasant.

23. The sound level in the unit is pleasant.

24. The lighting in the unit is pleasant.

25. The furniture in the unit is comfortable

26. I have a good understanding of evidence-based treatments for traumatized individuals

27. I feel confident that I could help a very agitated/aggressive patient settle down without using seclusion or restraint.

Appendix F: General Self-Efficacy Scale - Permission Letter

General Self-Efficacy Scale

Version Attached: Full Test

PsycTESTS Citation: Schwarzer, R. (1995). General Self-Efficacy Scale [Database record]. Retrieved from PsycTESTS. doi: http://dx.doi.org/10.1037/t00393-000

Instrument Type:

Rating Scale

Test Format:

Items are rated on a 4-point scale (1 = Not at all true 2 = Hardly true 3 = Moderately true 4 = Exactly true).

Source:

Author supplied.

Original Publication: Schwarzer, R. & Jerusalem, M. (n.d.) The General Self-Efficacy Scale (GSE). Retrieved from http://userpage.fu-berlin.de/~health/engscal.htm

Appendix G: General Self-Efficacy Scale

Directions

Please read each of the following questions and select one option that best describes your feelings towards the statements.

Test Format: Items are rated on a 4-point scale (1-not at all true, 2-hardly true, 3-moderately true, 4-exactly true).

1. I can always manage to solve difficult problems if I try hard enough.
2. If someone opposes me, I can find the means and ways to get what I want.
3. It is easy for me to stick to my aims and accomplish my goals.
4. I am confident that I could deal efficiently with unexpected events.
5. Thanks to my resourcefulness, I know how to handle unforeseen situations.
6. I can solve most problems if I invest the necessary effort.
7. I can remain calm when facing difficulties because I can rely on my coping abilities.
8. When I am confronted with a problem, I can usually find several solutions.
9. If I am in trouble, I can usually think of a solution.
10. I can usually handle whatever comes my way.