ATTACHMENT AND BURNOUT: EXPLORING THE PREDICTIVE NATURE OF SELF-EFFICACY IN A SAMPLE OF DIRECT-CARE STAFF MEMBERS

by

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Liberty University

A Dissertation Presented to the Faculty of
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The Requirements for the Degree
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ABSTRACT

The push for least-restrictive care and associated policies has increased the prevalence of youth with higher levels of acuity requiring admission to residential treatment centers. This increased psychiatric severity of children and adolescents served in residential centers places the largest burden on direct-care staff members. As a result, direct-care staff members experience workplace stressors such as staff-member shortages/unplanned call-outs, poor morale, high stress, and burnout. Burnout is widely recognized as a significant hazard for professional caregivers and is a potent barrier to clinical effectiveness. Extant literature on burnout examines individual and organizational factors that lead to burnout experiences, and this study utilized attachment theory and social learning theory to explore the potential predictive nature of self-efficacy on the relationship between staff members’ attachment style and burnout experiences. Correlation analysis revealed that emotional exhaustion correlated positively with depersonalization, but neither component correlated to lack of personal accomplishment. Personal accomplishment correlated negatively with attachment anxiety. Conditional process analysis did not demonstrate a statistically significant predictive effect of self-efficacy across attachment and burnout variables, despite a positive correlation with personal accomplishment, and a negative correlation with attachment anxiety. These findings contribute to the literature on burnout and highlight the importance of identifying protective factors within direct-care staff members that buffer against the effects of burnout.

Keywords: burnout, attachment, self-efficacy, residential treatment center, direct care staff
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List of Abbreviations

Residential Treatment Centers (RTCs)
Direct Care Staff (DCS/DCSs)
Maslach Burnout Inventory – Human Services Survey (MBI-HSS)
Experiences in Close Relationships – Relationship Structures (ECR-RS)
General Self-efficacy Scale (GSE)
Strong Black Woman (SBW)
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CHAPTER ONE: INTRODUCTION

The push for least-restrictive care and associated policies has increased the prevalence of youth with higher levels of acuity being admitted to residential treatment centers (RTCs; Lakin, Leon, & Miller, 2008). This increased psychiatric severity of children served in RTCs places the largest burden on the direct-care staff members (DCSs; Kruger, Botman, & Goodenow, 1991), who provide 24-hour supervision of patients with severe affective and behavioral problems that preclude their ability to remain in their communities. The approximate turnover rate of staff members within residential facilities is 26 to 41 percent annually, which significantly negatively impacts remaining staff members (Whitebook, Phillips, & Howes, 1989; Whitebook, Howes, Darrah, & Friedman, 1981) and disrupts the flow of organizational knowledge (Smith, 2017).

Moreover, it is estimated that approximately half of workplace absences are the result of workplace stress (Innstrand, Espnes, & Mykleton, 2002). Stressors associated with this population and this burden include long hours, staff member shortages/unplanned call-outs, turnover, and lower pay (Decker, Bailey, & Westergaard, 2002; Heron & Chakrabarti, 2002). Rose and Rose (2005) asserted that these staff members often experience poor morale, high stress, and burnout, particularly when working with intellectually disabled youth; these factors have been shown to have an adverse effect on patients’ behavior (Hall, Oliver, & Murphy, 2001). As a result, burnout has been widely recognized as a significant hazard for professional caregivers and as a potent barrier to clinical effectiveness (Adams, Boscarino, & Figley, 2006).

Employees in the helping professions have been found to be vulnerable to burnout, and research has demonstrated the relationship between caregiver attachment style and burnout. Attachment theory suggests that adult attachment styles affect caregivers’ relationships and their ability to cope with stress, and burnout has been demonstrated to be a critical component of high
turnover rates and low morale of staff members in residential settings (Pines & Aronson, 1988). Moreover, self-efficacy has been found to be one of the greatest predictors of burnout amongst staff members (Duffy et al., 2009). As a result, this cross-sectional survey study plans to examine the impact of self-efficacy on the relationship between attachment style and staff member burnout within treatment facilities serving dually-diagnosed (i.e., psychiatric disorder and intellectual disability) adolescents.

**Background to the Problem**

As of 2010, 781 RTCs treated approximately 38,676 minors (i.e., under 18 years old) throughout the United States (Substance Abuse & Mental Health Services Administration [SAMHSA], 2010). Although these facilities employ a diverse range of medical and licensed mental health professionals to address behavioral, affective, and educational issues, DCSs provide the bulk of patient care. DCSs serve a unique role within a residential facility; they spend the most amount of time with the residents when compared to clinical staff, medical personnel, and administration, and do so in a variety of settings (i.e., facility-based school, housing unit, free-time, outings). These employees are expected to maintain therapeutic investment throughout their 8-hour shift, and due to high turnover rates and unplanned call-outs, are often unexpectedly held over for consecutive shifts.

Beyond regular DCS duties such as modeling appropriate behavior, preparing youth for independence, strengthening resilience, promoting safety, and advocating for social change (Gharabaghi, 2014), they are expected to provide prevention and verbal de-escalation services, as well as physical management of aggressive behavior (i.e., physical restraints) (Smith & Spitzmueller, 2016). They are immersed in residents’ conflicts towards both peers and DCSs are often targeted by aggressive residents, typically must operate in a state of hypervigilance, and are
injured more frequently than other departmental employees. Although success in the delivery of healthcare services is often determined by the outcomes of clients’ lives, the provider cannot control the decisions made by the client (Cordes & Dougherty, 1993; Kahill, 1988; Maslach, 1993). For example, aggressive behavior from individuals with intellectual disabilities (ID) is commonly experienced by staff members throughout inpatient settings (Crocker et al., 2006), generally persists over time (Einfield et al., 2006), and can be as frequent as 8.9 incidents per client per annum (van den Bogaard, Nijman, Palmstierna, & Embregts, 2017). Examples of client violence directed towards peers and DCSs include threats or assaults by objects used as weapons (i.e., chairs, food trays, computers), biting, stabbing (i.e., pencils/writing utensils), hair-pulling, and violent sexual assaults. Sadly, these experiences are often accompanied by intrusive recollections, disturbed sleep patterns, fear, and reluctance to fully engage in work-related duties, unplanned call-outs, and subsequently withdraw due to negative perceptions of residents and colleagues (Figley, 1995). They are expected to form and maintain therapeutic relationships with residents, many of whom have disrupted relational experiences with biological or professional caregivers. Thus, DCSs often fall into a pattern of emotional exhaustion, depersonalization, and feelings of lacking personal accomplishment.

**Burnout**

Employees often flourish within stressful, demanding careers if they feel validated about the significance of their work; burnout emerges when employees perceive their work as having no meaning, with stress outweighing perceived support and reward (Innstrand et al., 2002). There are many definitions of the term “burnout” in the literature. Hobfoll & Freedy (1993) and Leiter (1993) defined burnout as a syndrome experienced by those working in human services; it is hypothesized to occur as work demands on staff outstrip the resources available to deal with
the workload. Perhaps the most well-known definition was offered by Maslach and Jackson (1981), who defined the term “burnout” as a pattern of emotional overload and exhaustion that is seen when people become closely involved and feel overly burdened by the emotional demands of working with people who are distressed.

Maslach, Schaufeli, and Leiter (2001) posited that burnout consists of three correlated constructs: emotional exhaustion, depersonalization, and lack of personal accomplishment. Emotional exhaustion is described as “the depletion of emotional energy and a feeling that one’s emotional resources are inadequate to deal with the situation” (Cooper, Dewe, & O’Driscoll, 2002, p.83). The second proposed construct of burnout, depersonalization, occurs when staff members become detached from their clients, therefore responding in negative, callus, and dehumanizing ways (Maslach & Jackson, 1986). In other words, treating clients in an impersonal or apathetic manner (Decker et al., 2002). Finally, lack of personal accomplishment arises when staff members feel incompetent in their work and are unable to realize their work-related goals (Maslach & Jackson, 1984). This feeling is characterized by perceptions that the employee’s work has little benefit for clients (Decker et al., 2002).

Malach-Pines (2005) attempted to merge Maslach’s three components into a single experience of exhaustion, while Stamm (2010) viewed burnout as a unidimensional construct encompassing a lack of well-being, negative attitudes toward work, and a lack of self-acceptance. For the purposes of this study, Maslach’s three components of burnout are utilized. Additional factors have been implicated in influencing the levels of reported stress: perceived support, or lack thereof (Rose, 1993); staff coping styles and emotional reactions to challenging behavior (Mitchell & Hastings, 2001); the organization and job description (Hatton, Rashes, Caine, & Emerson, 1995), and patient characteristics (Emerson & Hatton, 1994).
As described above, burnout is a serious detriment within the workforce, particularly within the helping professions, and should be addressed by employers regardless of whether the employee voluntarily terminates employment (Manlove, 2003). Burnout in the RTC workplace differs from other types of workplace stress because it emerges from repetitious and intense personal relationships within the caregiving relationship (i.e., between the staff and the residents; Decker et al., 2002). Most burnout research focuses on contextual factors while downplaying individual vulnerabilities (Pines, 2004). Thus, a more precise understanding of personal factors may inform employer responses that reduce the cost of burnout to staff members, the patients for whom they care, and to their employers. Attachment theory may be a useful conceptual framework through which to better understand individual staff member differences regarding affect regulation and caregiving competency.

**Purpose of the Study**

The purpose of this study is to examine the relationship between attachment styles and DCS burnout, and to better understand the predictive nature of self-efficacy across this relationship.

**Research Hypotheses**

Burnout components (i.e., emotional exhaustion, depersonalization, and lack of personal accomplishment) will be demonstrated consistent with prior literature (Maslach, 1981; Leiter, 1993; Leiter & Maslach, 2016) as correlated. Further, a negative correlation will be found between the secure attachment style and burnout, and a positive correlation will be found between insecure attachment styles (either avoidant or anxious/ambivalent) and burnout.
Finally, self-efficacy will moderate the relationship between attachment style and burnout, thus acting as a buffer against it.

**Assumptions and Limitations**

This study assumes that all direct-care staff members bring into their work a preformed internal working model about themselves, others, and the world around them. Additionally, this internal working model shapes their responses to workplace stressors, their engagement within caregiving activities, and their acceptance or avoidance of feedback, positive or negative, within supervisory experiences. Moreover, each direct-care staff member filters their experiences through their specific cultural context.

Most patients admitted to residential treatment centers display high-risk behaviors (i.e., physical aggression, property destruction, elopement, sexual perpetration) that precluded their ability to remain in their home and community. Further, each adolescent resident meets criteria for varying degrees of intellectual disability, which inherently presents emotional and psychosocial challenges during unfamiliar and distressful situations. Finally, research indicates that children in institutions often have compromised attachment orientations compared to same-aged peers (Lionetti, Pastore, & Barone, 2015).

Finally, the context of the study is within locked residential treatment facilities. From a staff member perspective, challenges emerge in response to prolonged exposure (i.e., 8-hour shifts) to the milieu. Frequently, and because of staff member shortages and/or unplanned call-outs, staff members are involuntarily held-over to maintain strict staff-to-patient ratio. Regardless of attachment style, this protocol negatively impacts staff member morale.

There are several limitations to the study. First, the researcher has been employed for over five years as a therapist within one of the residential treatment facilities. This may either
positively or negatively impact survey data based on staff members’ perceptions of the researcher, or staff members’ concerns regarding confidentiality and employer retaliation. Second, results may only generalize to staff members working with dually diagnosed (i.e., psychiatric disorder and intellectual disability) adolescents in a residential treatment center. Third, there may be several extraneous, uncontrollable factors that contribute to staff member burnout beyond their workplace interactions. For example, staff members’ life stressors (i.e., divorce, problems with their own parents or children, financial issues, health problems) or lifestyle choices (i.e., substance use) may account for variance within the study. Finally, because of the research design (i.e., cross-sectional survey), it is difficult to infer causal relationships between the measured variables based on this one-time measurement (Setia, 2016).

**Definition of Terms**

*Burnout:* a pattern of emotional overload and exhaustion that is seen when people become closely involved and feel overly burdened by the emotional demands of working with people who are distressed (Maslach & Jackson, 1981).

*Attachment style:* a behavioral system that promotes infants’ survival and lays the framework for interpersonal relationships, autonomy, and emotional regulation (Bowlby, 1982).

*Self-efficacy:* originates from social learning theory and is the belief that one can accomplish specific goals (Bandura, 1977).

*Residential treatment center (RTC):* a 24-hour supervision and treatment facility in which clients live while being treated for affective and behavioral problems.

*Direct-care staff members (DCS):* individuals employed by the RTC who provide milieu-management services (i.e., supervision, safety) during periods when not directly treated by licensed mental health professionals.
Intellectual disability (ID): deficits in cognitive functioning that impair an individual’s executive functioning, academic progress, social competence, and emotional regulation skills. Based on DSM-5 criteria, individuals considered to have an ID typically score below a 70 on standardized IQ-assessments.

Significance of the Study

Perhaps the most exceptional aspect about creation is the biblical assertion that humans are created in God’s image (Johnson, 2010), which includes the idea that we are created as relational beings. As such, our ability to relate to and care for others has significant impact on whether we can aid in their recovery from suffering. Understanding the relationship between attachment and burnout, along with the belief that one can be effective at caring for others, can uncover specific interventions aimed at improving the quality of our relationships. Within the residential treatment setting, administrators may identify methods for increasing DCS mindfulness to reduce the effects of burnout constructs, which may ultimately improve self-efficacy.

Theoretical and Conceptual Framework

Attachment theory (Bowlby, 1982) asserts that all individuals are born with an innate desire to seek closeness to and security with others during periods of distress, with the idea that doing so promotes survival. Ainsworth and colleagues (1978) discovered three primary attachment styles: secure, fearful/avoidant, and anxious/ambivalent. The secure attachment cycle (Ainsworth, et al., 1978) is as follows: an infant/child explores his/her surroundings while checking with the corresponding attachment figure, who is often the primary caregiver. It is within this exploration phase that the infant/child requires encouragements from the caregiver.
regarding autonomy, competence, and creativity. Moreover, the child develops an internal sense of feeling loveable, in control of one’s actions, and that the world is basically safe. When a threat is perceived, the infant/child signals (i.e., crying, tantrum) to the caregiver and seeks proximity with that caregiver and is soothed. It is during this proximity-seeking phase that the caregiver provides safety, nurturance, and acceptance; the child then develops a sense of trustworthiness and learns that it is acceptable to express one’s feelings to others. In other words, secure attachment provides relational and emotional homeostasis (Hofer, 1987), and has been demonstrated to synchronize biological functions (i.e., regulating stress hormones; Mason, 1959).

Problems arise when the caregiver does not promote the critical components throughout exploration and proximity-seeking phases. For example, in avoidant attachment style, the individual develops a false sense of security regarding their ability to emotionally self-regulate and adheres to an overdeveloped sense of self. They may feel overly worthy of love and may become angry when they do not receive it. Additionally, the individual begins to believe that others are incompetent and untrustworthy; therefore, the person develops a rigid worldview with limited, if any, display of emotional vulnerability.

Ambivalently attached individuals often feel as though they are unworthy of being loved or, if they do feel worthy, they often seek this love through emotionally intense methods (i.e., clinginess). Similarly, the ambivalent individual sees others as capable of providing love and support, but feels they withhold it because of the self-perceived flaws of the ambivalent individual. These individuals may also have an unrealistic sensitivity to perceived abandonment.
Finally, the fearful-avoidant attachment style individuals feel unworthy of love and are often convinced that they are unable to get the love that they need. They typically perceive others as being unwilling and unable to love, and may view others as abusive (Main, 1983).

It is important to note that a critical factor in assessing an infant’s or child’s attachment style is that there must be a perceived threat that activates the attachment system (reference Figure 1.1). Classic studies of childhood attachment style include Ainsworth and colleagues’ (1978) discovery of the primary attachment styles as described above, Main’s (1983) expansion of attachment styles and exploration of the predictive nature of generational attachment styles, Marvin’s (2006) Circle of Security approach to developing secure attachment in adoptive families, and Schore’s (2008) connection between attachment style and neurobiological processes. For example, insecure attachment styles are linked to elevated cortisol levels (Feeney, 2000).

Research demonstrates that childhood attachment orientation extends into adulthood, across the lifespan and across contexts (Hazan & Shaver, 1987). Much of the prior research examined adult romantic relationships, however, Hazan and Shaver (1990) posited that adult attachment orientation impacts social and workplace relationships. Workplace literature categorizes these patterns of attachment as interdependence, counterdependence, and overdependence (Nelson, Quick, & Joplin, 1991). Interdependent individuals are more skilled at affect regulation (Priel & Shamai, 1995) and report fewer symptoms of distress (Quick, Joplin, Nelson, & Quick, 1992) compared to counterdependent and overdependent adults, indicating that attachment processes impact both physiological and psychological dimensions of well-being (Joplin, Nelson, & Quick, 1999).
Attachment theory has since generated a wealth of research examining the relationship between attachment orientations and emotional and social adaptation in adulthood (Mikulincer & Shaver, 2007), including a developmental perspective and a social-personality psychology perspective (Shaver & Mikulincer, 2002). Because attachment research demonstrated regulating effects of physiological and psychological processes during periods of stress, attachment theory is a useful framework through which to explore its relationship with burnout.

Figure 1.1. The Attachment Cycle
Attachment and Burnout

Research demonstrates that attachment style likely influences one’s physical health based on one’s ability to regulate negative emotions and to access support during periods of distress (Feeney, 2000). Research on attachment and burnout has shifted focus towards the impact of attachment style on one’s representation of self and others via explanatory mechanisms that might translate secure attachments into positive psychological states and performance at work (Hazan & Shaver, 1990). For example, attachment theory proposes that internal working models (IWMs) function as inner structures which influence people’s interpersonal world and their ability for dealing with distress (Bowlby, 1973); this suggests a link between attachment styles and caregivers’ ability to cope with the stresses of caregiving (Bowlby, 1988). Similarly, Bowlby (1973) suggested that a history of secure attachment in childhood helps in adulthood to positively appraise stressful situations and cope with them constructively, whereas insecure attachment is a risk factor that reduces people’s resilience in times of stress.

It is important to note potential problems with the time-ordered relationship of attachment style and burnout regarding contextual factors. For example, Pines (2004) asserted the possibility that insecurely attached individuals may select careers that may or may not ameliorate unresolved childhood conflict (i.e., a career in which the employee needs to find significance, but experiences burnout when the need goes unsatisfied). Regardless, research identifies how generational patterns of attachment emerges (Main, 1983), suggesting the potential negative effects of insecure attachment on one’s caregiving ability.
Self-efficacy

The premise of self-efficacy originated from social learning theory and is the belief that one can accomplish specific goals (Bandura, 1997). Bandura (1994) asserted that self-efficacy begins in infancy, and that infants who experience success in controlling environmental events become more attentive to their own behavior and more competent in learning new efficacious responses. Additionally, Bandura (1994) proposed that the biggest factor contributing to our emotions and behavior is our belief that we can cope with a given situation. For example, individuals with a self-confident approach difficult tasks as challenges to be mastered instead of threats to be avoided; this outlook fosters one’s intrinsic interest, heightens and sustains efforts in the face of perceived failure, and allows for quicker recovery after setbacks, thus producing satisfaction regarding personal accomplishments, reducing stress, and lowering vulnerability to depression. In contrast, individuals with low self-efficacy tend to avoid tasks that they perceive as stressful or threatening, are more likely to perseverate on their personal deficiencies, lessen their efforts to persist in the face of adversity, and are slow to recover from setbacks (Bandura, 1994). Bong and Skaalvik (2003) expanded upon Bandura’s work and conceptualized self-efficacy not as a general conceptualization of one’s skills, but perceptions of what one can do with specific skills and abilities applicable to the task at hand.

Sources of self-efficacy. Bandura (1994) proposed four primary influences of self-efficacy: 1) mastery experiences, 2) vicarious experiences provided by social models, 3) social persuasion, and 4) reducing stress reactions and altering negative emotional proclivities. Regarding mastery experiences, robust self-efficacy develops through personal successes and is undermined by real or perceived personal failures. In other words, robust self-efficacy requires
overcoming obstacles. As people learn that they have the competence to succeed, they are more likely to persevere during future adversity.

Self-efficacy also develops through vicarious observation of those around us and is strongly influenced by how similar one perceives themselves to be compared to the other person. As with mastery experiences, observing people like us overcome obstacles enhances self-efficacy, while watching others’ failure lowers perceived self-efficacy. In other words, if people see their models as being much different from themselves, others’ failures are less likely to impact one’s perceived self-efficacy negatively.

Social persuasion involves deliberate encouragement from others that an individual has the competence to master a given task. When this occurs, the individual is more likely to devote more time and energy to task completion. On the other hand, people who have been given the real or perceived message that they do not have the capability to accomplish tasks are more likely to end task-completion efforts prematurely. By limiting activities and undermining motivation, disbelief in one’s capabilities creates its own behavioral validation (Bandura, 1994).

Finally, the development of self-efficacy is contingent upon stress-reduction and altered negative emotional responses. For example, individuals with high self-efficacy are more likely to view their state of affective arousal as energizing, whereas those with self-doubt view their aroused affective state as debilitating. Moreover, it is not the intensity of emotional and physical experiences, rather how they are perceived and interpreted by the individual (Bandura, 1994).

**Efficacy-activated processes.** Bandura (1997) proposed two components of self-efficacy: outcome expectancy and perceived self-efficacy. Outcome expectancy refers to the possible outcomes or consequences of an individual’s actions, whereas perceived self-efficacy denotes one’s agency or perceived control between their decisions and their desired outcomes.
Additionally, Bandura (1994) identified four psychological processes through which self-efficacy affects human behavior: 1) cognitive processes, 2) motivational processes, 3) affective processes, and 4) selection processes.

Cognitive processes of self-efficacy involve self-appraisal capabilities; the stronger the perceived self-efficacy, the higher the goals individuals set for themselves and the stricter their commitment to those goals (Bandura, 1994). For example, individuals who believe they can accomplish a given task often visualize themselves doing so. In contrast, people with self-doubt tend to visualize failure and often perseverate on task-interfering cognitions. In other words, cognitive processes regarding self-efficacy rely primarily on the predictive nature of the individual.

Self-efficacy also relies heavily on the role of motivation. Although most individuals’ motivation is cognitively driven, people guide their efforts via anticipatory outcomes as described above. Stated differently, perceived self-efficacy contributes to motivation in the following ways: it determines self-identified goals, it guides how much effort people exert towards the accomplishment of those goals, and it influences resilience in the midst of adversity (Bandura 1994). As stated above, individuals with strong self-efficacy tend to persevere despite setbacks.

Probably the most pertinent component of self-efficacy involves affective processes. Bandura (1994) asserted that self-efficacy regarding one’s ability to cope with stress affects how they respond within distressful scenarios. In other words, individuals with strong self-efficacy are better able to self-regulate during periods of distress compared to those with poor self-efficacy who dwell on coping deficits and fail to manage heightened affective arousal.

Moreover, high self-efficacy impacts one’s perceived ability to respond to negative thought
processes in a less judgmental, less affective manner. Put differently, it is not stressful circumstances that overwhelm an individual, but their perceived inability to manage them.

Finally, one’s belief that they can master stress-inducing situations influences that individual’s selection of activities and goal-directed behavior. As alluded to above, individuals who perceive themselves as capable of managing external situations are more likely to place themselves in situations that enhance their competencies, interests, and social networks. Conversely, individuals with low self-efficacy tend to avoid such situations – for example, the higher level of people’s perceived self-efficacy, the broader range of career options they consider (Bandura, 1994).

The similarities of attachment orientation and self-efficacy are striking. First, one’s attachment orientation influences how the individual perceives themselves, others, and the world around them. As described above, self-efficacy impacts one’s perceptions about the self, others, and environments, particularly during periods of distress. Therefore, exploring self-efficacy’s impact on the relationship between DCS attachment style and burnout is a logical conceptualization, insofar as these dynamics impact staff members’ ability to navigate daily work expectations.

**Organization of the Remaining Chapters**

The following chapter presents a selective and analytic summary of extant research in a manner that supports the identified importance of this study. It presents literature that grounds the study in the concepts of burnout within mental health settings, adult attachment styles and their impact on caregiving, and dynamics of self-efficacy. Chapter Three presents the design, procedures, and analysis pertinent to testing this study’s hypotheses. Chapter Four presents the analysis conducted on the data and describes to what extent the data applies to this study’s
hypotheses. Finally, Chapter Five summarizes the results of this study. Further discussion of the results will be explored in relation to previous research, followed by an interpretation of the data. Chapter Five then summarizes conclusions and implications for practical significance and provides recommendations for future research.

**Chapter Summary**

Chapter One introduced a background to the current problem and provided an overview of the theoretical and conceptual constructs that guide the framework of this study. The intersection between self-efficacy and DCS-attachment style, and its proposed relationship on DCS-burnout, requires investigation. This inquiry is essential to future research on the impact of burnout, with implications for reducing its personal and organizational effects on both employees and consumers. Resulting data will help organizational leadership make decisions that positively impact staff members and the patients whom they serve.
CHAPTER TWO: REVIEW OF THE LITERATURE

Chapter One introduced the impact of burnout within residential treatment facilities and identified the conceptual framework for viewing burnout through the lens of attachment theory and self-efficacy. In this chapter, literature is presented that demonstrates research trends within the context of burnout and the provision of mental health services. Also reviewed are studies that examine the impact of attachment styles on professional caregiving. Finally, this chapter examines the foundational literature demonstrating the relationship between burnout and self-efficacy.

Burnout in Mental Health Providers

Extant burnout literature typically subscribes to one of three theoretical approaches to conceptualizing the development of burnout: 1) interpersonal approaches, 2) individual approaches, and 3) organizational approaches (Innstrand et al., 2002). First, interpersonal approaches focus on relationship disparity between caregivers and care recipients. Burnout is linked to emotionally overwhelming caregiving relationships (Maslach, 1993) and between employees and supervisors (Buunk & Schaufeli, 1993), and is reinforced by lack of existential meaning across those relationships (Pines, 1993). Individual approaches to burnout research examine the discrepancy between employee expectation and reality (Schaufeli & Buunk, 1996). Within this framework, burnout was found predominantly in situations that limited employees’ capacity to realize the value of their work, with effects of burnout exacerbated by insufficient support networks both at work and at home (Leiter & Harvie, 1996). Finally, organizational approaches highlight contextual factors to burnout (Schaufeli & Buunk, 1996). For example, workplace antecedents of burnout are contingent upon the organizational structure coupled with
institutional support methods (Winnubst, 1993). The following sections present literature associated with personal and organizational factors that contribute to burnout amongst mental health providers.

**Personal factors.** To illustrate the individual considerations associated with burnout amongst mental health workers, Pines and Maslach (1978) conducted a correlational analysis on personal variables for 76 staff members (i.e., social workers, psychiatric nurses, poverty lawyers, prison personnel, and childcare workers) in various mental health facilities. The authors demonstrated that personal variables impacted staff members’ perception of their job, of their patients, and of the mental health field. Specifically, mental health professionals with higher/formal education were found to have higher expectations of both themselves and of their clients and, when faced with adversity (i.e., poor client success), became more pessimistic about their clients and their own work. They also described themselves as more tense, distant, and introverted. Similarly, the staff members who spent much of their workday conducting administrative duties, compared to patient care, were found to have more negative views of clients and toward the mental health field in general over time.

Similarly, via multiple regression analyses, Fimian (1984) found that needs deficiencies, role ambiguity, and role conflict predicted stress levels among staff members, while role conflict was a moderate predictor of stress level and not a predictor of burnout. For the purposes of this study, role confusion amongst staff members is considered to be quite common. In other words, staff members are often expected to transition through roles of caregiver and supporter, to initiating physical restraints or being the target of patients’ physical aggression. These rapid role transitions, often without formal emotional processing or de-escalation after negative
interactions, illustrates Fimian’s (1984) observation about how role ambiguity influences staff members’ levels of stress.

Caton and colleagues (1988) assessed the level of burnout amongst employees in a state hospital for people with intellectual deficits by measuring burnout across four occupational categories: professional staff, direct-care staff, educational development staff, and support staff. The authors found moderate levels of burnout in each occupational category with moderate scores on the Emotional Exhaustion and Depersonalization scales, and higher scores on the Personal Accomplishment scale. Supervisory staff experienced higher levels of emotional exhaustion than direct-care staff, while direct-care staff scored higher on the personal achievement scale (i.e., they felt that they were achieving less).

Aitken and Schloss (1994) found that while there were differences in stress and burnout levels across occupational groups, these were more related to levels of personal accomplishment and coping skills. Specifically, the highest levels of personal coping skills were found amongst managerial staff and lowest among direct-care staff. Additionally, direct-care staff reported the highest levels of anxiety and depression across the occupational groups surveyed.

Maintaining focus on personal factors associated with burnout, Pines (2004) demonstrated how a secure attachment style correlated negatively with burnout, whereas an insecure attachment style correlated positively with burnout across cultures. Additionally, securely-attached individuals were more likely to identify potential solutions to workplace conflict and ignore potential causes of burnout, whereas insecurely-attached employees were more likely to avoid attempts to resolve workplace conflict, use drugs, and ignore positive aspects of workplace conflicts.
Volpe and colleagues (2014) measured depression and burnout in psychiatrists versus non-medical mental health professionals across socio-demographical (i.e., compensation) and other professional characteristics (i.e., motivation). Results demonstrated burnout throughout both groups; however, psychiatrists were more likely to experience higher levels of emotional exhaustion and lower levels of personal accomplishment, while non-medical mental health professionals more frequently experienced depersonalization.

Finally, Hartley’s (2015) study explored skill-based competencies in relation to burnout. Authors found lower levels of avoidant attachment styles in staff with more advanced case conceptualization skills. However, one limitation to the study was using the framework of psychological mindedness which, as admitted by the author, may not be assessed accurately via self-report measures.

**Organizational factors contributing to burnout.** In contrast to previously described personal factors that contribute to burnout, various research describes organizational and contextual factors associated with burnout. Pines and Maslach (1978) not only explored personal factors of burnout as described above, but they examined organizational factors in their analysis. For example, larger patient-to-staff ratio resulted in decreased job satisfaction and overall withdrawal from clients. Staff members serving higher acuity mental health needs also reported poorer work-related conditions. Interestingly, staff members’ perceptions of clients were positively correlated to their perceptions of the organization. Additionally, a higher frequency of staff meetings was correlated with negative and dehumanizing attitudes towards patients. As demonstrated throughout burnout research, longer work hours correlated positively with staff member stress and pessimism. As identified in Chapter One, staff members are often mandated to work extra shifts in response to unplanned callouts/absences and other factors to maintain
strict staff-to-patient ratio. Unfortunately, the results of mandated shifts (i.e., poor morale, unplanned callouts, withdrawal from patients) illustrate Pines and Maslach’s (1978) findings.

Similarly, Vanheule and Declercq (2008) demonstrated that contextual factors, such as critical incidents experienced by security guards throughout their shift, impact staff member burnout. They found that secure attachment is significantly negatively correlated with burnout scores, while fearful/preoccupied attachment are significantly positively correlated with burnout. By means of multiple regression analyses, their data suggest that secure attachment significantly moderated the relationship between external stress (i.e., experiencing critical incidents) and overall burnout, with a significant relationship between subscales of emotional exhaustion and lack of efficacy.

Devilly and colleagues (2009) explored the relationship between how having a trauma-laden caseload impacted clinical levels of vicarious trauma (VT), secondary traumatic stress (STS), and burnout. The authors demonstrated that VT, STS, and burnout were related, but only measures of burnout and being new to the profession best predicted clinician distress. In other words, despite the anecdotal belief that working with traumatized patients accounts for high levels of clinician distress, it was burnout, with its basis in organizational-related stressors that was the strongest predictor of clinician distress. However, one limitation of the study, as identified by the authors, was that the average levels of clinician STS, VT, and burnout within the sample was relatively low from the beginning of the study.

Green and researchers (2014) explored specific roles of individual and organizational factors associated with burnout within community-based mental health service providers. Specifically, the authors examined the influence of demographics, work characteristics, and organizational factors on levels of burnout among child and adolescent mental health providers
within a public sector mental health service network. The authors found that age was the only variable related to burnout outcomes when examined in multilevel hierarchical regression analysis. Regarding demographics, data suggested that caseload size, length of employment, education level, and gender may contribute less to the variance in burnout than other, more dynamic and changeable factors, such as leadership and organizational climate. Therefore, Green and colleagues (2014) demonstrated within their study that role conflict and role overload were strongly associated with emotional exhaustion. In other words, employees perceived their work environment as stressful, and that they had more tasks than allotted time to complete them. Moreover, the authors demonstrated that a greater sense of team-member cooperation and a clear idea of one’s job responsibilities accounted for decreased levels of perceived work efficacy. Additionally, role overload was a significant predictor of depersonalization.

**Meta-analyses.** Along with the contribution of personal and contextual factors to burnout, there are several meta-analyses that establish norms, demographic variables, possible antecedents, and outcomes of burnout. For example, Leiter and Harvie (1996) reviewed 18 studies that explored burnout factors. From a demographics perspective, the authors found that most studies demonstrated no significant relationship between burnout components and gender, marital status, age, or level of education. Further, years of experience within the mental health field yielded either no significant relationship with burnout, a negative correlation with emotional exhaustion, or negative relationships with emotional exhaustion and depersonalization and a positive relationship with personal accomplishment. However, the authors identified that male clinicians tended to rate high on personal accomplishment and depersonalization, and lower on emotional exhaustion.
Regarding antecedents of burnout, Leiter and Harvie’s (1996) meta-analysis yielded no significant correlation with the clinician’s theoretical or ideological orientation; however, knowledge about burnout prevention strategies demonstrated a positive correlation with personal accomplishment. Moreover, satisfaction with leisure activity was negatively correlated with total burnout scores, and personal accomplishment was positively correlated with having a sense of purpose in life. One factor, or antecedent, that correlated with higher levels of burnout was the clinician’s perception of having too many clients in one’s caseload. In other words, hours or patient contact per week was correlated with each of the burnout components (i.e., emotional exhaustion, depersonalization, and lack of personal accomplishment). Similarly, and particularly relevant to the clientele of staff members in this study (i.e., aggressive adolescents in a residential facility), the researchers found patients’ aggressive behavior to be positively correlated each burnout component.

Leiter and Harvie (1996) also reported on work characteristics that influence clinician burnout: clinicians within private practice endorsed less emotional exhaustion compared to those working fully or partially within an institution and, conversely, reported high levels of personal accomplishment. Similarly, mental health professionals employed by state psychiatric facilities and inpatient settings reported higher levels of burnout that those within an outpatient setting.

Lastly, Leiter and Harvie (1996) reviewed specific predictors of burnout, and found that professionals’ interpersonal qualities (i.e., higher levels of social anxiety, low self-confidence) were closely associated with emotional exhaustion and depersonalization. These specific burnout predictors were also consistent with employees’ intention to terminate their employment. Additionally, work demands, work overload, and personal conflict with colleagues had a direct relationship with emotional exhaustion which, in turn, mediated their relationship with
depersonalization. On the other hand, clinicians who endorsed using and developing their professional skills reported less emotional exhaustion. Finally, coworker support was related to less depersonalization and higher levels of personal accomplishment. Overall, emotional exhaustion was most related to reduced organizational commitment.

Similarly, Lim and colleagues (2011) conducted a meta-analysis exploring individual and work-related factors influencing burnout of mental health professionals. They found a combination of personal and contextual factors correlated with burnout: age and work-setting variables were the most significant indicators of the emotional exhaustion and depersonalization components of burnout, while age and work-hours were the most significant indicators of burnout with the personal accomplishment realm.

More recently, Morse’s (2012) team examined extant burnout literature regarding two of burnout’s critical issues: prevalence and exploring measures for remediating burnout throughout staff members, organizations, and consumers of mental health services. Morse and colleagues (2012) demonstrated that, among burnout reduction interventions for staff members, staff member trainings and meetings reduced emotional exhaustion at the eight-month post-test assessment. The authors added that programs designed specifically for burnout reduction ranged from increasing staff members’ leisure time to added meditation and mindfulness practices. However, significant improvements in burnout that occurred from these interventions often disappeared six to 12 months after the completion of the interventions.

Perhaps the most interesting data presented by Morse and colleagues (2012) was how organizational-environmental variables tended to be more potent predictors of burnout than individual characteristics. Organizational interventions, such as Availability, Responsiveness, and Continuity (ARC; Glisson, Dukes, & Green, 2006) and Leiter and colleagues’ (2011)
Civility, Respect, and Engagement at Work (CREW), produced significant improvements for depersonalization, but not within emotional exhaustion or personal accomplishment. While organizational interventions showed promise for reducing burnout, the authors note that the field lacks a breadth of intervention models backed by sufficient empirical research.

O’Connor and colleagues (2018) provided the most recent meta-analysis about the prevalence and determinants of burnout across individual and organizational factors. Most studies within this meta-analysis reported a negative correlation between age and depersonalization, and a positive correlation between age and the emotional exhaustion and lack of personal accomplishment scales. As reported by Green (2014), no consistent significant relationship was found between gender or length of employment and burnout. Consistent with Green’s study, increased workload was found to be a consistent significant predictor of burnout, while a sense of autonomy and perceived capacity to influence work decisions corresponded to lower rates of burnout. As demonstrated within prior studies, role ambiguity and role conflict were associated with higher levels of emotional exhaustion. An important dynamic of this meta-analysis was that mean MBI scores were 21.11 for emotional exhaustion, 6.76 for depersonalization, and 34.60 for personal accomplishment. Interestingly, the average mental health professional within the meta-analysis reported a high level of emotional exhaustion, a moderate level of depersonalization, but maintain a high level of personal accomplishment. In other words, the data suggest that mental health professionals may experience competence, despite feeling exhausted, overwhelmed, and depleted (O’Connor et al., 2018). As a result, this data supports this study’s proposed use of self-efficacy as having a moderating effect on the relationship between staff member attachment style and burnout.
The studies in this section demonstrated the personal and organizational factors contributing to the relationship of burnout among mental health providers. While studies differed on their conceptualization of contributing factors, strong associations were demonstrated between burnout and workload, exposure to critical incidents (i.e., aggression), and perceived organizational support. Additionally, the studies demonstrated the deleterious effects of burnout on mental health workers. The following section addresses another facet of this study’s conceptual framework, namely, the relationship between attachment and caregiving.

**Influence of attachment style on caregiving**

Individuals learn how to provide care to others based on their repeated experiences with their own attachment figures (George & Solomon, 1996). As a result, individuals develop internal working models of the self as a caregiver and view their caregiving roles through these developmental frameworks (George & Solomon, 1999). Therefore, these caregiver representations guide individual’s thoughts, feelings, and behaviors within caregiving interactions (Reizer & Mikulincer, 2007). The following studies illustrate the influence of attachment orientations on caregiver representations.

As described above, parents often develop their caregiver style based on repeated exposure to their own attachment figures. Congruent with this idea, George and Solomon (1996) examined 32 families to explore the potential relationship between caregiving and attachment. The authors found a representational structure reciprocating attachment or, in other words, both the child’s attachment to the mother and the mother’s representation of her childhood relationships. For example, securely attachment mothers were more likely to respond to their children’s needs carefully, with flexibility and balance of the child’s autonomy and safety. Conversely, insecurely attached mothers were more likely to perceive themselves and their
children as unwilling and unworthy of participating in the parent-child relationship, resulting in distant and withdrawn responses to their children’s needs. The authors demonstrated that, during periods of distress, mothers’ attachment-related systems were activated, thus implicitly recalling traumatic experiences with their own caregivers in a manner than inhibited their attunement to their own children. They concluded by describing caregiving relationships as a system of attachment instead of a unidirectional relationship.

Howes and Hamilton (1992) explored children’s attachments to secondary attachment figures, such as foster parents and other professional caregivers. Results indicated that children are less likely to form secure attachment relationships with professional caregivers compared with parents. This finding is relevant to the current study due to staff members’ unique role serving patients in the milieu of a locked residential treatment facility.

Building upon van IJzendoorn’s (1995) data illustrating that the strongest predictor of infant attachment is the caregiver’s state of mind (i.e., organized versus disorganized) towards the child, Dozier and colleagues (2001) examined the concordance between foster mothers’ attachment state of mind and infants’ attachment quality. Analysis revealed several findings supporting the claim that the caregiver state of mind influences children’s attachment. First, and congruent with the theory that disorganized attachment patterns represent a significant risk for future psychopathology, only 21% of foster mothers with organized, autonomous states of mind had children with disorganized attachment, compared to 62.5% of foster mothers with disorganized, nonautonomous states of mind. Second, age of placement in foster care was insignificant regarding infant organized versus disorganized attachment.

Zegers’ research team (2006) explored the influence of attachment representations on institutionalized adolescents and their professional caregivers and expanded upon the findings
that the majority of institutionalized adolescents have insecure attachment (Wallis & Steele, 2001; Schleiffer & Muller, 2003). Data demonstrated no significant relationship between caregiver – adolescent attachment from admission to 3 months; however, between 3 and 10 months of treatment, attachment representations predicted changes in adolescents’ reliance on and perceptions of psychological availability of staff members. Specifically, the more coherent the attachment representation of the adolescents, the stronger the increase in reliance on staff members. Additionally, higher reliance on staff members diminished adolescent hostility towards staff members. These data suggest a restorative component to the attachment system that occurs throughout the treatment process.

Moreira and Canavarro (2015) explored the link between attachment orientations of mother and fathers and associated caregiving representations. First, results indicated that fathers in this data-set presented higher levels of avoidant attachment styles compared to mothers, although no significant differences were found regarding anxious attachment styles. Interestingly, attachment anxiety had a significant effect on caregiving representation regarding the perceived ability to recognize and respond to others’ needs. Similarly, attachment avoidance had a significant direct effect on mindful parenting and a significant indirect effect on caregivers’ appraisal of others as being worthy of having their needs met. Further, whereas avoidant parents perceived themselves as less able to provide care, anxious parents perceived themselves as less able to recognize others’ needs for help (Moreira & Canavarro, 2015). In the context of this study, a residential treatment center for adolescents, failing to recognize immediate needs of patients has myriad deleterious effects including but not limited to reduced patient and staff member safety.
Some studies explored potential neurobiological underpinnings of attachment relationships. For example, Kim and authors (2014) confirmed the amygdala’s role in managing affective responses to caregiving. In other words, mothers with unresolved trauma demonstrated reduced bilateral amygdala response when viewing their children’s sadness, compared to happiness, with respect to mothers without traumatic experiences. Lenzi and colleagues (2015) expanded upon Kim’s (2014) study and examined the neurological basis of attachment – caregiving interactions via neuroimaging methods. Specifically, the researchers demonstrated that the limbic/paralimbic network altered, or impaired, activation of the amygdala, hippocampus, uncus/entorhinal cortex, temporal pole, and anterior cingulate cortex of participants displaying avoidant and anxious attachment styles. In other words, insecurely attached individuals and those with unresolved trauma displayed affective dysregulation due possibly to the reactivation of infantile memories of rejection by their own attachment figures. This suggests the apparent safety mechanism of emotional numbing by the amygdala and illustrates how staff members may implicitly avoid distressing situations.

Individuals with an intellectual disability depend on attachment relationships even more than those without an ID for healthy socioemotional development (Baker et al., 2007). However, it is suggested that having a child with an intellectual disability (ID) might disrupt the caregiving system in parents (Marvin & Pianta, 1996), and DCSs often vary in their sensitivity to the attachment needs of their clients (De Schipper et al., 2008; Schuengel et al., 2010). Additionally, staff members under duress may develop maladaptive interpersonal strategies towards patients that result in both patients’ and staff members’ projection of anger and fear (Adshead, 1998). Regarding health and human services workers, interpersonal affect regulation impacts the quality of workplace interactions, suggesting that employees’ insecure attachment styles have
diminished empathy, and increased negative affect towards consumers (Cassidy & Shaver, 2008). For example, Reinders (2009) recognized the dyadic nature of caregiving and stress and asserted that expertise for a specific client is the product of their specific interpersonal relationship, thus suggesting a high degree of psychological attunement.

Prolonged exposure to burnout components yields distrust, negativism, and inflexibility, thus causing DCSs to withdraw from their caregiving duties (Decker et al., 2002). Individuals with ID in residential care are predisposed towards directing attachment behavior towards DCSs and may develop emotional insecurity because of staff member discontinuity (Clegg & Lansdall-Welfare, 1995). People with ID are at greater risk for developing learned helplessness (Olson & Schober, 1993), which may negatively impact coping skill availability, resulting in prolonged activation of stress responses even within low-stress situations (Janssen, Scheungel, & Stolk, 2002). As a result, affect regulation theory (Hill, 2015) suggests the importance of how forming close, securely-attached relationships that allows the caregiver to coregulate cortisol levels across the relationship. Burnout research, in conjunction with attachment styles and caregiver professional self-efficacy, may therefore help to understand why the “intentionality of being attached and attuned to the particulars of the client” (Reinders, 2009, p, 31) may characterize some caregivers of clients with ID more than others (Schuengel, Kef, Damen, & Worm, 2010).

The previous studies illustrated the influence of attachment on caregiving abilities and perceived caregiver competence. Moreover, this section provided empirical suggestions towards implicit mechanisms that guide caregivers’ attunement to those in need of support. Finally, studies call for the importance of intentionality in the caregiving relationship. The following section demonstrates empirical evidence for the final construct of this study: self-efficacy’s relationship to burnout.
**Burnout and Self-Efficacy**

Social cognitive theory (Bandura, 1997) assumes that self-efficacy determines various stress-related outcomes and burnout is one such example. A plethora of research on burnout and self-efficacy was conducted in settings such as hospitals, nursing homes, and mental health institutions. For example, Evers, Tomic, and Brouwers (2001) utilized hierarchical regression analysis to demonstrate how perceived staff member self-efficacy positively influenced the Personal Accomplishment scale of the Maslach Burnout Inventory. Evers and colleagues (2002) conducted a hierarchical regression for the predicting variables of burnout dimensions amongst staff members working within caregiving homes for the elderly. They found that: 1) the number of weekly working hours and staff member perceived self-efficacy negatively influenced the burnout scale of personal accomplishment, 2) physical and psychological aggression towards staff members and the number of weekly working hours affected emotional exhaustion, and 3) psychological aggression towards staff members increased a sense of depersonalization.

Mackenzie and Peragine (2003) also found a relationship between self-efficacy in dementia care staff members and burnout, and their self-efficacy enhancing intervention demonstrated short-term reductions in staff member burnout. Conversely, staff members identified to have low self-efficacy are more likely to experience pessimism about their future personal and professional endeavors (Lusczcynska & Schwarzer, 2005). Duffy and colleagues (2009) found that self-efficacy was the greatest predictor of burnout within a sample of professional caregivers for dementia patients. Additional research indicates that self-efficacy facilitates employee adjustment to organizational demands (Jimmieson, Terry, & Callan, 2004), aids in job-stress recovery (Hahn, Binnewies, Sonnentag, & Mojza, 2011), and mitigates workplace strain (Blecharz et al., 2014).
Congruent with prior research, one study considered the predictive nature of nurses’ efficacy beliefs and workplace perceptions on job burnout (Consiglio, Borgogni, Vecchione, & Maslach, 2014). Results demonstrated that nurses who scored high in self-efficacy were more likely to believe in their ability to cope with job-related stressors, were more likely to overcome work-related obstacles faster, were less likely to ruminate, and were less susceptible to motivational erosion. Moreover, emotional exhaustion and cynicism were significantly associated with increased workload and higher levels of negativity directed towards management.

Laschinger et al. (2015) utilized a cross-sectional survey to explore the effects of authentic leadership, areas of work life, and self-efficacy on levels of new graduate nurses’ burnout and mental health. A total of 1009 nurses were included in the final sample, which demonstrated that higher levels of authentic leadership reduced burnout, while emotional exhaustion was experienced more frequently in new nurses compared to cynicism and depersonalization. This data supports Maslach’s (1981) and Leiter & Maslach’s (2016) assertion that burnout may be time-ordered (i.e., from emotional exhaustion, to depersonalization, to lack of personal accomplishment), in which persistent emotional exhaustion may lead to cynicism over time, with eventual diminishment of perceived coping abilities.

Brouwers and Tomic (2016) explored the extent to which job demands, job control, social support, and self-efficacy influenced burnout in a sample of 165 staff in residential children’s homes. Through hierarchical linear regression, data revealed that only job demands were significantly related to emotional exhaustion and depersonalization; age and self-efficacy correlated significantly with the personal accomplishment scale of burnout. Additionally, the authors demonstrated a feedback loop between the level of personal accomplishment and self-
efficacy perceptions. In other words, strong self-efficacy beliefs contributed to high levels of personal accomplishment. Congruent with previous findings regarding the effects of aggression on staff members (Vanheule & Declercq, 2008), exposure to aggressive incidents increased staff members’ doubts about their own performance and decreased their perceived ability to cope.

Rogala et al. (2016) examined the link between self-efficacy, exhaustion, and disengagement in two longitudinal studies among human services workers. Within the first study, an indirect effect was found between the decline of self-efficacy at T1 and disengagement at T2 (T1 to T2 = 6 months). Similarly, in the second longitudinal study, high levels of exhaustion at T1 led to a larger decline in self-efficacy, which resulted in higher levels of disengagement from clients, and other job-related duties, at T2. The data suggest that changes in self-efficacy over time mediates the relationship between emotional exhaustion and disengagement in this sample of human service workers. Additionally, disengagement may serve as a coping mechanism by, in a sense, decreasing personal vulnerability comprised of fatigue and self-doubt (Rogala et al., 2016).

A time-lagged study (Fida, Laschinger, & Leiter, 2018) explored the role of self-efficacy against workplace incivility and burnout in nurses. Via structural equation modeling, the authors illustrated that self-efficacy served a protective factor in the process from incivility to burnout and, ultimately, to mental health and turnover intentions measured one year later. Moreover, self-efficacy strongly influenced nurses’ perceived ability to cope with workplace (i.e., coworkers and patients) incivility. Regarding burnout, highly efficacious nurses experienced fewer stress-related outcomes, which aligns with Consiglio and colleagues’ (2013) suggestion that the protective nature of self-efficacy has an energizing effect on nurses, thus enabling them to cope with organizational stressors.
**Burnout, self-efficacy, and teachers.** Many studies examined the role of burnout and self-efficacy among teachers. For example, Friedman (2003) explored the association between perceived self-efficacy and burnout among 322 teachers. Using multiple analysis of variance (MANOVA) and multiple regression analysis, perceived self-efficacy was inversely correlated with perceived burnout. In other words, the lower the sense of self-efficacy among teachers, the higher the perceived levels of burnout. Additionally, organizational efficacy (i.e., the teacher’s sense of being socially accepted within the organization) and consideration efficacy (i.e., the teacher’s ability to be alert, attentive, and responsive to students’ problems) predicted emotional exhaustion, depersonalization, and lack of personal accomplishment.

Similarly, Skaalvik and Skaalvik (2014) tested whether teacher self-efficacy and teacher autonomy were independently associated with engagement, job satisfaction, and emotional exhaustion. The authors concluded that both teacher self-efficacy and teacher autonomy were associated with adaptive motivational and emotional outcomes. Specifically, via regression analysis, teacher self-efficacy and perceived autonomy positively predicted engagement and job satisfaction and negatively predicted emotional exhaustion.

Another study (Ventura, Salanova, & Llorens, 2015) explored self-efficacy’s role as a predictor of burnout and engagement among 460 secondary school teachers and 596 information and communication technology users. Via structural equation modeling, self-efficacy was related to burnout through hindrance demands or, in other words, stressors that might diminish personal accomplishments and development. Further, low self-efficacy, in the presence of hindrance stressors, was significantly related to reduced energy levels, reduced persistence through job-related stressors, and diminished identification with one’s work (i.e., cynicism).
Conversely, the data illustrated that high levels of self-efficacy promoted higher levels of energy, enthusiasm, and pride in one’s work.

Wang’s (2015) study explored the relationship between teachers’ self-efficacy and burnout, job satisfaction, and intentions to quit. Via multiple regression analysis, self-efficacy predicted lower levels of emotional exhaustion, predicted higher levels of job satisfaction, and diminished teachers’ intentions to quit the profession. One limitation to the study was that it utilized cross-sectional survey data, which limits researchers’ ability to infer causal relationships across the data.

Similarly, Yu and colleagues (2015) explored the relationship between burnout and self-efficacy among teachers. Using the General Self-Efficacy Scale and the Maslach Burnout Inventory, the researchers identified a significant correlation between both work stress and self-efficacy with burnout. Additionally, via structural equation modeling, self-efficacy partially mediated higher levels of work stress and job burnout. Similarly, Herman and colleagues (2018) developed profiles of teacher stress, burnout, self-efficacy, and coping based on student outcomes. The authors assessed 121 teachers and 1,817 students and found that teachers in high stress, high burnout, and low coping categories were associated with the poorest student outcomes.

Meta-analyses also explored the relationship between burnout and self-efficacy amongst other dynamics. For example, self-efficacy was found to be a significant predictor of job satisfaction and job performance within Judge and Bono’s (2001) meta-analysis of this relationship. Providing perhaps the most comprehensive meta-analysis of burnout and self-efficacy was provided by Shoji and colleagues (2016). The meta-analysis of 57 studies suggested a moderate association between burnout and self-efficacy, and that self-efficacy likely
serves a protective role against the components of burnout. Despite proposals to remove the personal accomplishment scale from burnout (Schaufeli & Bakker, 2004), Shoji and colleagues’ (2016) meta-analysis demonstrated that this variable of burnout might form the strongest links with modifiable personal resource variables, namely self-efficacy. Interestingly, differences were identified between occupational groups in the self-efficacy – burnout associations. For example, the associations between self-efficacy and burnout were stronger for teachers than for healthcare providers. Regarding participants’ age, the meta-analysis found via meta-regression that the strongest associations between self-efficacy and burnout occurred in older individuals and those with more work experience. Finally, Shoji and colleagues (2016) suggested for future research to examine modifiable protective factors that explain burnout levels in younger and less experienced workers and exploring these components across cultural variables.

Chapter Summary

This chapter presented the research basis for the study. Namely, strong associations were demonstrated between attachment and burnout, attachment and professional caregiving, and self-efficacy and burnout. Although extant literature conceptualized these relationships from different perspectives (i.e., personal factors versus organizational factors) and across occupational settings (i.e., mental health providers, nurses, teachers), it is warranted to further explore these relationships within practical settings. The following chapter presents such exploration by describing the method for exploring the relationship between DCS’ attachment style and burnout, as moderated by self-efficacy.
CHAPTER THREE: METHOD

This chapter presents the methodology used to investigate the aspects of this study. The first aspect to consider is the possible time-ordered relationship (Maslach, 1981; Leiter, 1993; Leiter & Maslach, 2016) between the three components of burnout (i.e., emotional exhaustion, depersonalization, and lack of personal accomplishment). The second aspect of the study examines the extent to which self-efficacy predicts burnout based on staff members’ attachment orientations. This chapter reviews the study’s design, including the process for selecting participants, along with the research instruments measuring the primary constructs of the study. This chapter further discussed the procedures used for data processing and analysis, and concludes with ethical considerations and a chapter summary.

Research Design

This study utilized a cross-sectional survey design, which collects data to make inferences about a population of interest at one point in time (Lavrakas, 2008). Participants were selected based on the inclusion and exclusion criteria set forth by the researcher, and the researcher measured the outcome and the exposures in the study participants at the same time (Setia, 2106). As described above, causal inference is limited due to the one-time measurement of the variables. Findings are analyzed, reported, and discussed in Chapter Four.

Selection of Participants

There were 123 participants from three east coast residential treatment facilities servicing adolescents dually-diagnosed with a psychological disorder and intellectual disability. The tasks performed by DCSs within this setting includes, on average, an 8-hour shift of milieu management activities such as meeting basic needs of residents, facilitating transitions,
conducting unit-based interventions, and responding to incidents in which residents are causing, or may cause, serious harm to themselves or others. DCSs often place residents in state-approved restraints during these critical incidents.

**Instrumentation**

This study used standardized questions to identify the demographics of the participants. These questions included identification of the participant’s gender, relationship status, age, education, religious affiliations, education, and employment status. Employment demographics identified a staff member’s shift (i.e., first, second, or third); length of employment; and full, part-time, or PRN status.

The Human Services Survey of the *Maslach Burnout Inventory, 3rd Edition* (MBI) consists of 22 items designed to assess burnout in healthcare occupations. Each statement is assessed on a 7-point Likert scale ranging from 0 (never) to 6 (every day). The measure contains separate subscales: Emotional Exhaustion, Depersonalization (cynicism), and Personal Accomplishment (lack of self-efficacy). The nine items in the Emotional Exhaustion scale assess feelings of being emotionally overextended and exhausted by one’s work. The five items of the Depersonalization scale measure an unfeeling and impersonal response towards patients. The eight items of the Personal Accomplishment scale assess feelings of competence and successful achievement in one’s work with people. High levels of emotional exhaustion and depersonalization and low levels of personal accomplishment indicate burnout. More psychometric research has been conducted on the MBI than any other burnout measure, and its multidimensional conceptualization of burnout makes it particularly appropriate for theory-driven research (Maslach et al., 1996).
The *Experiences in Close Relationships – Relationship Structures* (ECR – RS; Fraley, Heffernan, Vicary, & Brumbaugh, 2011) is a 36-item measure of adult attachment patterns in a variety of close relationships. The same nine items are used to assess attachment styles with respect to four relationships: mother, father, romantic partner, and best friend. Fraley and colleagues (2011) found test-retest reliability of the ECR-RS to be approximately .65 for the domain of romantic relationships and .80 in the parental domain. Additionally, scores are meaningfully related to various relational outcomes (i.e., relationship satisfaction, likelihood of experiencing a breakup, the perception of emotional expressions).

The *General Self-Efficacy Scale* (GSE; Schwarzer & Jerusalem, 1995) is a 10-item self-report measure of self-efficacy. Items are on a 4-point Likert scale with 1 “not at all true” and 4 “exactly true”. The GSE is correlated with emotion, optimism, and work satisfaction, with negative coefficients found for depression, stress, health, complaints, burnout, and anxiety. Internal reliability for the GSE has Cronbach’s alphas between .76 and .90.

**Research Procedures**

**Data Collection**

First, the Institutional Review Board (IRB) approved the conditions in this study. Next, the researcher acquired permission from the facilities to conduct the study. Upon approval, each facility’s chief executive officer (CEO) received a copy of the study’s proposal (Chapters 1, 2, and 3 of this dissertation). The researcher then issued survey packets to each facility’s Program Director, who is tasked with supervisory duties over DCSs. Within the two specific facilities, each Program Director conducts monthly meetings with all staff members to review organizational matters. Within specifically scheduled meetings, the Program Directors issued survey packets to each DCS and provided a drop-box for staff members to deposit their
completed packets. Participant anonymity and confidentiality, along with the voluntary nature of the study, was ensured throughout the study via informed consent.

**Research Questions**

**Research Question 1**

Is the relationship between burnout components (emotional exhaustion, depersonalization, and lack of personal accomplishment) demonstrated to be congruent with prior research on burnout?

**Hypothesis 1.** The three constructs of burnout (emotional exhaustion, depersonalization, and lack of personal accomplishment) maintain statistically significant relationships.

*Null hypothesis:* The three constructs of burnout (emotional exhaustion, depersonalization, and lack of personal accomplishment) do not maintain statistically significant relationships.

Numerous studies demonstrate the relationship between burnout’s three components, although not within this specific setting or with this specific population. Identifying the maintained relationships between burnout constructs will validate that burnout is present and will allow for exploration of variance based on DCS attachment style and proposed impact of self-efficacy.

**Research Question 2**

Is there a negative correlation between the secure attachment orientation and burnout, and a positive correlation between the insecure attachment orientations (i.e., fearful/avoidant and anxious/ambivalent) and burnout?
Hypothesis 2. Data demonstrate a negative correlation between the secure attachment orientation and burnout, and a positive correlation between the insecure attachment orientations (i.e., fearful/avoidant and anxious/ambivalent) and burnout.

Null hypothesis: Data demonstrates a positive correlation, or no correlation, between the secure attachment orientation and burnout, and demonstrates a negative correlation, or no correlation, between the insecure attachment orientations (i.e., fearful/avoidant and anxious/ambivalent) and burnout.

Extant literature demonstrates correlations between attachment orientations and burnout as proposed in Hypothesis 2. Identifying these correlations within this study will provide evidence for the time-ordered relationship between attachment style and burnout, and sets the stage for identifying how DCS self-efficacy impacts the relationship between these two variables.

Research Question 3

Does DCS self-efficacy moderate the relationship between attachment orientations and burnout?

Hypothesis 3. Self-efficacy moderates the relationship between attachment orientations and burnout.

Null hypothesis: Self-efficacy does not moderate the relationship between attachment orientations burnout.
The primary focus of this study, identifying self-efficacy’s role in moderating the relationship between attachment orientation and burnout can help identify interventions that improve self-efficacy to buffer against DCS burnout experiences.

**Data Processing and Analysis**

After survey completion, the researcher collected the drop-boxes and began manual data entry into IBM SPSS Statistics version 25 with PROCESS macro for SPSS for analysis (Hayes, 2013). Preliminary data screening provided scores that allowed the researcher to see if the measures were distributed normally. Transformation of data assessed if any assumptions were violated. Once completed with no violations, the assumption for linearity tested and screened outliers. The outliers were reviewed individually for consideration of their validity and inclusion or exclusion in the study. The researcher utilized Pearson correlation to confirm the existence of relationships demonstrated by previous research and as hypothesized within this study. Finally, conditional process analysis was utilized to describe the predictive nature of self-efficacy on burnout constructs and attachment styles. See Figure 3.1 for the moderation model between the identified variables.
**Ethical Considerations**

Before data collection, multiple ethical precautions were implemented. First, approval from the IRB was obtained. Consultation and supervision were received through the institution, and the researcher adhered to the ethical guidelines for research set forth by the American Counseling Association’s *Code of Ethics* (American Counseling Association, 2014). Informed consents that include a description of the study were read by the participants before being provided the assessment packets. Participants had the option to accept or decline participation in the study. Participants choosing not to participate were not provided with the assessments. Once a participant agreed to enter the study, they received the demographics form and the assessments.

Participants’ confidentiality is of utmost importance as it is essential to ensuring client safety. As instructed in the informed consent, participants did not provide their names on any of the assessments. Regarding participant welfare, there was no experimental treatment component to this study. As a result, the participants did not have any form of treatment withheld, placebo, or treatment plus condition, thus greatly reducing participants’ potential harm. Finally, due to the content of the assessments, participants may have incurred psychological distress. To
address these potential concerns, a narrative was included at the end of the informed consent with contact information for the participants’ Employee Assistance Program (EAP).

**Chapter Summary**

This chapter presented the methodology and procedures for this study and identified the research questions and hypotheses. The study’s design was reviewed, followed by a description of the study’s procedures, data analysis, and data processing methods. The chapter concluded with the ethical considerations the researcher implanted to protect the participants in the study. The following chapter presents the results of the data analysis.
CHAPTER FOUR: RESULTS

The purpose of this study is to examine the relationship between DCS attachment styles and burnout, and to understand the predictive nature of self-efficacy across this relationship better. If burnout is commonly experienced within direct-care staff members, exploring the moderating effect of self-efficacy on burnout and attachment may serve as a reference point for reducing the effects of burnout, thus improving DCS’ ability to meet the needs of their patients. Specifically, identifying factors that buffer against burnout, namely self-efficacy, could aid administrators with implanting strategies and trainings that promote DCS self-efficacy. This chapter begins by presenting data screening methods and participant demographics. Results of data analysis are reviewed as related to the study’s research questions. The chapter concludes with a summary of the analysis and results.

Data Screening

123 participants were eligible for the study based on each facility’s full-time and part-time staff. Surveys were conducted in March and April of 2019. The data were screened to remove participants whose responses would threaten this study’s validity. First, participants were provided survey packets consisting of the informed consent, demographic items, and questions about their attachment style, self-efficacy, and responses to workplace stressors. The next step in the data screening removed surveys in which the participant declined to participate or did not complete more than 75% of each assessment (i.e., MBI, GSE, ECR-RS). Single-item responses missed throughout the survey (i.e., one item missed/skipped from the MBI-HSS) were deemed viable responses and included in the data analysis. Out of the 36 surveys issued at the first facility, 24 surveys were deemed viable by the screening methods above, representing a
66% response rate. Sixty-two of the 87 surveys issued at the second facility were returned and deemed viable, representing a 71% response rate. The overall response rate for the study was 69%. These procedures resulted in a final sample of 86 participants.

**Participant Demographics**

Demographics of the viable participants were reviewed after the data screening (N = 86) and demonstrated that 31.3% of participants were male, while 68.7% were female. Three participants did not select a gender. The majority of the sample, 44%, was in the 18-29 range, with 36.9% aged 30-49, and 19% being over 50 years old; two participants did not select an age range. African Americans represent 73% of participants, followed by Caucasians at 19.3%, Native Americans at 1.2%, and “Other” at 6%. Three participants did not identify their ethnicity. The majority of participants endorsed having some college or a college degree (80.7%), while 19.3% of participants endorsed having no college experience, and three participants did not specify their education level. Regarding relationship status, 47.1% of participants were single, while 28.2% were married, 16.5% were dating, 5.9% were divorced, and 2.4% were separated. One participant did not identify a specific relationship status. Most participants were employed between 1 and 5 years (39.5%), while 38.4% were employed less than one year, 15.1% were employed 6 to 10 years, and 7% were employed over 10 years. Participants identified as “full-time” comprised 93%, with 7% of participants identifying themselves as part-time. Finally, 87% of participants identified as Christian, with 10.5% identifying as non-religious, 1.2% identifying as Muslim, and 1.2% identifying as “Other”.
<table>
<thead>
<tr>
<th>Table 4.1</th>
<th>Participant Demographics</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N or Range</td>
</tr>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>26</td>
</tr>
<tr>
<td>Female</td>
<td>57</td>
</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>37</td>
</tr>
<tr>
<td>30-49</td>
<td>31</td>
</tr>
<tr>
<td>50+</td>
<td>16</td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>16</td>
</tr>
<tr>
<td>African American</td>
<td>61</td>
</tr>
<tr>
<td>Native American</td>
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</tr>
<tr>
<td>Other</td>
<td>5</td>
</tr>
<tr>
<td>Education Level</td>
<td></td>
</tr>
<tr>
<td>No College</td>
<td>16</td>
</tr>
<tr>
<td>Some College/College Degree</td>
<td>67</td>
</tr>
<tr>
<td>Relationship Status</td>
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<tr>
<td>Single</td>
<td>40</td>
</tr>
<tr>
<td>Dating</td>
<td>14</td>
</tr>
<tr>
<td>Married</td>
<td>24</td>
</tr>
<tr>
<td>Separated</td>
<td>2</td>
</tr>
<tr>
<td>Divorced</td>
<td>5</td>
</tr>
<tr>
<td>Length of Employment</td>
<td></td>
</tr>
<tr>
<td>&lt;1 year</td>
<td>33</td>
</tr>
<tr>
<td>1-5 years</td>
<td>34</td>
</tr>
<tr>
<td>6-10 years</td>
<td>13</td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>6</td>
</tr>
<tr>
<td>Employee Status</td>
<td></td>
</tr>
<tr>
<td>Full-Time</td>
<td>80</td>
</tr>
<tr>
<td>Part-Time</td>
<td>6</td>
</tr>
<tr>
<td>Religious Affiliation</td>
<td></td>
</tr>
<tr>
<td>Non-religious</td>
<td>9</td>
</tr>
<tr>
<td>Christian</td>
<td>75</td>
</tr>
<tr>
<td>Muslim</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>
The Maslach Burnout Inventory – Human Services Survey (MBI-HSS) was utilized to identify participants’ perceptions about how they respond to professional caregiving and associated stressors. The assessment requested participants’ identification of how frequently they experienced each item on the following scale: 1 = Never, 2 = A few times a year, 3 = A few times a month, 4 = Once a week, 5 = A few times a week, and 7 = Every day. Participants’ (N = 84) mean response on the Emotional Exhaustion scale was 2.901, with a minimum of 1 and maximum of 6. The depersonalization scale mean was 2.352, with a minimum of 1 and a maximum of 4.8. Finally, on the Personal Accomplishment scale, the mean was 5.056, with a minimum of 1 and maximum of 7.0.

Table 4.2
**Maslach Burnout Inventory – Human Services Survey (MBI-HSS) Demographics by Scale**

<table>
<thead>
<tr>
<th>Scale</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Exhaustion</td>
<td>2.901</td>
</tr>
<tr>
<td>Depersonalization</td>
<td>2.352</td>
</tr>
<tr>
<td>Personal Accomplishment</td>
<td>5.056</td>
</tr>
</tbody>
</table>

Participants were also asked to provide a self-report of self-efficacy. Ten items on the GSE were rated between 1 and 4, where 1 = Not true at all, 2 = Hardly true, 3 = Moderately true, and 4 = Exactly true. Participants (N = 85) identified an average score of 3.313, with a minimum of 2.5 and a maximum of 4.0.
Table 4.3 General Self-Efficacy Scale

<table>
<thead>
<tr>
<th>General Self-Efficacy (GSE)</th>
<th>Mean</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Self-Efficacy</td>
<td>3.313</td>
<td>2.5 – 4.0</td>
</tr>
</tbody>
</table>

Finally, participants were asked to assess their mental representation of important relationships (i.e., mother, father, spouse/partner, and best friend) to yield an average anxiety and avoidance score. In other words, the higher the score, the more likely the individual was to respond to a particular relationship in a manner consistent with attachment anxiety or avoidance. The means for the two scales were 2.556 for attachment anxiety and 1.958 for attachment avoidance. The largest mean in the attachment anxiety scale was 4.5, while the largest mean in the attachment avoidance scale was 5.9. Means within each relationship category were as follows: Mother = 2.308, Father = 2.692, Romantic Partner = 2.369, and Best Friend = 1.996. The largest mean across each relationship category was 7.0 for Mother, 7.0 for father, 6.7 for Romantic Partner, and 5.8 for Best Friend. The lowest mean across each relationship category was 1.0.
Table 4.4
Experiences in Close Relationships – Relationship Structures Scale Demographics

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety Mean Score</td>
<td>2.556</td>
<td>1.0 – 4.5</td>
</tr>
<tr>
<td>Avoidance Mean Score</td>
<td>1.958</td>
<td>1.0 – 5.9</td>
</tr>
<tr>
<td>Mother</td>
<td>2.308</td>
<td>1.0 – 7.0</td>
</tr>
<tr>
<td>Father</td>
<td>2.692</td>
<td>1.0 – 7.0</td>
</tr>
<tr>
<td>Romantic Partner</td>
<td>2.369</td>
<td>1.0 – 6.7</td>
</tr>
<tr>
<td>Best Friend</td>
<td>1.996</td>
<td>1.0 – 5.8</td>
</tr>
</tbody>
</table>

Data Analysis

Data were analyzed using IBM SPSS Statistics Version 25. Data screening used multiple processes to remove participants who would increase the probability of threats to the study’s validity. A correlation analysis was then conducted to examine the relationship between the key variables of the study to include burnout components, self-efficacy, and attachment anxiety and avoidance. The relationship between Emotional Exhaustion and Depersonalization was statistically significant ($r = .592$); however, depersonalization was not correlated significantly with personal accomplishment: $-.083$. Personal accomplishment and attachment anxiety had a statistically significant negative correlation ($r = -.434$). The relationship between self-efficacy and attachment anxiety was statistically significant ($r = -.293$). Finally, attachment anxiety and attachment avoidance had a statistically significant positive correlation ($r = .582$).
Table 4.5

Pearson’s r, Means, and Standard Deviations.

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Exhaustion (1)</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depersonalization (2)</td>
<td>.592**</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Personal Accomplishment (3)</td>
<td>.097</td>
<td>-.083</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Efficacy (4)</td>
<td>-.115</td>
<td>-.163</td>
<td>.408**</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attachment Anxiety (5)</td>
<td>.082</td>
<td>.162</td>
<td>-.434**</td>
<td>-.293**</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Attachment Avoidance (6)</td>
<td>.059</td>
<td>.151</td>
<td>-.195</td>
<td>-.079</td>
<td>.582**</td>
<td>1</td>
</tr>
<tr>
<td>Mean</td>
<td>26.19</td>
<td>13.85</td>
<td>40.72</td>
<td>33.44</td>
<td>15.51</td>
<td>5.59</td>
</tr>
<tr>
<td>SD</td>
<td>11.813</td>
<td>6.373</td>
<td>10.874</td>
<td>4.028</td>
<td>9.075</td>
<td>4.653</td>
</tr>
<tr>
<td>Cronbach’s α</td>
<td>.88</td>
<td>.47</td>
<td>.84</td>
<td>.86</td>
<td>.84</td>
<td>.89</td>
</tr>
</tbody>
</table>

*Correlation is significant at the .05 level (2-tailed).
**Correlation is significant at the .01 level (2-tailed).

After examining the correlations, means, and standard deviations, a process model was conducted to determine the predictive and interactive nature of the variables (i.e., attachment orientation, burnout components, and self-efficacy). Across the model, there were no statistically significant predictive relationships except for the relationship between the burnout components of emotional exhaustion and depersonalization (*p < .001*).

Table 4.6

Conditional Process Analysis Results for Moderated Mediation Model.

<table>
<thead>
<tr>
<th>Source</th>
<th>b</th>
<th>se</th>
<th>t</th>
<th>p</th>
<th>LLCI</th>
<th>ULCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional Exhaustion: R = .1726, $R^2 = .0298, \text{MSE} = 1.7131, F(4,78) = .5984, p &lt; .001$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attachment Avoidance</td>
<td>-.082</td>
<td>.475</td>
<td>-.174</td>
<td>.862</td>
<td>-1.030</td>
<td>.864</td>
</tr>
<tr>
<td>Self-Efficacy (GSE)</td>
<td>-.368</td>
<td>.140</td>
<td>-.984</td>
<td>.327</td>
<td>-1.114</td>
<td>.377</td>
</tr>
<tr>
<td>Interaction</td>
<td>.267</td>
<td>.259</td>
<td>1.030</td>
<td>.305</td>
<td>-.248</td>
<td>.783</td>
</tr>
<tr>
<td>Attachment Anxiety (MBI)</td>
<td>.036</td>
<td>.178</td>
<td>.206</td>
<td>.837</td>
<td>-.318</td>
<td>.391</td>
</tr>
<tr>
<td>Depersonalization: R = .6176, $R^2 = .3815, \text{MSE} = .7229, F(6, 76) = 7.812, p &lt; .001$</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attachment Avoidance</td>
<td>-.061</td>
<td>.910</td>
<td>.673</td>
<td>.501</td>
<td>-1.198</td>
<td>.242</td>
</tr>
</tbody>
</table>
Emotional Exhaustion (EE)   .458   .073   6.127   <.001   .311   .605
Self-Efficacy (GSE)         -.254   .248  -1.022   .309  -.750   .241
Interaction Avoid x GSE    .094   .172   .548   .584  -.248   .437
Interaction EE x GSE       .080   .184   .437   .663  -.286   .447
Attachment Anxiety (GSE)   .026   .116   .227   .821  -.205   .258

Personal Accomplishment: R = .5821, R^2 = .3389, MSE = 1.221, F(8,74) = 4.740, p < .001
Attachment Avoidance       .069   .119   .583   .561  -.168   .308
Emotional Exhaustion (EE)  .232   .122   1.906   .060  -.010   .475
Depersonalization (DP)     -.110   .156  -.702   .484  -.422   .202
Self-Efficacy (GSE)        1.056   .326   3.237   .001   .406  1.706
Interaction Avoid x GSE   .093   .237   .392   .695  -.380   .567
Interaction EE x GSE       .637   .347  1.836   .070  -.056  1.328
Interaction DP x GSE      -.753   .152  -1.610   .111  -1.686  .179
Attachment Anxiety         -.504   .152  -3.316   .001  -.807  -.201

Research Question 1

The first research question sought to determine whether there was a relationship between burnout components in congruence with previous literature. This hypothesis was not supported, as there was only one statistically significant relationship, Emotional Exhaustion and Depersonalization (r = .592), and not a statistically significant relationship between Emotional Exhaustion and Personal Accomplishment (r = .097) or between Depersonalization and Personal Accomplishment (r = -.083). For the purposes of this study, personal accomplishment was not reverse keyed, meaning higher scores on personal accomplishment indicated higher levels of perceived personal accomplishment.

Research Question 2

The second research question sought to determine whether there was a negative correlation between secure attachment orientation and burnout, and a positive correlation between insecure attachment styles and burnout. Contrary to Pines’ (2004) findings, this
hypothesis was not supported, as there was not a statistically significant relationship between lower levels of attachment anxiety or avoidance -- which indicates a more securely attached individual -- and burnout components. However, there was a statistically significant relationship between Emotional Exhaustion and Depersonalization ($p < .001$).

**Research Question 3**

The final research question sought to determine whether self-efficacy moderated the relationship between attachment orientations and burnout. This hypothesis was not supported, as there was no statistical significance between self-efficacy, attachment orientations, or burnout components.

**Chapter Summary**

A sample of 86 DCSs was utilized in this study to explore the relationships between attachment orientations, burnout components, and self-efficacy. Correlation analysis was conducted to identify the well-documented relationship between emotional exhaustion, depersonalization, and personal accomplishment (Maslach, 1981; Leiter, 1993; Leiter & Maslach, 2016). Based on the current study’s data, this relationship was not supported, as there was only a statistically significant correlation between emotional exhaustion and depersonalization ($r = .592$). The second research question proposed a negative correlation between secure attachment orientation and burnout, and a positive correlation between insecure attachment orientations (i.e., attachment anxiety and attachment avoidance) and burnout. This relationship was not demonstrated by the current data. The final research question examined the proposed predictive nature of attachment styles on burnout, as moderated by self-efficacy. A conditional process model analysis was conducted on the data and, despite a statistically
significant relationship between emotional exhaustion and depersonalization ($p < .001$), this hypothesis was not supported due to the lack of any other statistically significant relationships across the variables. The following chapter presents a summary of the study, and includes a discussion of the results, describes limitations of the study, and provides implications for future research.
CHAPTER 5: SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

This study is grounded in previous research that demonstrated DCSs’ experiences of burnout, how attachment orientation influences professional caregiving, and the role self-efficacy plays in caregiving processes. Historically, researchers demonstrated pervasive deleterious effects of burnout across individual and organizational contexts (Whitebook et al., 1989; Kruger et al., 1991; Innestand et al., 2002; Decker et al., 2002; Rose & Rose, 2005; Lakin et al., 2008; Smith, 2017). Attachment research evolved from representational caregiving systems (Bowlby, 1973), to generational patterns of attachment (Main, 1983), and the development of interventions (i.e., Circle of Security; Marvin, 2006) aimed at repairment attachment disruption. Attachment research then examined how adults navigate the workplace and how professional caregivers navigate their responsibilities (George & Solomon, 1996). Finally, self-efficacy has been found to be one of the greatest predictors of burnout amongst staff members (Duffy et al., 2009). Because of this research, this study aimed to identify whether self-efficacy influences the relationship between attachment orientation and burnout components of emotional exhaustion, depersonalization, and personal accomplishment. The previous chapter identified and described the results of the data analysis. This chapter presents the findings briefly in terms of its relationship to prior research and includes a discussion about the three research questions investigated in the study. The chapter concludes with the limitations of the study and suggestions for future research.

Summary of Findings and Implications

Participants in this study were recruited from two southeastern treatment facilities in March and April 2019. A sample of 123 participants was provided a demographics form and
survey packet that included the MBI-HSS, GSE, and ECR-RS. Data screening procedures yielded 86 viable participants, representing a response rate of 69%. The majority of participants were African American (70.9%), were between the ages of 18 and 29 (44%), single (47.1%), with at least some college (80.7%), were employed full-time (93%), had worked at the facility between 1 and 5 years (39.5 %), and identified as Christian (80.2%). The three research questions explored in this study are discussed below in further detail.

**Research Question 1**

The first research question sought to determine whether burnout components (i.e., emotional exhaustion, depersonalization, and personal accomplishment) were correlated in congruence with prior research (Maslach, 1981; Leiter, 1993; Leiter & Maslach, 2016). This hypothesis was not supported due to the only statistically significant relationship being between emotional exhaustion and depersonalization. It is possible this is a function of a small sample size; however, it is also possible that participants in this sample experienced varying degrees of emotional exhaustion and depersonalization while still having a high level of personal accomplishment. In other words, emotional exhaustion and depersonalization were not correlated or predictive of participants’ experiences of personal accomplishment. Another consideration could be that participants rated themselves higher on the personal accomplishment scale to avoid cognitive dissonance. Specifically, they may have been emotionally exhausted and depersonalized in some degree, while maintaining a positive sense of self and others for whom they provide care. This is in contrast to Caton and colleagues’ (1988) results where data demonstrated moderate scores on the Emotional Exhaustion and Depersonalization scales, and higher scores on the personal achievement scale (reverse-keyed to demonstrate lack of personal accomplishment).
Research Question 2

The second research question examined whether there was a negative correlation between secure attachment orientation (i.e., low levels of attachment anxiety and attachment avoidance) and burnout, and a positive correlation between insecure attachment orientations and burnout components. This hypothesis also was not supported, as the only statistically significant relationship between these variables was between personal accomplishment and attachment anxiety ($r = -.434$). In other words, higher levels of DCS personal accomplishment was related to lower levels of reported attachment anxiety. This finding is consistent with Moreira and Canavarro’s (2015) study in which attachment anxiety had a significant effect on caregiving representation regarding the perceived ability to recognize, and respond to, others’ needs (i.e., the absence of depersonalization). Specifically, participants in the present study responded in a manner that indicated they feel that they can meet the needs of others despite experiencing emotional exhaustion, and regardless of their attachment orientation. Finally, it is possible that participants responded simply because of their interest in helping other people.

This finding is also in contrast to Adshead’s (1998) study in which staff members under duress developed maladaptive interpersonal strategies towards patients that resulted in both patients’ and staff members’ projection of anger and fear. Additionally, Cassidy & Shaver (2008) demonstrated that among health and human services workers, interpersonal affect regulation impacted the quality of workplace interactions, suggesting that employees with insecure attachment styles have diminished empathy and increased negative affect towards their patients. The present findings do not support this claim; however, it is worth noting that responses in the present study were from a small sample size, which makes it difficult to compare and contrast results to extant literature with more robust data sets.
Research Question 3

The final research question sought to determine the predictive, moderating effect of self-efficacy on the relationship between attachment orientation and burnout. This hypothesis was not supported, as there was no statistical significance between self-efficacy, attachment orientations, or burnout components. Despite the absence of a statistically significant moderating effect of self-efficacy on attachment orientation and burnout, self-efficacy was significantly positively correlated to staff members’ perceived personal accomplishment ($r = .408$) and significantly negatively correlated with attachment anxiety ($r = -.293$). In other words, high self-efficacy was related to higher levels of perceived personal accomplishment. Self-efficacy was not correlated with emotional exhaustion or depersonalization, which contrasts Duffy, Oyebode, and Allen’s (2009) study in which self-efficacy was found to be one of the greatest predictors of burnout amongst staff members. As described above, this could be the result of a small, limited sample size.

Limitations of the Study

The primary limitation considered in this study regards the participants. First, this study had a small sample size ($N = 86$). The response rate of the study was 69.9%; of 123 potential participants, 37 were screened from the study due to no, or a significantly incomplete, survey response. One consideration is the very nature of employment, in which employees are absent for sick days or vacation. Second, it is worth noting that this study explored attachment style and burnout. Therefore, it is possible that anxious or avoidant DCSs declined to participate in the study or did not significantly complete a survey packet, or it is unlikely that DCSs experiencing high levels of emotional exhaustion or depersonalization participated fully in the study. Because burnout and workplace stress have significant deleterious effects on employees (i.e., low morale,
hypervigilance; Rose & Rose, 2005) and organizations (i.e., unplanned callouts/absences, barrier to clinical effectiveness; Innstrand et al., 2002), it is possible that the participants of specific interest, namely, insecurely attached employees experiencing high levels of emotional exhaustion and depersonalization, were self-selected from the study. Broadening this perspective, research suggests that attachment orientation influences individuals’ career selection and commitment to a specific career (Wolfe & Betz, 2004; Wright, Firsick, Kacmarski, & Jenkins-Gaurnieri, 2017). In the context of this study, it is possible that insecurely attached individuals avoid working in an environment in which high-risk, emotionally laden situations are prevalent.

Another limitation considered pertains to the data collection methods and procedures. The demographics form and survey packets were paper-and-pencil format, and were issued within regularly scheduled staff meetings (i.e., before or after a shift). Specifically, the paper-and-pencil format may account for some missing items or scales within some of the packets. Moreover, DCSs completed these packets around their peers and, sometimes, in proximity to their direct supervisor (i.e., program manager/director/shift leader). Participation in this manner may have deterred some participants from responding openly or honestly to specific items or measures for fear of potential repercussions, despite the anonymous nature of the packets, or from participating in the study altogether. It is possible that conducting the surveys via electronic entry could yield results that are more accurate or a more robust sample size.

A final limitation to consider is participants’ responses to more emotionally laden items. For example, the depersonalization scale on the MBI-HSS consists of a question eliciting a response about how frequently the participants feel they treat recipients of their care as impersonal objects. While the item is a reliable and valid measure of depersonalization, DCSs
may buffer their response to that question, especially if they experience higher levels of self-efficacy and personal accomplishment. In other words, admitting to treating a client as an impersonal object may create cognitive dissonance, which the participant may wish to avoid, or may not be aware of altogether.

Despite literature supporting the relationship between stress, professional caregiving, self-efficacy, and attachment orientation, it is possible that other factors influence emotional exhaustion and depersonalization besides one’s attachment orientation. Those possible factors are discussed within the following section.

**Suggestions for Future Research**

Future research should continue exploring the variables identified in this study to understand how to mitigate the effects of burnout to individuals and organizations better. One consideration is to examine predictive factors for each component of burnout. For example, Vanheule and Declercq (2008) demonstrated that contextual factors, such as critical incidents experienced by security guards throughout their shift, impact burnout levels. This may be generalizable to residential treatment centers due to serving high-risk and aggressive adolescents who often target DCSs. Another area of research could be to interview specific staff members who score high on the emotional exhaustion and depersonalization scales, yet still experience high levels of personal accomplishment and self-efficacy. Due to the present study’s data that demonstrated a significant positive correlation between emotional exhaustion and depersonalization that did not extend to personal accomplishment, a qualitative review may uncover protective factors for staff members who are able to navigate such high-risk situations while maintaining their perceived effectiveness and personal accomplishment.
Finally, and in congruence with research exploring career selection (Wolfe & Betz, 2004; Wright et al., 2017), future studies could consider the implications of Super’s (1980) lifespan/life-space approach to the fluidity of career development and Roe’s (1957) two-dimensional approach to career choice.

Implications

One interesting implication was discovered within this study’s demographics. Specifically, most participants in this study were single African American women. It is possible that the majority of this sample adhere to the Strong Black Woman (SBW) stereotype; in other words, the intersectionality of an African American woman’s strength, caregiving representation, resilience, and perceived self-sacrificing nature (Beauboeuf-Lafontant, 2009; Harrington et al., 2010). In fact, Donovan and West (2015) found that both moderate and high levels of SBW endorsement increased the relationship between stress and depressive symptoms, while low levels of SBW endorsement did not. This conceptualization makes sense within the context of this study and its data. For instance, it could explain the relationship between emotional exhaustion and depersonalization coupled with high levels of personal accomplishment. Moreover, if this population subscribes to the SBW framework, they are more likely to underreport experiences of depersonalization and over-report personal accomplishment. In other words, endorsing high levels of depersonalization may produce cognitive dissonance that challenges their SBW worldview. This does not mean that members of this population do not experience depersonalization, but that they may not allow themselves to be aware of it. It may even be difficult for members of this population to admit that they are emotional exhausted. Therefore, there appears to be quite a need for peer and administrative advocacy for this group. Within this area, future qualitative research could examine the lived experiences of these
individuals within this context and could discover methods for promoting and normalizing negative affective and cognitive experiences for these specific individuals.

Another implication involves one’s perceived role. For instance, role ambiguity, role stress, and role conflict were found to be significant predictors of burnout components (Fimian, 1984). In counselor education, and especially online educational settings, both students and professors may often feel as though they must prioritize multiple duties across multiple roles. For instance, a student may have to prioritize completing an assignment for class, fulfilling job-related task and duties, and navigating home and relationship expectations. This could potentially produce burnout components, particularly emotional exhaustion or perceived lack of personal accomplishment. This also presents an opportunity to provide both professors and students with the opportunity to process these feelings without fear of retaliation, shame, guilt, or a sense of being abnormal. Doing so could promote counseling students’ self-awareness, self-care, and self-discovery. Further, it could provide a framework for how to normalize and process role ambiguity, role stress, and role conflict with clients.

Chapter Summary

This chapter presented a summary of the findings and limitations of the study and provided recommendations for future research. There were three main findings discussed in the chapter. First, there was a statistically significant positive correlation between emotional exhaustion and depersonalization. However, that relationship did not extend to the burnout component of personal accomplishment; this is in contrast to previous literature. Second, there was no relationship found between attachment orientation and burnout components. This is due in part to a small sample size, but also likely in response to the multiple factors discussed in the limitations section. Finally, self-efficacy did not moderate the relationship between attachment
orientation and burnout, despite demonstrating a positive correlation with the personal accomplishment component of burnout. The primary limitations of the study included a small sample size; data collection methods and procedures; and potential self-selection of DCSs from the study due to the potential presence of anxious/avoidant attachment style or emotional exhaustion, or from concerns regarding confidentiality. Future research should explore factors that contribute to emotional exhaustion (i.e., critical incidents), or identify via qualitative methods protective factors that guard against burnout components.

Summary of the Study

The investigation into the literature suggested links between attachment style, burnout, and self-efficacy among professional caregivers. It is clear that burnout significantly influences human service workers’ care for themselves and others, and this study attempted to identify specific factors that buffer against burnout. This study recruited DCSs from two residential treatment centers serving adolescents with intellectual disabilities. Of the 123 DCSs, 86 provided viable demographics and survey responses. Data analysis did not support this study’s hypotheses, despite extant literature demonstrating the links between the variables examined within. Future research should explore what specific factors contribute to various burnout components, along with creating a narrative for how some DCSs are able to experience burnout and depersonalization while maintaining a high level of personal accomplishment and self-efficacy.
REFERENCES


Hahn, V. C., Binnewies, C., Sonnentag, S., & Mojza, E. J. (2011). Learning how to recover from job stress: Effects of a recovery training program on recovery, recovery-relates self-
doi: 10.1037/a0022169

clinical practice: Associations with psychological mindedness, attachment and burnout in
staff working with people experiencing psychosis. *International Journal of Psychology, 89*(2),
doi: 10.1111.papt.12074


related outcomes among direct care staff in staffed houses for people with learning
disabilities. Mental Handicap Research.

Hayes, A. F. (2013). *Introduction to mediation, moderation, and conditional process analysis: A


Herman, K. C., Hickmon-Rosa, J., & Reinke, W. M. (2018). Empirically derived profiles of
teacher stress, burnout, self-efficacy, and coping and associated student outcomes.
doi: 10.1177/1098300717732066

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APPENDIXES
March 14, 2019

Eric J. Camden
IRB Exemption 3720.031419: Attachment and Burnout: Exploring the Predictive Nature of Self-Efficacy in a Sample of Direct-Care Staff Members

Dear Eric J. Camden,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under exemption category 46.101(b)(2), which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:101(b):

(2) Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

   (i) The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects;

Please note that this exemption only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued exemption status. You may report these changes by submitting a change in protocol form or a new application to the IRB and referencing the above IRB Exemption number.

If you have any questions about this exemption or need assistance in determining whether possible changes to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
Research Ethics Office

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CONSENT FORM
Attachment and Burnout: Exploring the Predictive Nature of Self-Efficacy in a Sample of Direct-Care Staff Members
Eric Jason Camden
Liberty University
Department of Counselor Education and Family Studies/School of Behavioral Sciences

You are invited to be in a research study to learn about the predictive nature of self-efficacy on attachment and burnout in direct-care staff members. The purpose of this study is to discover how your response to others in distress impacts emotional exhaustion, cynicism, and personal accomplish, and how the belief that you can accomplish tasks influences those relationships. You were selected as a possible participant because you are a full or part-time direct-care staff member and are 18 years of age or older. Please read this form and ask any questions you may have before agreeing to be in the study.

Eric J. Camden, a doctoral student in the Department of Counselor Education and Family Studies/School of Behavioral Sciences at Liberty University, is conducting this study to fulfill partial requirements for graduation.

Background Information: The purpose of this study is to investigate the relationship between adult attachment styles and burnout, and how self-efficacy influences that relationship.

Procedures: If you agree to be in this study, I would ask you to do the following tasks:
1. You will be asked to complete a demographics and survey packet (approximately 30-minutes).
2. Once you complete the demographics and survey packet, place the packet into the box provided (do not include your name on the demographics or survey packet), thus completing your participation in the study.

Risks: The risks involved in this study include:
1. There are minimal risks associated with participating, but they are no greater than the risks you experience when going about your everyday activities.
2. If instances of abuse or soon-to-occur physical injury to self or another person are discussed, they will need to be reported by the researcher, as required by law.
3. If as a result of participating in the surveys you become upset (i.e., mad, sad, scared), please contact your employer’s Employee Assistance Program (EAP) via your Human Resources representative or your local community services board.

Benefits: Participants should not expect to receive a direct benefit from taking part in this study, although data may uncover interventions. Benefits to society include potentially adding to the literature on the relationship between attachment, burnout, and self-efficacy.

Compensation: Participants will not be compensated for participating in this study.
Confidentiality: The records of this study will be kept private. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be anonymous.
- Data will be stored in a locked cabinet. After entry into a data-processing computer program, the information will be protected via password-locked computer.
- All survey data will be destroyed after three years.

Voluntary Nature of the Study: Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University, this researcher, your supervisor(s), or your employer. If you decide to participate, you are free to not answer any question or withdraw at any time, prior to submitting the survey, without affecting those relationships.

How to Withdraw from the Study: If you choose to withdraw from the study, please inform the researcher that you wish to discontinue your participation prior to submitting your study materials. Your responses will not be recorded or included in the study.

Contacts and Questions: The researcher conducting this study is Eric Jason Camden. You may ask any questions you have now. If you have questions later, you are encouraged to contact him at 540-231-0450 ext. 143 or ecamden1@liberty.edu. You may also contact the researcher’s faculty chair, Dr. Fred Volk, at fvolk@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researchers, you are encouraged to contact the Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Statement of Consent: I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.
**Maslach Burnout Inventory™**

**Instruments and Scoring Keys**

Includes MBI Forms:
- Human Services - MBI-HSS
- Medical Personnel - MBI-HSS (MP)
- Educators - MBI-ES
- General - MBI-GS
- Students - MBI-GS (S)

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**Sample Items:**

**MBI - Human Services Survey - MBI-HSS:**
- I feel emotionally drained from my work.
- I have accomplished many worthwhile things in this job.
- I don’t really care what happens to some recipients.

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**MBI - Human Services Survey for Medical Personnel - MBI-HSS (MP):**
- I feel emotionally drained from my work.
- I have accomplished many worthwhile things in this job.
- I don’t really care what happens to some patients.

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**MBI - Educators Survey - MBI-ES:**
- I feel emotionally drained from my work.
- I have accomplished many worthwhile things in this job.
- I don’t really care what happens to some students.

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Cont’d on next page
MBI - General Survey - MBI-GS:
  I feel emotionally drained from my work.
  In my opinion, I am good at my job.
  I doubt the significance of my work.

MBI - General Survey for Students - MBI-GS (S):
  I feel emotionally drained by my studies.
  In my opinion, I am a good student.
  I doubt the significance of my studies.

Sincerely,

Robert Most
Mind Garden, Inc.
www.mindgarden.com
January 29, 2019

Dear Liberty University’s Institutional Review Board,

I am the Chief Executive Officer of The Hughes Center. Please allow this letter to verify my permission for Mr. Eric Jason Camden to collect data for his dissertation, “Attachment and Burnout: Exploring the Predictive Nature of Self-Efficacy in a Sample of Direct-care Staff Members”, at my facility, The Hughes Center. I understand that Mr. Camden has taken efforts to ensure the confidential and voluntary nature of this study, that there is minimal to no risk of harm to the participants of the study, and that patient information is not requested within this study. Specifically, I grant Mr. Camden permission to conduct a cross-sectional survey or, in other words, a one-time data collection survey using direct-care employees as participants. If for some reason a staff member, who voluntarily agreed to the terms within the informed consent, becomes dysregulated, Mr. Camden has provided information for that individual to access the employer’s Employee Assistance Program (EAP) and/or community based mental health services.

Please feel free to contact me at 434-836-8510 if you require additional or clarifying information.

Respectfully Submitted,

Michael S. Triggs
CEO, Hughes Center
1601 Franklin Turnpike
Danville, VA 24540
michael.triggs@uhsinc.com
Office: 434-836-8510
Fax: 434-333-7569
Dear Liberty University’s Institutional Review Board,

I am the Chief Executive Officer of Liberty Point Behavioral Healthcare. Please allow this letter to verify my permission for Mr. Eric Jason Camden to collect data for his dissertation, “Attachment and Burnout: Exploring the Predictive Nature of Self-Efficacy in a Sample of Direct-care Staff Members”, at my facility, Liberty Point Behavioral Healthcare. I understand that Mr. Camden has taken efforts to ensure the confidential and voluntary nature of this study, that there is minimal to no risk of harm to the participants of the study, and that patient information is not requested within this study. Specifically, I grant Mr. Camden permission to conduct a cross-sectional survey or, in other words, a one-time data collection survey using direct-care employees as participants. If for some reason a staff member, who voluntarily agreed to the terms within the informed consent, becomes dysregulated, Mr. Camden has provided information for that individual to access the employer’s Employee Assistance Program (EAP) and/or community based mental health services.

Please feel free to contact me at 540-213-0450 if you require additional or clarifying information.

Regards,

Taylor Davis, CEO
Liberty Point Behavioral Healthcare