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Prayer as a Predictor for Burnout Among Psychiatric Nursing Assistants

James Michael Rose II
Walden University

Walden University

College of Social and Behavioral Sciences

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James Rose II

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Review Committee
Dr. Reba Glidewell, Committee Chairperson, Psychology Faculty
Dr. Matthew Fearrington, Committee Member, Psychology Faculty
Dr. Magy Martin, University Reviewer, Psychology Faculty

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Abstract

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Abstract

The psychiatric nursing assistants who care for psychiatric patients in inpatient hospitals, like others who work in the human service field, experience some degree of burnout during their careers. This research used Pargament's theory of religious coping to examine prayer as a predictor variable for a decrease in burnout experienced by psychiatric nursing assistants. The Maslach Burnout Inventory-Human Services Survey and the Prayer Functions Scale were used to examine the predictor variables of prayer, gender, and years of service in correlation to the 3 dimensions of burnout. An $N = 97$ was obtained from the psychiatric nursing assistant population from a designated state psychiatric hospital. The data collected were processed through simultaneous multiple linear regression analysis in order to determine if correlates for burnout among the predictor variables existed. The results of this research suggested that prayer, gender, and years of service are predictor variables for the 3 dimensions of burnout. This study can aid in finding better adaptive coping skills among the psychiatric nursing assistants population, which could reduce burnout and negative effects associated with it.

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Dedication

To my wife and son: Thank you both for your love, support, and patience. I could not have done this without you both.

Acknowledgments

I would first like to thank my wife, Kayla, for supporting me in this journey. I appreciate all the times you "lit a fire" under me to keep moving despite the times I began doubting myself. Kayla, again, I thank you for your love, support, and patience, especially your patience.

Secondly, I would like to thank Dr. Glidewell, Dr. Fearrington, and Dr. Martin for the time they spent working with me to help me achieve my goal of becoming a psychologist. I know I could not have done this without your patience and can only imagine how many times you shook your head when you received my emails.

Finally, I would like to thank the men and women working in the mental health field. Each of you have a challenging job and work with an equally challenging population. This dissertation is my way of attempting to thank you for all the hard work you do without expecting a thank you in return.

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Chapter 1: Introduction to the Study

Introduction

In this study, I examined if the use of prayer can be used as a predictor variable for burnout. Burnout is a type of psychological stress that can occur in any profession. It is characterized by lack of motivation and enthusiasm, exhaustion, cynicism, and overall frustration (Ruotsalainen, 2015). Poor coping strategies and exposure to traumatic events can lead to employee burnout (Culver, McKinney, & Paradise, 2011; Jambrak, Deane, & Williams, 2014; Krause, 2009; Whitebird, Asche, Thompson, Rossom, & Heinrich, 2013). When mental health care professionals experience burnout, there is a direct impact on the care and wellbeing of the patients (Pillemer & Bauchman-Prehn, 1991; Natan, Lowenstein, & Eisikovits, 2010). It can affect the morale of both staff and patients as well as the overall therapeutic environment the facility is trying to maintain.

The use of coping skills has a positive impact on employee burnout for employees in the mental health field (Howlett & Collins, 2014; Sansbury, Graves, & Scott, 2015). Much of the research regarding coping skills addresses appraisal-focused, which involves changing the individual's assumptions regarding the stressor, and emotional-focused coping strategies, which involves changing the individual's emotional reactions to the stressor (Baldwin, Belasquez, Keoing, Salas, & Boelens, 2016; Krause, 2009). Many nondegreed mental health professionals (psychiatric nursing assistants) may attribute burnout to poor coping skills (Whitebird et al., 2013). Much of the research that has been conducted addresses degreed mental health professionals such as psychologists, psychiatrists, social workers, and nurses (Andrews & Wan, 2009; Howlett & Collins,

2014; Lee, Seo, Hladyj, Lovell, & Schwartzmann, 2013). Despite high levels of burnout, these professionals have developed and learned coping skills that can reduce burnout. Paraprofessional staff (direct care staff) may not possess the adequate skills to stave off burnout. It is necessary to look at other positive coping skills at the disposal of the everyman. Prayer and religious affiliation are common coping skills that many people employ despite no formal training in adaptive coping skills (Harris et al., 2010). Delving into research regarding religious affiliation and prayer may shed light on a coping strategy that can be used to aid in staving off burnout.

Researchers have suggested that individuals who identify as religious or report being spiritual have protective factors against psychological distress (Jeppsen, Possel, Black, Bjerg, & Wooldridge, 2015; Krause, 2009). However, they have concluded that religiosity was most associated with a decrease in negative perceptions of an experience (Jeppsen et al., 2015; Krause, 2009). Many religions use prayer as a way for the individual to commune with a higher power for a deeper spiritual connection, personal benefits, interceding on behalf of others, and divine grace (see Jeppsen et al., 2015).

In this chapter, I give a brief description of the background information, along with a statement of the problem being researched. The purpose of the study is addressed along with the specific research questions. Other areasdiscussed cover the theoretical framework of the study, nature of the study, definitions, delimitations, limitations, and the significance of the study.

Background

The population of people with mental illness appears to be growing at a steady rate (Center for Behavioral Health Statistics and Quality, 2015). Researchers have noted that an increase in inpatient psychiatric hospitalization is expected (see Hoge et al., 2013). More patients in the hospital will place the burden of care on nurses, psychologists, psychiatrists, social workers, and psychiatric nursing assistants (Hoge et al., 2013). Each profession is faced with a unique set of challenges when treating the mentally ill population. Hoge et al. (2013) reported that burnout plays a large part in the nationwide shortage of individuals to fill vacant positions in the hospital system. Employee burnout and the stress of the job can lead to a diminished workforce and negatively affect the care of the individuals served.

Many studies regarding burnout have been conducted solely on clinical staff who hold a degree or specific licensure (e.g., nurse, psychologist, social worker, or psychiatrist) providing care for the patients or categorizes degreed and paraprofessional staff together (Andrews & Wan, 2009; Beck 2011, Brannon & Feist, 2009; Jambrak et al., 2014; Lee et al., 2013; Whitebird et al., 2013). Moreover, burnout research has addressed organizational stress rather than the individual experiencing burnout. With that said, some researchers have focused on individual risk factors for burnout, such as emotional exhaustion or depersonalization (Culver, McKinney, & Paradise, 2011; Whitebird et al., 2013).

The use of coping skills has shown to reduce signs and symptoms of burnout as well as help bolster employee retention (Howlett & Collins, 2014; Sansbury et al., 2015).

I assumed that many professional or licensed staff members possess and use coping skills better and more efficiently than the mental health workers. However, there is one universal coping skill that anyone can employ: prayer (Harris et al., 2010). Prayer and religious affiliation have shown to reduce psychological distress of trauma in individuals (Jeppsen et al., 2015; Krause, 2009). The use of prayer as a coping skill for burnout has not been discussed in the current body of research. The psychiatric nursing assistant population is underrepresented in research. In this study, I expand the body of literature on issues facing this population and potential strategies to deal with job stressors. Moreover, the reduction of burnout among this population could provide better outcomes for the patients being served.

Problem Statement

The growing population of persons with a mental illness require an increased workforce to aid these individuals. According to Hoge et al. (2013), there is a national shortage of qualified mental health workers, and the shortage is expected to grow. The Bureau of Labor and Statistics has predicted that the psychiatric nursing assistant population will require an increase of 31,800 positions by the year 2024; however, these numbers do not reflect the vacant positions that are currently available nationwide (Bureau of Labor and Statistics, 2017). The shortage of psychiatric nursing assistants threatens the already overburdened workers who could increase the likelihood of burnout and higher than average employee turnover (Brown, Redfern, Bressler, Swicegood, & Molnar, 2013; Hoge et al., 2013).

Much of the research has addressed the organizational factors related to burnout and coping skills used by degreed professionals working in the mental health field (psychiatry, psychology, social work, and nursing). There is a lack of research focusing on the psychiatric nursing assistant who has no formal training in the mental health field and who may lack adaptive coping skills to combat burnout (Howlett & Collins, 2014; Whitebird et al., 2013). Moreover, Krause (2009) suggested that prayer is a universal coping skill that anyone can use, regardless of formal training.

Purpose of the Study

According to the Bureau of Labor and Statistics (2017), there are approximately 1.5 million individuals working as nurses' aides (e.g., psychiatric nursing assistant) in varying settings. Moreover, it is projected that there will be a need for additional 267,800 positions by the year 2024. Researchers have suggested that this field has a higher than average degree of turnover, which has been attributed to factors associated with burnout (Brown et al., 2013; Hoge et al., 2013). The purpose of this study was to quantitatively explore prayer as a coping skill related to employee burnout. Therefore, the recognition of prayer as a coping skill for psychiatric nursing assistants may help design interventions to help alleviate this previously unaddressed problem.

Research Questions and Hypotheses

Research Question (RQ)1: Does prayer, as measured by the Prayer Functions Scale (PFS), gender, and years of service, predict the emotional exhaustion aspect of burnout, as measured by the Maslach Burnout Inventory-Human Services Survey (MBI-HSS), in psychiatric nursing assistants?

H_01: Prayer, gender, and years of service are not a predictor of emotional

exhaustion in mental health workers.

H_11: Prayer, gender, and years of service is a predictor of emotional exhaustion in

mental health workers.

RQ2: Does prayer, as measured by the PFS, gender, and years of service, predict

the depersonalization aspect of burnout, as measured by the MBI-HSS, in psychiatric

nursing assistants?

H_02: Prayer, gender, and years of service are not a predictor of depersonalization

in mental health workers.

H_12: Prayer, gender, and years of service are a predictor of depersonalization in

mental health workers.

RQ3: Does prayer, as measured by the PFS, gender, and years of service, predict

the lack of the personal accomplishment aspect of burnout, as measured by the MBI-

HSS, in psychiatric nursing assistants?

H_03: Prayer, gender, and years of service are not a predictor of personal

accomplishment in mental health workers.

H_13: Prayer, gender, and years of service are a predictor of personal

accomplishment in mental health workers.

Theoretical Framework

Pargament's (2011) theory of religious coping theorizes how religious coping can

intervene between the stressors and their outcomes. This theory was noted as the

combined religious moderator-deterrent model. According to this model, religious coping

serves as a moderating and deterrent function for stressors in a person's life. In individuals with religious/spiritual beliefs, Pargament suggested that as stress increases, so does religious coping (e.g., prayer) as does a more favorable outcome.

Pargament's (2011) theory of religious coping was founded based on research suggesting that positive religious coping (e.g., the event was God's will, seeking spiritual support) yields better overall health, wellbeing, and spiritual growth. Additionally, there is much evidence to support religious coping being effective based on situation rather than on a general aspect of life (Ano & Vasconcelles, 2005). Other studies have yielded similar results based on this theory (Ano & Vasconcelles, 2005). The theoretical framework for this research is discussed further in Chapter 2.

Nature of Study

In this study, I used a quantitative research methodology with simultaneous multiple linear regression analysis to examine whether prayer, gender, and length of service predict job burnout among psychiatric nursing assistants from a psychiatric hospital in North Texas. The criterion variable for this study was burnout. A nonexperimental approach was better suited for this research due to the inability to manipulate variables. The sample was a convenience sample of the psychiatric nursing assistants at a North Texas psychiatric hospital. This sample type was determined to be more efficient and would better protect the anonymity of the participants. Demographic questionnaires were used to obtain gender and years of service of the participant. Burnout and prayer were measured by the MBI-HSS (Maslach et al., 20166) and the PFS (Cook & Bade, 1997), respectively. The psychometric properties of these instruments are

discussed further in Chapter 3. The data collected were examined through a simultaneous multiple linear regression analysis for correlates.

Due to the nature of the research questions and the varied work schedules of the participants, data collection from an online survey site proved to be the best option to obtain the data required. An online data collection allowed the participants to fill out the demographic information and other assessment tools at their convenience and aided in maintaining their anonymity. The information from this study may help develop effective coping strategies needed to aid in managing levels of burnout and aid in employee retention and better patient outcomes.

Definitions

Burnout: A syndrome of emotional exhaustion, depression, and lack of personal accomplishment that occur as a result of doing work with people in need (Maslach, 1998).

Clinical staff: A staff member who holds a professional degree or licensure (i.e., psychologist, psychiatrist, registered nurse, licensed practical nurse, and social worker).

Prayer: A way for an individual to commune with God and a coping strategy (Krause, 2009).

Psychiatric nursing assistant: Also known as nurses' aides, they are paraprofessional members of the nursing staff who typically help provide basic care for patients in hospitals (Bureau of Labor and Statistics, 2017).

Assumptions

In research, there are factors somewhat beyond the control of the researcher. However, if these factors are not present, the research study becomes moot (Simon, 2011). Creswell (2013) discussed that when a researcher cannot randomly assign participants to an experimental group, then a nonexperimental method is preferred. With this in mind, there was no plausible control over the factors analyzed for correlation or causation. For this, each participant belonged to the group being studied before the research.

The most visible assumption of this research was the participants answering the assessment tools truthfully. This assumption is a factor beyond the control of the researcher and is often found in the survey data collection process (Creswell, 2013). If the assessments are not answered truthfully, the data are invalid and skew the results of the research.

Scope and Delimitations

The delimitations for this dissertation included participants who did not possess a college degree and work at this site. This study was limited to participants without college degrees due to the learned coping skills one develops through advanced education. Some individuals in the population studied may have had a college degree, but these particular individuals were excluded from the study. The particular location of the study was selected due to convenience, time constraints, and number of employees who meet inclusion criteria. Other sites were considered, but the chosen site provided for the maximum number of participants.

Limitations

Generalizations from any results in this study are limited by the following considerations. The participants were psychiatric nursing assistants employed in a psychiatric facility in North Texas; generalizations to other populations and areas may be limited. The information discussed in the results section is primarily self-report data and therefore had a risk for biased responding (see Creswell, 2013). Another limitation of this research is that the PFS has had limited use in research studies. With limited research, the validity of this measure may be called into question. It was chosen for this dissertation due to the specific assessment items, and subtypes of prayer discussed aligned with the type of research being conducted (see Cook & Bade, 1997).

Significance

In this study, I addressed an underresearched population of nondegreed workers in the mental health community. The turnover for nondegreed mental health professionals is quite high (Brown et al., 2013). However, there are staff members who have worked in the profession for decades. The study could provide information about the relationship between prayer and burnout and if there are predictive variables related to age, gender, length of service, and race. These research efforts could relate to positive social change through the incorporation of valuable coping skills and its genuine and significant value towards the desired empowerment outcomes of underrepresented groups.

Summary

Employee burnout can be detrimental to patient care and the emotional wellbeing of the employee (Jambrak et al., 2014; Krause, 2009). Many mental health workers do

not possess or use coping skills effectively to stave off burnout and the psychological distress encountered during the performance of their job duties. Hoge et al. (2013) discussed that burnout is a driving factor in an employee shortage in mental health workers. Moreover, the growth of this position shows that there is a need to ensure the longevity of the employees. Using prayer as a coping mechanism could help uncover an underused coping skill in an underused population. In the following chapter, I discuss relevant trends and issues in the current body of literature.

Chapter 2: Literature Review

Introduction

There is an ever-growing shortage of qualified individuals willing to work in the mental health field, especially in the state hospital system (Hoge et al., 2013). This shortage has and will continue to strain the current mental health worker population and will impact the care of the patients. Hoge et al. (2013) hypothesized that burnout is a contributing factor in such shortages. Other researchers have agreed with such findings, but many of the research studies in the literature address the impact at an organizational level or at professionals in the field with learned coping strategies (Brown et al., 2013; Jambrak et al., 2014). However, psychiatric nursing assistants have a higher rate of burnout than most others in this field (Brown et al., 2013).

Identifying coping skills that work for these individuals can help to teach others, thus reducing employee burnout. There is little research addressing the selected population and using prayer as a coping skill for burnout. In this chapter, I discuss the theoretical foundation for the study and conclude with a review of the literature on burnout in psychiatric employees, prayer, and coping skills.

This chapter contains a comprehensive review of the current literature to explain the importance of researching this particular topic. In this chapter, I describe the theoretical framework and how it applies to this dissertation. Following the discussion on theoretical framework, sections are dedicated to studies related to the variables of burnout, prayer, other variables, and assessment tools that apply to this research.

Literature Search Strategy

The articles for this research study were accessed from the Walden University Library's electronic database. Multiple search engines were used to find the desired articles. The search engines included PsycINFO, PsycEXTRAS, PsycARTICLES, PsycBOOKS, Academic Search Complete, and the Mental Measurements Yearbook. The search terms *prayer, coping skills, mental health worker,* and *burnout* were used to find literature on the main variables of this dissertation. Permutations of the previous search terms were used but included *compassion fatigue, nurse's aide,* and *employment trends*.

The scope of the literature review was limited to research published within the last 11 years. The reasoning is that the search terms limited the number of articles that applied to this specific dissertation. Expanding the search parameters beyond 10 years to 11 years allowed for greater variance in articles to use. The articles used were found primarily in peer-reviewed journals and books related to the topic. Articles published in countries other than the United States were acceptable if the article was translated into English. Complementary and seminal works were retrieved as a means to provide a historical foundation for the current study.

Theoretical Foundation

The theoretical basis for this dissertation was based upon Pargament's (2011) theory of religious coping. This theory is a part of a new cognitive and behavioral model of religious coping. This model was described as a transactional model (Gall & Guirguis-Younger, 2013; Pargament, 2011). In this theory, the impact of the life event is mediated by the individual's cognitive appraisal of the situation. In that instance, the individual

selects their appropriate coping behavior. A strength of this model and theory of religious coping is how it provides a cognitive scaffolding, which highlights the multidimensional aspect of spirituality and the coping process (Park & Folkman, 1997).

Historically, a cognitive model was the basis for the theories of religious coping. The cognitive model of religion posits that religion and prayer are cognitive ways to help others make sense of situations as they arise (Dull & Skokan, 1995), for example, using prayer and religion as a way to cope with physical ailments. The cognitive model discusses a mind-body connection between religious beliefs and the individual's outlook in times of crisis. The use of prayer and religion are cognitive mediators and aid in the overall satisfaction of the individual. This gives the person a sense of control in an out-of-control situation and provides meaning in their life (Dull & Skokan, 1995). Contrarily, researchers have postulated that the use of religion as a way to cope is merely a social-cognitive way for individuals to view situations positively despite promoting unconscious biases and thinking error (Carone & Barone, 2001; Gall & Guirguis-Younger, 2013). Carone and Barone (2001) discussed that religious beliefs and activities pose conflict with therapists and client interactions and ability to interpret and process dilemmas. The current literature related to theories of religious coping suggest that the cognitive model provides a schema for the individual but goes no further (Gall & Guirguis-Younger, 2013).

Before delving into the theory of religious coping, Xu (2016) outlined multiple aspects of Pargament's research in order to grasp the theory. The first is the definition of religion and coping. Pargament (2011) defined religion as a search for significance in

ways related to the sacred. This aspect reflects an emphasis on spirituality to define what is considered sacred. Coping is defined as a search for significance in times of stress (Pargament, 2011). This search for significance in times of stress is suggestive that religious coping methods are ways to better understand and deal with negative life events. Religious coping is not described as a defense mechanism but as an active coping process that is unique to each individual and situation and is considered relatively available for individuals to use (Pargament, 2011).

Pargament (2011) suggested the theory of religious coping to best theorize how religious coping can intervene between the perceived stressors and outcomes. According to this model, religious coping serves as a moderating function. As stress levels rise, religious coping will rise to protect that particular individual from the harm of stress. The moderator function of this theory helps to intervene with the presence of increased stressors. Conversely, the deterrent function of this theory highlights the favorable predictive outcomes that come from religious coping (Pargament, 2011). Xu (2016) provideed an example of the combined religious moderator-deterrent model by stating,

> Suppose a religious person came to know the terminal nature of his or her illness and thus suffered greater stress. Under these circumstances, the moderating function would make him or her benefit more from religious coping than when he or she was unaware of the terminal nature and experienced a lower level of stress. On the other hand, the deterring function would predict that irrespective of whether he or she had any idea about the seriousness of the illness, greater religious coping would always make him or her fare better. (p. 1399)

Moreover, it should be noted that Pargament's theory of religious coping is an individual's "search for significance" (p. 1399).Researchers have gone further to suggest that this particular religious coping theory is a way for individuals to find understanding and how to deal with negative life events through spirituality (Pargament & Raiya, 2007). The theory of religious coping has not been used in research related to this research design. This theory was chosen based on the research hypothesis that prayer as a coping skill is a deterrent for burnout in mental health workers. Moreover, the assumption that religious coping is universal and provides an understanding of a negative situation for individuals is premier in this research project. I applied this theory to the population of mental health workers about burnout experienced.

Literature Review Related to Key Variables

In the following section, I discuss key variables in this research study. The variable of burnout is discussed along with the theory of burnout and its application to the study. Next coping and prayer are analyzed and how the two variables apply to this study. Finally, the demographic variables are discussed to provide background as it applies to research. See Figure 1 for the literature review matrix.

Theory of Religious Coping	
• Carone & Barone, 2011 • Dull & Skokan, 1995 • Gall & Guirguis-Younger, 2013 • Pargament, 2011	• Pargament & Raiya, 2007 • Park & Folkman, 1997 • Xu, 2016
Burnout and Maslach Multidimensional Theory of Burnout	
• Corrigan, et. al., 1994 • Freudenberger, 1974 • Glidewell, 2000 • Halbesleben & Buckley, 2004 • Jambrak, Deane, & Williams, 2014 • Lee, et. al., 2013	• Maslach, 1998 • Maslach & Jackson, 1981 • Maslach, Leiter, & Jackson, 2012 • Maslach, et. al., 2016 • Morse, et. al., 2012 • Volpe, et. al., 2014

Table continues

Coping		
• Andrews & Wan, 2009	• Krause, 2009	
• Baker & Barenbaum, 2007	• Krischer, Penney, & Hunter, 2010	
• Baldwin, et. al., 2016	• Lazarus & Folkman, 1987	
• Beck, 2011	• LeBarbera & Hetzel, 2015	
• Brannon & Feist, 2009	• Lee, et. al., 2013	
• Cho, Park, & Blank, 2013	• Maslach & Jackson, 1998	
• Jambrak, Deane, & Williams, 2014	• Matheny, et. al., 1986	
• Jenaro, et. al., 2007	• Whitebird, et. al., 2013	

Prayer	
• Finney & Malony, 1985	• Krause, 2009
• Jeppsen, et. al., 2015	• Ladd & Spilka, 2013

Prayer for Coping	
• Bade & Cook, 2008	• Paragament, 2011
• Harris, et. al., 2010	• Possel, et. al., 2014
• Levine, 2008	

Gender	
• Carver, Scheier, & Weintraub, 1989	• Vladut & Kallay, 2010
• Thomas, et. al., 2014	

Years of Service	
• Galek, Flannelly, Green, & Kudler, 2011	• Jacobson, Rothschild, Mirza, & Shapiro, 2013

Figure 1. Literature review matrix.

Burnout

Burnout is a psychological construct first coined by Freudenberger (1975) to describe an individual's perceived negative psychological responses to working with individuals suffering from mental health issues. Freudenberger began observing physiological and psychological changes in volunteers working in the various mental health agencies during his work in the 1960s and 1970s. He witnessed many symptoms, such as the volunteers being depleted emotionally, a lack of motivation, and physiological complaints (e.g., headaches, fatigue, and gastrointestinal problems). Freudenberger postulated that if the volunteers were exhibiting such symptoms, this would affect the individuals receiving services. Freudenberger noted the changes in the

individual volunteers; however, he focused on the impact burnout had on the organization as a whole.

Maslach Multidimensional Theory of Burnout

The concept of burnout has evolved over the decades since Freudenberger's (1975) work. Throughout the years, the most widely accepted definition of burnout was established by Maslach and Jackson (1981). According to Maslach and Jackson, burnout is not a unidimensional concept; instead, it is a multidimensional concept consisting of three interconnected dimensions. The first dimension is emotional exhaustion (EE). EE is noted when an individual has feelings of being overextended emotionally and lacks emotional resources to keep going (Maslach et al., 1996). This is considered to be the basic individual dimension of burnout, which has a larger negative impact on an individual's physiological and emotional wellbeing (Halbesleben & Buckley, 2004; Maslach, Leiter, & Jackson 2012; Morse, Salyers, Rollins, Monroe-DeVita, & Pfahler, 2012).

In a study conducted by Lee and colleagues (2013), aimed to show which correlates were most strongly associated with EE and depersonalization (DP). Their research suggested that EE was negatively associated with an individual's autonomy on the job site, positive attitudes towards their employment, and the safety of the environment. Moreover, there was a positive association with conflict and violence on the job, substandard safety, negative work attitudes, and contributed to poor mental health (Lee et al., 2013). The research concluded that EE was the core dimension of burnout and that individuals in the beginning stages of their careers were likely to suffer higher rates

of EE and burnout (Lee et al., 2013). In a similar study of fifty psychiatrists and fifty non-medical mental health professionals, the researchers attempted to examine the risk for burnout in early career professionals (Volpe et al., 2014). Their research suggested that early career psychiatrists experienced a higher degree of EE than non-medical mental health professionals at a rate of 52% to 28%, respectively.

The second dimension of Maslach's Multidimensional Theory of Burnout is depersonalization (DP). DP refers to a person feeling often detached cynical and negativistic as a response to EE (Maslach, 1998). Multiple researchers report that in the beginning stages of burnout, DP can be a primitive coping mechanism (Lee et al., 2013; Maslach, 1998; Volpe et al., 2014). In the research conducted by Volpe and colleagues (2014), non-medical mental health professionals reported DP as a coping skill early in their careers, which postulated, places them at a higher risk for depression and burnout. In the same study psychiatrists who reported higher degrees of EE also reported decreased job satisfaction (Volpe et al., 2014). Conversely, a study of staff burnout by Corrigan and colleagues (1994) found a higher degree of depersonalization among the respondents despite a supportive work environment being present or absent. One theory behind this is that the workload and types of patient's attributes to the amount of DP an individual's experiences.

The final dimension is reduced personal accomplishment (RA). RA represents the individual's self-evaluation component to burnout. It is described as an individual's declining sense of accomplishment and competence at their job (Maslach, 1998). Maslach (1998) linked this low self-efficacy to DP and the inability to cope with the

demands of a job, which led to EE. Moreover, a lack of social support components and lack of professional development opportunities exacerbate an individual's perception of RA. One can equate this feeling to an inability to help the population being served due to the worker's perceived inadequacies (Maslach 1998). In the study conducted by Volpe and colleagues (2014), the results suggested that psychiatrists suffer from a higher rate of RA which makes the subjects feel inadequate in their current positions. However, based on other research, RA does not appear to be a variable that has garnered much attention (Jambrak, Deane, & Williams, 2014 and Lee et al., 2013).

Application

Maslach and Jackson's multidimensional theory of burnout was used for this particular research. A multidimensional approach to burnout provides a broader explanation of this phenomenon. Historically, a unidimensional approach to burnout was theorized; however, they could never fully express the complicated nature of burnout (Maslach, 1998). Maslach also proposed burnout was on a continuum that waxed and waned from burnout to engagement.

This burnout-engagement continuum implies that individuals experience various stages of burnout due to their environment, interpersonal interactions, and individual factors (Maslach, 1998 and Volpe et al., 2014). Delving further into this, each dimension of burnout builds off of the dimensions. This is suggested due to psychiatrists in one study experienced more EE and less job satisfaction, while non-medical mental health workers experienced more DP and depression (Volpe, et., al., 2014). Moreover, Lee and

colleagues (2013) discuss individuals may not experience full burnout despite experiencing higher scores of the Maslach Burnout Inventory.

Despite the copious amounts of research, there is little that focuses on the psychiatric nursing assistants' population. One study attempted to investigate the impact of burnout and vicarious traumatization amongst the direct care staff at ten separate long-term care facilities (N=160) (Glidewell, 2000). This particular study concluded that there is a statistically significant relationship between burnout and the exposure to trauma amongst the population. Moreover, the results of this particular study illustrate that non-degreed individuals are affected by burnout like other populations.

Coping

The Theory of Cognitive Appraisal and Coping (Lazarus & Folkman, 1987) describes coping as a process involving both cognitive and behavioral mechanisms for individuals to take in response to stressors. Coping can be prosocial and maladaptive. Coping styles designated to be maladaptive precipitate a higher level of burnout. Individuals utilize specific types of coping skills in order to control extreme emotions or avoid stress (Matheny et al., 1986). Researchers have defined three separate coping styles: emotion-focused, task-oriented, and avoidance (Baldwin, Belasquez, Keoing, Salas, & Boelens, 2016; Krause, 2009). Emotion-focused coping skills focus on the individual's emotional reactions in an attempt to negate any negative response. While task-oriented coping skills are utilized to seek purpose and meaningful behaviors to solve the problem (Cho, Park, & Blank, 2013). Finally, coping avoidance skills focus on the individual's behaviors and cognitions that attempt to distract or escape from the stressors.

Avoidance of the stressor has led to individuals experiencing increased burnout (Baker & Barenbaum, 2007).

Utilizing healthy coping skills can lessen the negative effects of a stressor, which would lessen the strain the individual perceives (Krischer, Penney, & Hunter, 2010). One study attempted to determine the most frequently used coping strategies and assess the levels of perceived burnout experienced by the population (Jenaro et al., 2007 and LeBarbera & Hetzel, 2015). Knowing how to successfully identify and utilize coping skills has been a subject of much research. Many researchers have focused on health care workers since Maslach and Jackson (1998). Despite this the research have only utilized professionals working in the mental health field (e.g., psychologists, psychiatrists, social workers, and nurses) (Andrews & Wan, 2009; Beck 2011, Brannon & Feist, 2009; Jambrak, Deane, & Williams, 2014; Lee, Seo, Hladyj, Lovell, & Schwartzmann, 2013, and Whitebird, Asche, Thompson, Rossom, & Henrick, 2013).

Prayer

The use of prayer is a staple in every major religion throughout history. Ladd and Spilka (2013) discuss that there are multiple definitions of prayer. However, Krause (2009) describes it as a way for individuals to communicate with a higher power. In previous studies about prayer and mental health issues, the results appeared to be mixed (Finney & Malony, 1985 and Ladd & Spilka, 2013). Jeppsen and colleagues (2015) suggest that this is due to the researchers looking at prayer as a single dimension rather than a multiple dimension. The researchers go on further to explain that prayer is separated into four distinct dimensions. The first dimension is petitionary prayer, in

which the individual requests specific items for oneself or others. For example, a person would pray for a new car or money to pay bills. The second is colloquial prayer. This is described as a "conversation" between the individual and God. This prayer expresses love and adoration and requests guidance. A third type is meditative prayer. This is described as more passive and focuses on the individual listening for God's direction and feeling God's presence. The final is ritual prayer and is described as reciting scriptures and texts as a way to communicate with God (Jeppsen, Possel, Black, Bjerg, & Wooldridge, 2015; Krause, 2009).

However, a final dimension towards prayer, trust-based prayer, has been proposed in the literature (Krause, 2009; Krause & Hayward, 2014; Ladd & Spilka, 2013). The trust-based dimension of prayer is described as the individual combining two or more of the four previously discussed dimensions of prayer. This is done in such a way that the individual speaks with God in a colloquial way, meditates on the problem they are presenting to God, and finally, placing their trust and faith in God to find a solution to the issue (Krause, 2009).

Prayer for Coping

Using prayer as a coping skill has been something proposed since psychology came to the forefront in America. Many mainstream psychologists at that time (e.g., William James, G. Stanley Hall) showed interest regarding the behavior of prayer but chose to separate religiousness and psychology (Levine, 2008). Over the years, the study of prayer has garnered more attention. One study conducted aimed to examine the functions of prayer in the coping process. Bade and Cook (2008), used multidimensional

scaling and cluster analysis to produce a cluster map in order to provide a visual representation of the participant's responses. Then a factor analysis was conducted to examine similarities amongst the variables. No specific hypothesis was used to rationalize the research due to the exploratory nature of the project (Bade & Cook, 2008). The participants in this study ranged from 37 participants in one phase to 60 participants in the second phase. They reported that multiple Christian denominations were represented in this study. The researchers used Paragament's research (2011) to conceptualize the research findings. Bade and Cook (2008) reported the most effective prayer functions involved were seeking guidance and expressing gratitude.

However, in a 2010 study, researchers wished to identify which types of prayer are most utilized in reduction of post-traumatic symptoms (Harris et al., 2010). The sample consisted of 327 trauma survivors of varying denominations. The Prayer Functioning Scale was administered along with The Posttraumatic Growth Inventory (PTGI) in order to ascertain the five factors related to posttraumatic growth, and the Traumatic Life Events Questionnaire was also administered to assess trauma history of the participants. With the data collected, linear regressions were calculated. It was determined there was statistical significance in posttraumatic growth related to non-interpersonal trauma. This suggests utilizing prayer as a coping skill related to posttraumatic growth is more effective when traumatic events are not related to interpersonal issues.

Other researchers have attempted to establish prayer as an appropriate coping skill to aid in treating certain mental health issues. One study of 325 participants attempted to

measure if trust-based prayer mediated anxiety, confusion, and depression (Possel et al., 2014). Possel and colleagues (2014) hypothesized that more trust-based prayer would be associated with reduced mental health symptoms. The results suggested that prayer and depression were mediated by trust-based prayer. However, anxiety and confusion were only partially mediated. The researcher also acknowledged that other factors such as life experiences, individual stressors, etc. that could not be controlled for would skew results (Possel et al., 2014). The research regarding prayer has demonstrated it can be utilized as a coping strategy; however, much of the implications regarding its use for burnout is still limited.

Gender

The field of health and human services is noted to have a higher female to male ratio of employees. Researchers have noted that females working in this field appear to be more prone to burnout than their male counterparts (Vladut & Kallay, 2010). One example is that females are reported to have higher levels of compassion fatigue, which is noted to be a predictor of burnout. Thomas and colleagues (2014) discuss females have higher job satisfaction and greater sense of personal accomplishment in properly structured organizations. The opposite is true, and higher rates of burnout are noted in disorganized workplaces.

In other studies, specific coping styles were evaluated and determined by varying gender differences amongst the participants. In a study amongst undergraduates, males were more likely to use drugs and/or alcohol at a higher rate than females when dealing with burnout and stress (Carver, Scheier, & Weintraub, 1989). In contrast, females were

noted to seek social support in order to deal with stress and burnout. In most studies, gender is not considered to be a strong predictor of burnout. This concept has been debated over the years, and research is conflicting. However, many studies suggest there are differences among the different dimensions of burnout and gender (Vladat & Kallay, 2010).

Years of Service

The relationship between years of service and burnout varies depending on the research conducted. One study conducted aimed to examine the risk factors for burnout amongst clergy amongst its 109 clergy participants (Jacobson, Rothschild, Mirza, & Shapiro, 2013). In this study, years of service were identified correlate for overall job satisfaction. Moreover, the results also mirrored results similar to Galek, Flannelly, Green, and Kudler (2011) study involving secondary post-traumatic stress amongst professional chaplains. In that study, increased years of service increased an individual's risk for burnout. Jacobson and colleagues (2013) examined the results of their study and compared it to social workers. They extrapolated similar results from social work.

<div align="center">

Summary

</div>

Prayer's use as a coping skill for mental health issues has been documented; however, there is no research found to support its use in the prevention of burnout. There is a large gap in the literature when it comes to this. The findings of many research studies suggest that prayer as a way to alleviate symptoms of depression, anxiety, and dealing with trauma have utility in the population of this particular research project (Harris et al., 2010; Possel et al., 2014; Wachholtz & Sambamthoori, 2013). However,

these symptoms may show up in individuals who suffer from burnout; there is still a need to review which aspects of burnout are affected by prayer, if at all. The next chapter will discuss the methodology of this dissertation.

Chapter 3: Research Method

Introduction

The purpose of this study was to quantitatively explore using prayer as a coping skill in order to predict employee burnout. This chapter includes a discussion of the research design and statistical factors that are related to his study. The following subsections include research design, participants, data collection, instrumentation, planned statistical analysis threats to validity, and ethical procedures.

Research Design and Rationale

A quantitative descriptive correlational research design was chosen to examine the relationship between the variables. Finding causality is nearly impossible due to individual differences and the vast number of variables that each participant naturally brings with them and cannot be manipulated (Creswell, 2013). A descriptive correlational design was chosen to determine if the variables of prayer, gender, and length of service have any positive or negative correlation with burnout. Because the phenomena of burnout have been defined and quantified, a qualitative research design would have been prudent to use (see Tabachnick & Fidell, 2007). The predictor variables for this study were prayer, gender, and length of service, and the criterion variable was burnout. Regression analysis was conducted to determine the relationship between the dependent and independent variables. Researchers have suggested that gender and years of experience (length of service) contributed to job burnout for individuals working in the helping professions (Thomas et al., 2014).

Methodology

Population

The target population for this dissertation was individuals who worked as a psychiatric nursing assistant in a psychiatric hospital. Typically, many individuals in this position do not possess a college degree. These individuals varied in gender, ethnicity, age, and years of service; however, ethnicity and age were not variables measured in this study. Therefore, the only limiter on inclusion within this population was individuals who did not possess a college education. The total respondants for this study was 97 individuals.

Sampling and Sampling Procedures

An a priori power analysis was conducted to determine the minimum number of participants required to conduct this particular research with three predictor variables. The calculations were done by using G*Power 3.1.9.2 (see Faul, Erdfelder, Buchner, & Lang, 2014). Several key pieces of information are required to determine the number of participants needed for a given study. In this study, the alpha (α) level, desired effect size, desired power, and the number of predictor variables were established to determine the number of participants required. Faul et al. (2014) described the alpha level, *p*-value, is generally set to .05 for most social sciences.

Moreover, the alpha level represents the probability of a Type I error (false positive). A Type I error is described as the rejection of the null hypothesis (McGrath, 2011). The power level of the study must be examined in order to also predict the probability that the null hypothesis will be rejected. Typically, the power level is set at

.80. This means there is an 80% chance the null hypothesis will be rejected (McGrath, 2011).

The effect size for this study was established at .15 because a low to moderate effect size is the typical indicator of the relationship between variables. The effect size is also known at the correlational coefficient. This represents how strong the relationship between the variables is (McGrath, 2011). I used the G*Power 3.1.9.2 to calculate a priori power analysis with the discussed α-level of .05, power level of .80, the effect size of .15, and three predictor variables. The calculations yielded that a minimum sample size of 76 would be required. This means 76 participants were required for an 80% chance of rejecting the null hypothesis.

Procedures for Recruitment, Participation, and Data Collection

I needed permission from the site in order to comply with the rules of their governing body. It should be noted that the participants in this study were not a protected population. A letter giving permission from the hospital was provided. I scheduled meetings with the director of nurses in order to establish an email list of everyone working as a psychiatric nursing assistant. A recruitment letter was distributed to the entire psychiatric nursing assistant's in the facility, approximately 480 staff members in the form of an email.

Before the participants begin the survey process, they were sent an email to their work email address from my Walden University email account. The email contained a recruitment letter and informed consent. There was a hyperlink in the email to the survey

site. The participants had to acknowledge the informed consent on the website before beginning the assessments.

After the informed consent was acknowledged, the participant filled out a brief demographic survey (Appendix A) to include gender and years of service. The participants were not required to disclose their names or information that could identify them. The next sections to be completed included the MBI-HSS and the PFS.

<div align="center">**Instrumentation**</div>

The Maslach Burnout Inventory-Human Service Survey (MBI-HSS)

The MBI-HSS (Maslach et al., 2016) was used to measure burnout. The MBI-HSS is a 22 item self-report measure that assesses the frequency of three dimensions of burnout. The participant's responses were measured on a 7-point Likert scale. Each scale was tallied separately, and no total score was obtained. The MBI-HSS was not designed to diagnose burnout, but rather to provide feedback to an individual or organization.

The scales that measure the three dimensions of burnout are noted as Emotional Exhaustion, Personal Accomplishment, and Depersonalization. Burnout was classified by higher scores on the Emotional Exhaustion and Depersonalization scales and a lower score on the Personal Accomplishment scale. The Emotional Exhaustion scale contained nine items for which participants could endorse items that described feelings of being emotionally overextended and fatigued. The Depersonalization scale had five items for which participants could endorse items that measured the extent to which an individual was unfeeling and had impersonal attitudes towards the population served. The Personal Accomplishment scale was comprised of eight items and described feelings of being

competent in the job assigned and achievement in relation to working with others. Three frequency scores were computed for each participant.

The MBI is the most commonly used measure to assess for burnout. The internal reliability of the MBI-HSS had yielded a Cronbach's coefficient alpha of .90 for Emotional Exhaustion, .79 for Depersonalization, and .71 for Personal Accomplishment when the researchers began developing the MBI. These results have been consistently mirrored in several studies of professionals across multiple settings (Bakker, Le Blanc & Schaufeli, 2005; Demerouti, Le Blanc, Bakker, Schaufeli, & Hox, 2009; van Mol, Kompanje, Benoit, Bakker, & Nijkamp, 2015) With regards to the test-retest reliability, the MBI-HSS has been considered to be reliable. Across multiple research studies, the three dimensions have had no significant differences between test and retest over specific periods (Maslach et al., 2016).

With regards to validity, convergent validity has been established based on correlating scale scores with observation of others experiencing burnout, hypothesized jobs that are associated with burnout, and outcomes hypothesized to be associated with burnout (Maslach et al., 2016). All three correlations were used to provide evidence for the external validity of the MBI (Aguayo, Vargas, Emilia, & Lozano, 2011). With regards to discriminant validity, it is necessary to look to see if the measure can differentiate results from an alternative hypothesis. For example, it is necessary to ask if it is burnout or if the individual is depressed. Multiple research studies have been conducted that attempt to examine the differences between depression and job burnout. Each time they

yielded results, suggesting that burnout and depression have similarities, yet they are individual constructs (Bianchi, Schonfeld, & Laurent, 2015).

Prayer Functions Scale (PFS)

The PFS (Cook & Bade, 1997) was used to measure prayer as a coping skill. The PFS is a 58-item self-report measure that assesses the frequency of four dimensions of prayer. The participants' responses are measured on a 5-point Likert scale. The information obtained is used to provide feedback regarding a participant's prayer habits as it relates to burnout.

The scales that measure the four dimensions of prayer are Provides Acceptance, Provides Calm and Focus, Deferring/Avoiding, and Provides Assistance. The PFS's Provides Acceptance scale is a 17-item scale for which participants can endorse items related to prayer habits regarding God helping them accept specific troubles and situations. The Provides Calm and Focus scale is an 11-item scale for which participants can endorse items related to prayer habits that center on asking God to provide the participant with inner clarity and focus to handle a given situation or problem. The Deferring/Avoiding scale is a four-item scale that provides the participants an avenue to endorse items related to God intervening and changing the stressful situation. Finally, the PFS's Provides Assistance scale is a 14-item scale that provides participants the opportunity to endorse items related to how God provides assistance with regards to specific situations.

The internal consistency of the PFS has been reported to have Cronbach's alpha values, which range from .86 to .92 in the normative sample (Cook & Bade, 1997). The

normative sample came from 244 men and women from various Christian denominations. The validity was assessed by comparing PFS scales to such things as religious problem-solving styles, religious coping strategies, religious commitment, and nonreligious coping strategies. Cook and Bade (1997) indicated that all scales had strong internal consistency. The retest correlations appeared to be stable over a 2-week period. The researchers did, however, note a larger sample would be warranted (Cook & Bade, 1997). However, a limitation of the PFS is that it has been infrequently used in research. This study can potentially provide more psychometric evidence for the use of this particular measure in the future.

Demographic Questionnaire

In this dissertation, a demographics questionnaire was utilized to determine participants' age and years of service working in a psychiatric nursing assistant role. These items were answered on the survey site prior to answering the other assessment tools. The rationale for using these variables was discussed in Chapter 2.

Data Collection and Analysis

For this research study, the Statistical Package for the Social Sciences (SPSS) was used to analyze the data gathered from Survey Monkey. The data collected was the information from the MBI-HSS, PFS, and demographic questions and was be analyzed. The screening process included proofreading the data to ensure the data was entered correctly. Secondly, a check for missing data was done to determine if the incomplete data was due to ransom chance or a pattern. If no pattern to the missing data was discovered, the guidelines for missing variables were followed (Tabachnick & Fidell,

1996). The participants had to complete both surveys, or their information would not be included in the study.

Descriptive statistics were obtained for each sub-scale of the MBI-HSS and PFS; then the data was analyzed by using SPSS software. A simultaneous multiple linear regression analysis was used to answer the research questions regarding the use of prayer, gender, and years of service as a predictor for burnout. It should be noted that the dependent variable was burnout, and prayer, gender, and years of experience are the independent variables. The data was entered and processed using the SPSS statistics software.

Simultaneous multiple linear regression analysis was the best for this research study since more than one independent variable was being examined. Before multiple linear regressions can be calculated, one must determine if the variables are appropriate for multiple linear regression analysis. Several basic assumptions are outlined to determine if this type of analysis was the best fit for the research. For example, the MBI-HSS and PFS use a Likert scale, and such assessment items are best analyzed with a linear regression (Field, 2013). A second assumption that was met before research begins was that the independent variables fit for the type of analysis being examined. For example, for this research, prayer (interval) and gender (nominal) are categorical, and years of service (interval) are continuous and are best analyzed by linear regression (Field, 2013).

Restatement Research Questions and Hypotheses

The research questions and hypotheses were used to examine the relationship between prayer, gender, and years of services on the construct of employee burnout in psychiatric nursing assistants. The MBI-HSS was used to measure the level of burnout experienced by the participants with regards to its three dimensions: emotional exhaustion, depersonalization, and feelings of accomplishment. The PFS was used to measure the participants' use of prayer.

RQ1: Does prayer, as measured by the PFS, gender, and years of service, predict the emotional exhaustion aspect of burnout, as measured by the MBI-HSS, in psychiatric nursing assistants?

$H_0 1$: Prayer, gender, and years of service are not a predictor of emotional exhaustion in mental health workers.

$H_1 1$: Prayer, gender, and years of service is a predictor of emotional exhaustion in mental health workers.

RQ2: Does prayer, as measured by the PFS, gender, and years of service, predict the depersonalization aspect of burnout, as measured by the MBI-HSS, in psychiatric nursing assistants?

$H_0 2$: Prayer, gender, and years of service are not a predictor of depersonalization in mental health workers.

$H_1 2$: Prayer, gender, and years of service are a predictor of depersonalization in mental health workers.

RQ3: Does prayer, as measured by the PFS, gender, and years of service, predict the lack of the personal accomplishment aspect of burnout, as measured by the MBI-HSS, in psychiatric nursing assistants?

$H_0$3: Prayer, gender, and years of service are not a predictor of personal accomplishment in mental health workers.

$H_1$3: Prayer, gender, and years of service are a predictor of personal accomplishment in mental health workers.

Table 1
Summary of Data Analyses Procedures

RQ#	Statistical test	Criterion variable	Predictor variable
RQ1	Simultaneous multiple linear regression	Emotional exhaustion	Prayer, gender, and years of service
RQ2	Simultaneous multiple linear regression	depersonalization	Prayer, gender, and years of service
RQ3	Simultaneous multiple linear regression	Personal accomplishment	Prayer, gender, and years of service

Threats to Validity

External Validity

External validity is affected by the research design and types of statistical analysis used. The appropriateness of these data collection methods assists in answering the research questions. In this research, the use of a descriptive correlational research design to examine the variables was appropriate and increases the external validity of the research.

One threat to external validity is selection bias. The population for this research encompasses a wide range of ages, genders, races, and years of service. The participants in the study were selected from a pool of individuals of the same occupational title. Another threat to validity would be the truthfulness of the answers from participants. This was addressed by assuring the anonymity of the participants and disclose that no one would have access to the raw testing data.

Internal Validity

Internal validity threats are factors that prevent the researchers from drawing correct inferences from the specific population (Creswell, 2009). An individual's history can be a threat to drawing the proper conclusions from the research. For example, in this study, prayer is an important variable being examined. If an individual has a crisis of faith or has a new-found belief in a higher power, the results may be skewed due to the recency of such events. A final threat to internal validity is the questionable validity and reliability of the PFS. The PFS is a relatively untested measure; however, it appears to meet the needs of this dissertation.

Construct Validity

Construct validity is the degree to which an assessment tool is measuring what it is supposed to answer (Frankfort-Nachmias & Nachmias, 2014). In Chapter 2 and early in Chapter 3, the MBI-HSS and PFS were discussed along with their reliability and validity. The MBI-HSS has been widely researched, and its validity has been proven to be a solid assessment tool when measuring the variable of burnout and its dimensions

(Maslach et al., 2016). The PFS is not as widely researched as other inventories; however, it has been validated by the researchers for use (Cook & Bade, 1997).

Ethical Procedures

Working with human subjects requires an application to the Walden University's Institutional Review Board (IRB) before proceeding with data collection. Walden University's IRB must approve the application before any human subjects testing can commence. An email was sent to the potential participants, which included an invitation to participate in the study and the value and benefits of their participation. Completing the survey was voluntary, and each participant reserves the right to refuse to participate at any time. The informed consent included the following information:

1. A brief description of the study

2. Inclusion criteria

3. Voluntary nature of the study

4. Informed consent process

5. Brief description of the procedures

6. Sample questions from the questionnaire

7. Benefits of the study

8. Confidentiality of information

9. My contact information if questions arise

10. Hyperlink to the survey site

Confidentiality and anonymity was maintained by informing the participants that the researcher would be unable to identify their identities based on the information

gathered. Participants were asked not to provide their names on the demographic data. The researcher has no way to identify participants, and their supervisors would have no access to the information provided by the participants. Survey Monkey was used to gather information from the participants. This service uses encryption software to protect users and participants.

Moreover, the site was compliant with all HIPPA regulations. The data collected from the survey site was exported into an SPSS file, which was be stored in a password-protected folder on the researcher's private laptop. Per Walden University's data storage policy, the information will be stored for no less than five years before it is properly disposed of. The disposal process will include deleting the file from the hard drive of the researcher's computer; then a complete scan of the computer will be conducted to insure all aspects of the file have been disposed of. The dissertation committee will be available to provide feedback in the instant ethical issues arise.

<h2 style="text-align:center">Summary</h2>

This chapter served to establish the foundation for the research design and methodology for a non-experimental research approach. I presented the variables of gender, years of service, and the use of prayer being analyzed in the research questions as they relate to burnout. I outlined the psychiatric nursing aide population, including the adequate number of participants required to generalize the results of the entire population. Moreover, the MBI-HSS, PFS, and demographic data were discussed in and the appropriateness of each for this dissertation. Additional information regarding

internal, external, and construct validities and ethical procedures were discussed in order

to explain issues related to the validity of any results and treatment of participants.

Chapter 4: Results

Introduction

The purpose of this research was to determine if any of the three dimensions of burnout (emotional exhaustion, depersonalization, and personal accomplishment) are predicted by a psychiatric nursing assistants' use of prayer, gender, and years of service. The intent of RQ1 was to examine if prayer, gender, and years of service were predictors for the emotional exhaustion dimension of burnout. With RQ2, the aim was to examine if prayer, gender, and years of service were predictors for the depersonalization dimension of burnout. Finally, RQ3's intent was to examine if prayer, gender, and years of service were predictors for the personal accomplishment dimension of burnout. In this chapter, I report the characteristics of the obtained sample, the descriptive statistics for the study's variables, and the results of the tests of the study's hypotheses.

Data Collection

Time Frame and Recruitment

In order to comply with the federal laws and institutional policies related to research, the process to obtain permission to conduct this study from the IRB began on December 13, 2018 for Walden University and on December 20, 2018 for the Texas Department of Health and Human Services. The applications included a letter for recruitment/informed consent, the Demographics questionnaire (Appendix A), and PFS. The MBI-HSS were not attached due to copyright issues. After successful completion and revision of the application, approval was granted by the Walden University IRB on February 13, 2019, IRB approval number 01-16-19-0245274, with an expected expiration

date of January 15, 2020. The Texas Department of Health and Humans Services

approved the IRB application on December 28, 2018, IRB approval number 656-27-

1812, with an expiration date of December 28, 2019. On February 22, 2019, an email

containing the recruitment/informed consent was distributed to all employees with the

working title of psychiatric nursing assistant.

Response Rate

As noted in Chapter 3, a priori power analysis was conducted to determine the

minimum number of participants required for this survey. An $N = 72$ was determined to

be the minimum number required for this research. Once the data were collected, they

were screened and processed through SPSS. There was a total of 128 respondents, and

incomplete assessments were filtered out of the analysis. The number of completed

assessments yielded an $N = 97$, with a 76% response rate.

Discrepancies in Data Collection

During this part of the dissertation process, there was one discrepancy that

deviated from the process outlined in Chapter 3. The Texas Department of Health and

Human Services required an adjustment to the language of the informed

consent/recruitment letter. This was to better fit their preferred verbiage for legal reasons

and inclusion of their IRB contact information. An amendment with the Walden

University IRB was submitted on February 8, 2019 and was approved on February 21,

2019.

Descriptive Statistics

The total sample size was $N = 97$ psychiatric nursing assistants who completed all the assessment instruments. Demographic characteristics were assessed on two categorical variables: gender (male, female) and years of service (range: less than 1 year, 1 to 5 years, 5 to 10 years, and 10+ years). The frequency distributions for these two variables are presented in Table 2. The distributions reveal that the sample consisted of a moderate preponderance of females (60.8%), and a years of service modal value of 1 to 5 years.

Table 2

Frequency Distributions of Demographic Characteristics of the Sample

Demographic characteristic	Category	Frequency	Percent
Gender	Male	38	39.2
	Female	59	60.8
	Total	97	100.0
Years of service	< 1 year	13	13.4
	1 - 5 years	44	45.4
	5 - 10 years	13	13.4
	10+ years	27	27.8
	Total	97	100.0

Note. N = 97

Preliminary Data Analysis

Prior to the data analysis, the assumptions must be addressed in order to ensure the accuracy of the results (Field, 2013). Ensuring an adequate sample size was required to ensure the data would represent the chosen population. This study required a minimum $N = 72$; an $N = 97$ was achieved. For multiple linear regression analysis, several assumptions must be true for the analysis to be considered valid (Field, 2013) The first

assumption is that the data must be linear. For this, the independent and dependent

variables must be linear. The second assumption is that of multicollinearity. This assumes

that in multiple regression analysis, the variables are not highly correlated with each other

(Field, 2013). A P–P plot (probability–probability) was conducted in SPSS to illustrate

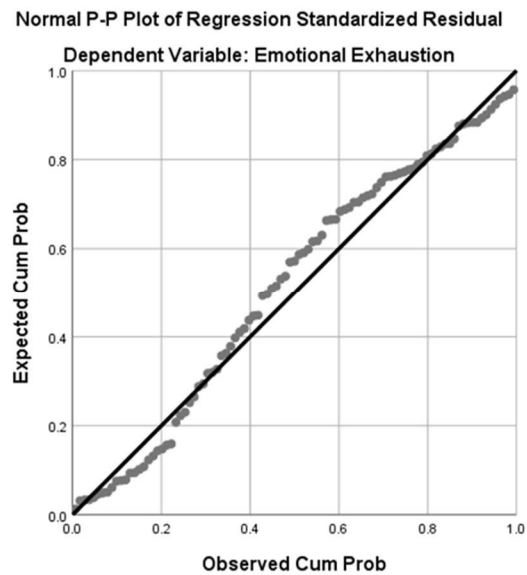both assumptions were met (see Figure 2, Figure 3, and Figure 4).

Figure 2. Research Question 1 linearity and multicollinearity.

Normal P-P Plot of Regression Standardized Residual

Dependent Variable: Depersonalization
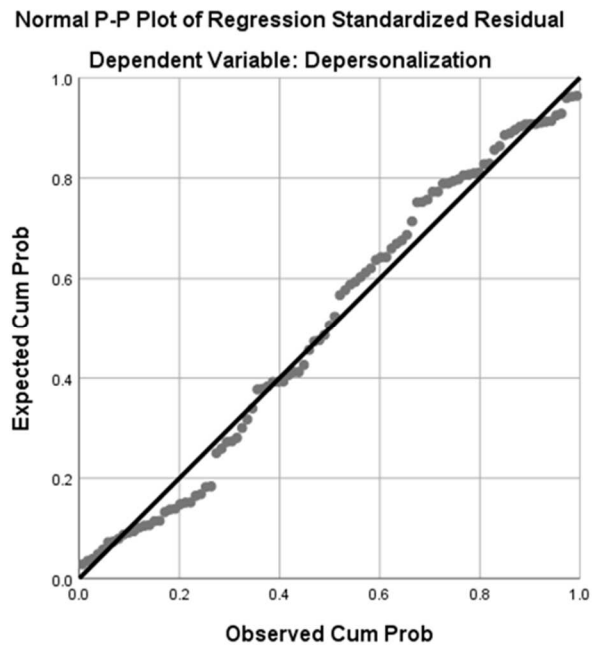
Figure 3. Research Question 2 linearity and multicollinearity.

Normal P-P Plot of Regression Standardized Residual

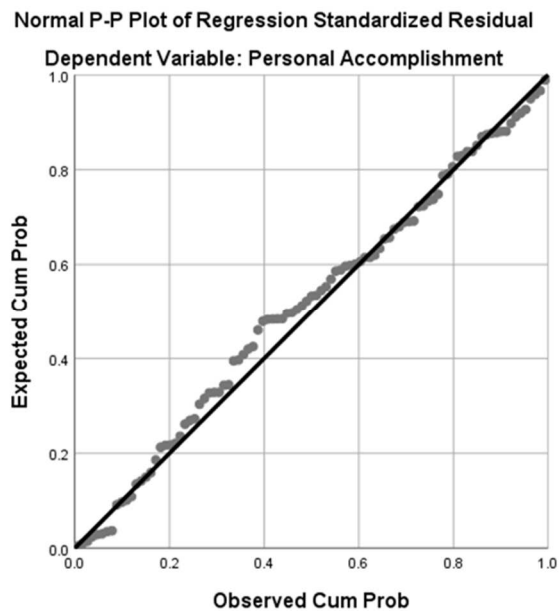**Dependent Variable: Personal Accomplishment**

Figure 4. Research Question 3 linearity and multicollinearity.

The final assumption for multiple linear regression analysis is no

heteroscedasticity. This assumption states that the variance of error differs across values

of the independent variables (Field, 2013). The easiest way to test for this assumption is

to create a scatterplot. The plot points should not create a pattern in their distribution. Scatterplots were conducted in SPSS to illustrate this assumption was met in all three research questions (see Figure 5, Figure 6, and Figure 7). The assumptions of multiple linear regression analysis were met and illustrated in the provided figures. It is safe to conclude the data provided is valid, and interpretation of the data can continue.
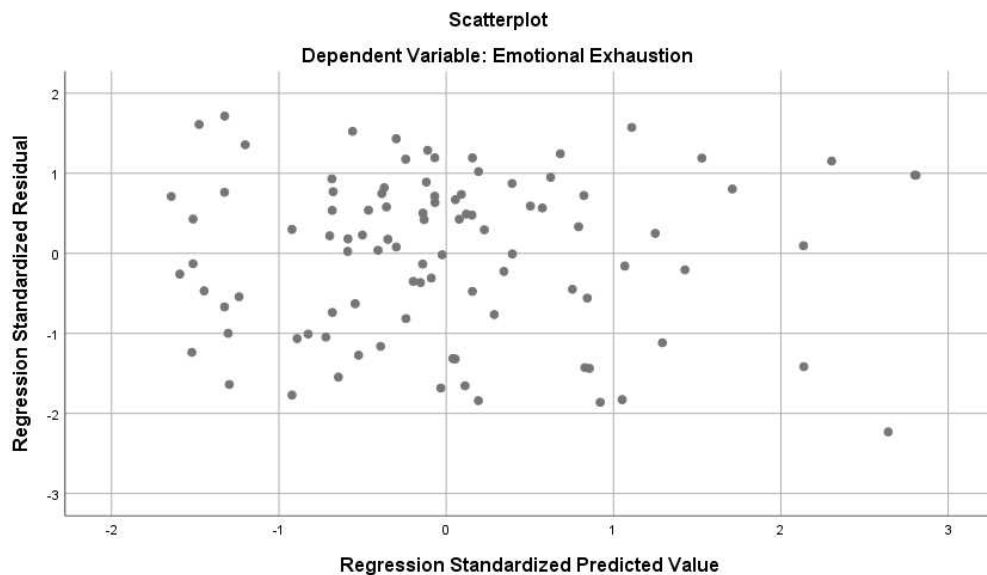

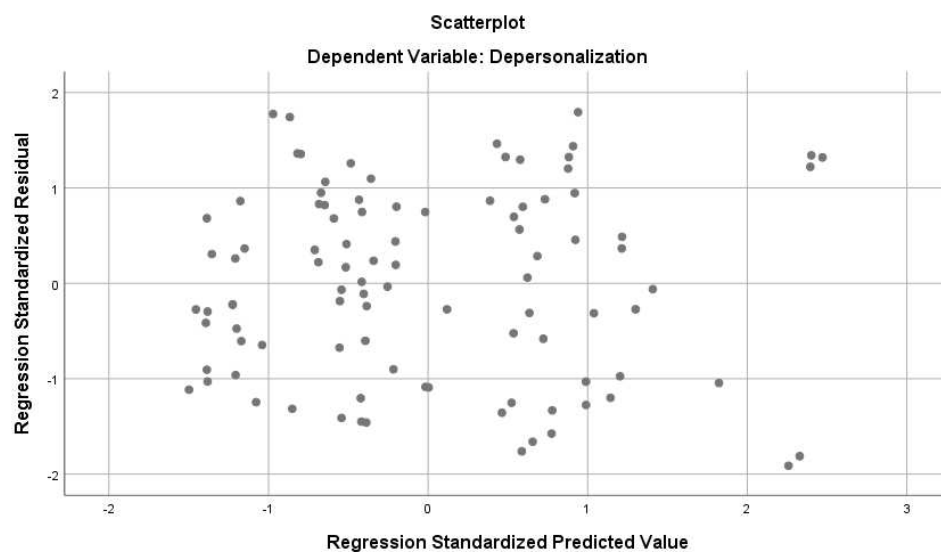*Figure 5.* Research Question 1 nonheteroscedasticity.

Figure 6. Research Question 2 nonheteroscedasticity.
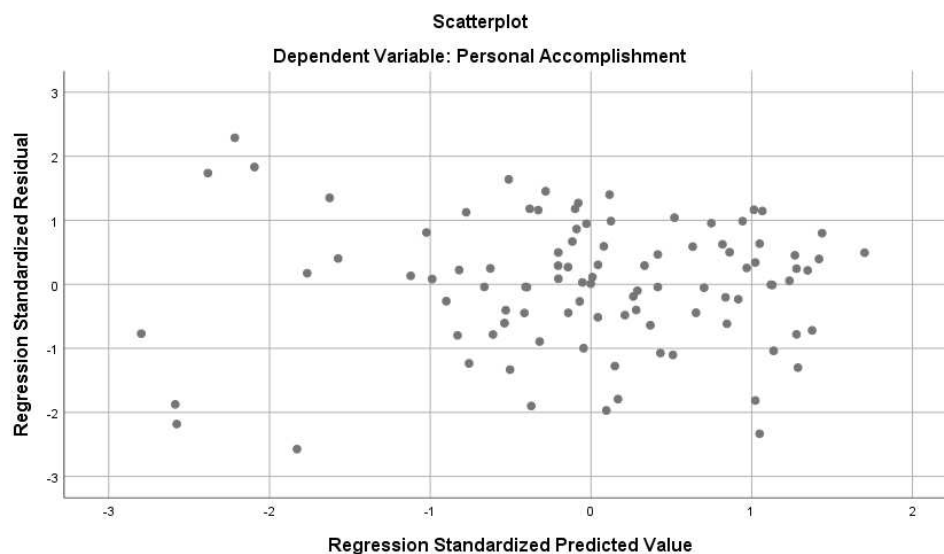
Figure 7. Research Question 3 nonheteroscedasticity.

Results of Hypothesis Tests

Research Question #1

Simultaneous multiple linear regression was conducted to examine the relationship between gender, years of service, prayer, and emotional exhaustion. The predictor variables were gender, years of service, and prayer. The dependent variable was emotional exhaustion. The null hypothesis was that gender, years of service, and prayer would not predict emotional exhaustion. The alternative hypothesis was that gender, years of service, and prayer would predict emotional exhaustion. The sample comprised 38 (39.2%) males and 59 (60.8%) females. The associated probability values for this research was set to $p < 0.05$.

The results of the analysis were significant $F(3, 93) = 3.97$, $p = .01$, $R^2 = .019$. The null hypothesis that gender, years of service, and prayer would not predict emotional exhaustion was rejected. The alternative hypothesis that gender, years of service, and prayer would predict emotional exhaustion was accepted. In the final model, prayer was

the only significant predictor (β = -.356, p = .019). The quantitative descriptive statistics

are presented in table 3. Table 4 depicts the regression analysis summary.

Table 3

Means and Standard Deviations for Research Question # 1 Quantitative Variables

Variable	M	SD
Prayer	3.26	1.46
Gender	0.61	0.49
Years of service	2.56	1.04
Emotional exhaustion	3.26	1.46

Note. N = 97.

Table 4

Regression Analysis Summary for Predictor Variables RQ#1

Variable	B	SE B	β	t	p
Prayer	-0.36	0.15	-2.36	-2.39	0.019*
Gender	-0.52	0.29	-0.17	-1.78	0.08
Years of Service	0.18	0.14	0.13	1.29	0.20

Note. N = 97. *p < 0.05.

Research Question #2

Simultaneous multiple linear regression was conducted to examine the

relationship between gender, years of service, prayer, and depersonalization. The

predictor variables were gender, years of service, prayer. The dependent variable was

depersonalization. The null hypothesis was that gender, years of service, and prayer

would not predict depersonalization. The alternative hypothesis was that gender, years of

service and prayer would predict depersonalization. The sample comprised 38 (39.2%)

males and 59 (60.8%) females. The associated probability values for this research is set to $p < 0.05$.

The results of the analysis were significant $F(3, 93) = 3.07$, $p = .03$, $R^2 = 0.09$. The null hypothesis that gender, years of service, and prayer would not predict depersonalization is rejected. The alternative hypothesis that gender, years of service, and prayer would predict depersonalization is accepted. In the final model, gender was the only significant predictor ($\beta = -0.218$, $p = 0.31$). The quantitative descriptive statistics are presented in table 5. Table 6 depicts the regression analysis summary.

Table 5

Means and Standard Deviations for Research Question # 2 Quantitative Variables

Variable	M	SD
Prayer	3.56	0.96
Gender	.61	.49
Years of service	2.56	1.04
Depersonalization	2.59	1.69

Note. N = 97.

Table 6

Regression Analysis Summary for Predictor Variables RQ#2

Variable	B	SE B	β	t	p
Prayer	-0.32	0.18	-0.18	-1.80	0.074
Gender	-0.75	0.34	-0.22	-2.19	0.31*
Years of service	0.03	0.161	0.019	0.18	0.86

*Note. N = 97. *p < 0.05.*

Research Question #3

Simultaneous multiple linear regression was conducted to examine the relationship between gender, years of service, prayer, and personal accomplishment. The predictor variables were gender, years of service, prayer. The dependent variable was personal accomplishment. The null hypothesis was that gender, years of service, and prayer would not predict personal accomplishment. The alternative hypothesis was that gender, years of service and prayer would predict personal accomplishment. The sample comprised 38 (39.2%) males and 59 (60.8%) females. The associated probability values for this research is set to $p < 0.05$.

The results of the analysis were significant $F(3, 93) = 4.64$, $p = .05$, $R^2 = 0.13$. The null hypothesis that gender, years of service, and prayer would not predict personal accomplishment is rejected. The alternative hypothesis that gender, years of service, and prayer would predict personal accomplishment is accepted. In the final model, prayer and years of service were significant predictors (prayer: $ß = 0.31$, $p = 0.02$ and years of service: $ß=-0.192$, $p = 0.05$). The quantitative descriptive statistics are presented in table 7. Table 8 depicts the regression analysis summary.

Table 7

Means and Standard Deviations for Research Question # 3 Quantitative Variables

Variable	M	SD
Prayer	3.56	0.96
Gender	.61	.49
Years of service	2.56	1.04
Personal accomplishment	2.56	1.04

Note. N = 97.

Table 8

Regression Analysis Summary for Predictor Variables RQ#3

Variable	B	SE B	β	t	p
Prayer	0.41	0.13	0.31	3.15	0.002*
Gender	-0.123	0.256	-0.05	-0.48	0.63
Years of Service	-0.24	0.12	-0.19	-1.98	0.05*

Note. N = 97. *p < 0.05.*

Summary

Based on the results of this study, there is some evidence to support prayer, gender, and years of service as predictor variables for burnout. Research Question #1 was established to examine if prayer, gender, and years of service were a predictor for emotional exhaustion dimension of burnout. The null hypothesis is rejected, and the alternative hypothesis should be accepted. The second research question aimed at examining the predictor variables of prayer, gender, and years of serves related to depersonalization dimension of burnout. The null hypothesis, but further examination

showed that gender was a greater predictor for depersonalization than prayer or years of service. The final research question looked at prayer, gender, and years of service as a predictor for the personal accomplishment dimension of burnout. The null hypothesis was rejected.

Further analysis of the model showed prayer and years of service were better predictors of the personal accomplishment dimension of burnout. In Chapter 5, a summary of the interpretation of the research questions will be discussed. Further, the recommendations based on the study's limitations, strengths, and implications of the study will also be discussed. Additionally, Chapter 5 will also discuss positive social change related to individuals and the entire population studied.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative study was to examine if prayer, age, and years of service could be used as predictor variables for burnout amongst psychiatric nurses' assistants. In this study, I sought to examine these variables against the three dimensions of burnout (emotional exhaustion, depersonalization, and personal accomplishment; Maslach & Jackson, 1981). The rationale for this was based on a lack of research related to psychiatric nurses' assistants. Many research articles focus solely on professional staff (e.g., psychologists, psychiatrists, social worker, and registered nurses). There is some research related to prayer as a coping skill, but not as a predictor variable. In addition to a summary and discussion of the results, Chapter 5 also includes a discussion of the findings as related to the literature reviewed in Chapter 2, the limitations of the study, and recommendations for further research. The three research questions in the study are as follows:

RQ1: Does prayer, as measured by the PFS, gender, and years of service, predict the emotional exhaustion aspect of burnout, as measured by the MBI-HSS, in psychiatric nursing assistants?

RQ2: Does prayer, as measured by the PFS, gender, and years of service, predict the depersonalization aspect of burnout, as measured by the MBI-HSS, in psychiatric nursing assistants?

RQ3: Does prayer, as measured by the PFS, gender, and years of service, predict the lack of the personal accomplishment aspect of burnout, as measured by the MBI-HSS, in psychiatric nursing assistants?

There were statistically significant results across all three research questions. Prayer significantly predicted emotional exhaustion among the sample psychiatric nurses' assistant population. Additionally, prayer and years of service showed some statistically significant as a predictor for the lack of personal accomplishment aspect of burnout. However, gender was a significant predictor for burnout with regards to the depersonalization dimension of burnout.

This chapter includes a description and review of the research questions, along with an interpretation of the findings. I discuss and explain the interpretations as they relate to the literature review and theoretical framework discussed in Chapter 2. In addition, I discussed the limitations of the study and provide some recommendations for future research on this topic. Finally, I present the implications any social change this research holds.

Interpretation of Findings

Emotional Exhaustion

Does prayer, as measured by the PFS, gender, and years of service, predict the emotional exhaustion aspect of burnout, as measured by the MBI-HSS, in psychiatric nursing assistants?

Emotional exhaustion is the feeling of being emotionally overextended and having a lack of emotional resources to handle the stressors of a job (Maslach & Jackson,

1981). The results from the analysis suggest that prayer is a statistically significant predictor for the emotional exhaustion dimension of burnout. Researchers have illustrated that proper coping skills can stave off the negative effects of stressors in their environment (Baldwin et al., 2016; Krischer et al., 2010; Krause, 2009). The results of this research question illustrate that prayer is an acceptable coping skill. This is congruent with findings from multiple researchers when determining the usefulness of prayer for coping (Cook & Bade, 1997; Paragament, 2010). Moreover, the finding confirmed Lee et al.'s (2013) research that nonmedical mental health professionals experience less emotional exhaustion.

Depersonalization

Does prayer, as measured by the PFS, gender, and years of service, predict the depersonalization aspect of burnout, as measured by the MBI-HSS, in psychiatric nursing assistants?

Depersonalization is when a person feels detached, cynical, and negativistic. This is typically in response to emotional exhaustion (Maslach, 1998). According to Maslach (1981), many aspects of depersonalization can manifest itself with symptoms of depression, anxiety, and confusion. The results of this study suggest that prayer is not a predictor for depersonalization. Conversely, these results conflict with the results of a study by Possel et al. (2014). Possel et al.determined that prayer mediated depression and partially mediated anxiety and confusion. It should be noted the participants of their study were medical patients and not professionals or para-professionals in the mental health

field. Moreover, individual life experiences and regional differences could explain this variation, but further research needs to be conducted.

Personal Accomplishment

Does prayer, as measured by the PFS, gender, and years of service, predict the lack of personal accomplishment aspect of burnout, as measured by the MBI-HSS, in psychiatric nursing assistants?

Reduced personal accomplishment is an individual's decline in their sense of accomplishment and competence in their job (Maslach, 1998). This has been linked to low self-efficacy. The analysis of personal accomplishment did not yield a statically significant difference using prayer as a predictor variable. These results are similar to a study suggesting that some mental health professionals suffer from a higher rate of reduced personal accomplishment (see Volpe et al., 2014). However, Volpe et al.'s (2014) population were psychiatrists who emphasized personal accomplishment as a measure for success in their field. The psychiatric nurses' assistant population places emphasis on feeling accomplished in their work as much as any other profession. It should be noted that the reduced personal accomplishment dimension of burnout has the least amount of research dedicated to it (Jambrak et al., 2014; Lee et al., 2013).

Gender and Years of Service

Gender and years of service were additional variables tested to see if they had any predictive power related to the dimensions of burnout. Based on the data analysis, gender and years of service showed to be a predictor for the depersonalization dimension of burnout. This could be due to women reporting a higher rate of compassion fatigue than

men (Thomas et al., 2014; Vladut & Kallay, 2010). Moreover, there are a higher number of women who work in the health and human services professions (Vladut & Kallay, 2010). Gender and years of service were not predictor variables for emotional exhaustion and personal accomplishment. This suggests that men and women experience similar degrees of emotional exhaustion.

Additionally, years of service showed to be a predictor variable for both depersonalization and lack of personal accomplishment. This finding coincides with several studies (see Galek et al., 2011; Jacobson et al., 2013). One possible reason for this is due to the symptoms of depersonalization, and lack of personal accomplishment would increase over time (Maslach, 1981).

Theoretical Framework

The theory chosen for this research design was Pargament's theory of religious coping. Gall and Guirguis-Young (2013) described this model as a transactional model and a type of cognitive behavioral model for religious coping. Pargament (2011) discussed that this theory posits that the impact of life events is mediated by an individual's cognitive appraisal of the situation. Moreover, the results of this study illustrate exactly how cognitive behavioral changes impact an individual's assessment of a given stressor or situation. This is strengthened by the idea that the theory of religious coping provides a cognitive scaffolding (Park & Folkman, 1997). This cognitive scaffolding is confirmed due to the idea that prayer can aid an individual across multiple dimensions.

Limitations

Internal Validity

In Chapters 1 and 3, I discussed some probable shortcomings that may arise during the execution of the study Researchers must address any potential issues that could arise and how those issues may affect the internal validity of the study. As discussed earlier, the PFS has limited use in research. The validity of this instrument is not tested as much as other instruments that measure the variable of prayer. Bade and Cook (1997) validated the instrument when they created it, but few researchers have incorporated it in their research. I can only speculate to what, if any, extent the PFS affected the internal validity of the study. Based on face-validity, the PFS is an appropriate instrument; however, there is little research to suggest which populations it is appropriate for. Therefore, this is a limitation to the study that should be discussed in future research.

External Validity

Another limitation of this study is the potential impact regarding the generalizability of the results to the greater population. The study's only demographic variables are gender and years of service. However, the male population is underrepresented in this study. This may have a slight impact on generalizability towards males, but this should not have affected the results because more females work in this profession than males. Another limitation related to the generalizability is the region selected for the study. Psychiatric nurses' assistants may react differently in larger cities or other states.

Recommendations

In the future, if researchers wish to continue or replicate this study, there are some recommendations that may prove useful in expanding this body of research. Much of the literature addresses professional staff working in the mental health field. A comparison between the psychiatric nurse's assistant population and professional mental health staff would shed light on the use of prayer as a predictor for burnout. Moreover, expanding the predictors to include ethnicity could provide additional information. A final recommendation would be to include an individual's religious faith as a variable. This could aid in linking which faith, or lack of, perceives the dimensions of burnout differently than their counterparts.

Implications

The implications for social change include the study's impact on the individual's working as psychiatric nurse's assistants and the organization that employs these individuals. The main implication of this study is the identification of a universal coping skill that anyone can utilize to stave off burnout. This is particularly important to psychiatric nurse's assistants who may not have developed healthy coping skills. Moreover, this research can provide insights into how prayer affects an individual on a larger level. Psychiatric Nurses' Assistants may not be instructed on how to pray, but a small caveat in training can explore spirituality as a positive way to handle stress. One of the goals of this research was to expand the research on an under-represented population. Researchers have discussed psychiatric nurse's assistants have a higher than average level of burnout and turnover than other professions (Hoge et al., 2013). This research

has provided information related to this population. The key findings suggest that an individual's use of prayer has the potential to be used as a predictor for burnout. Additionally, at an organizational level, when burnout has been mitigated, better patient outcomes increase (Hoge et al., 2013).

Conclusion

A sample of (N=97) psychiatric nurses' assistants (38 males and 59 females) from varied years of service participated in this current study. The aim of this was to determine if prayer, gender, and years of service were viable predictors for each of the dimensions of burnout: employee exhaustion, depersonalization, and personal accomplishment. The MBI-HSS and PFS were used to measure these variables.

It was hypothesized that prayer, gender, and years of service would be predictors for employee exhaustion, depersonalization, and personal accomplishment. Literature suggests that prayer has been used as a coping skill amongst various populations (Baldwin et al., 2016; Krause, 2009). Moreover, the use of prayer as a coping skill for burnout has had little research conducted. The psychiatric nurses' assistant population is under-represented in research. Much of the previous research conducted focused on professional staff but ignoring direct care workers. This study provided a bridge that focused on psychiatric nurses' assistants and a potential coping skill, which would decrease burnout and increase good patient outcomes.

The findings of this study suggest that prayer is a predictor variable for Emotional Exhaustion and Personal Accomplishment dimensions of burnout. However, the only gender was a predictor for the Depersonalization dimension of burnout. The data

gathered will aid in reducing burnout among the psychiatric nurse's assistant population and can increase good patient outcomes.

As society heads towards the future, the number of individuals with mental illness is still growing and will always need staff to care for them. The stress of caring for individuals with mental illness is a stressful position that has high turnover which leads to poor patient outcomes. By going back to a universal coping skill, prayer, researchers can educate employees and create a predictive model for the type of employees who are at the most risk for burnout. It is my hope that aside from the limitations of the study that the findings can serve as a way to promote change in the lives of the people served.

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Appendix A: Demographic Questions

Reminder: All information provided will remain anonymous. If you have any questions, contact the researcher.

Instructions: Click the answer that **currently best describes you**. Please answer each question. Thank you.

1. Identified gender:
     - male
     - female

2. Years of Service:
     - Less than 1 year
     - 1 to 5 years
     - 5 to 10 years
     - 10+ years