



Resilience, burnout and psychological well-being in forensic health care professionals working in a secure setting.

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Abstract

Introduction. Stress and burnout has been widely assessed amongst health care professionals, although little attention has been given to forensic services. Forensic mental health professionals (FHCP) are known to experience extreme levels of violence and aggression (Bowers, 2002). Whittington & Richter (2006) found repeated exposure to violence and aggression was a main contributor to occupational stress and burnout. Research has been very negative in its focus, looking at existing stressors; burnout and psychological distress. There has been a lack of focus on the protective factors such as positive well-being and resilience. Howard (2008) found that a high level of resilience eliminates the negative effects of occupational stress. It has been suggested that resilience is essential in FHCP in adapting to stressful situations, developing positive coping strategies and enhancing psychological well-being (Stephen, 2013). The study aims to redirect the research from a positive psychology perspective.

Aims. The aim of the current study was to examine the levels of burnout, resilience and psychological well-being among FHCP employed within forensic services. It was predicted that higher reports of resilience and psychological well-being would be associated with lower levels of emotional exhaustion and depersonalisation, and higher levels of personal accomplishment.

Method. Two hundred and eighty two FHCP were recruited from a secure psychiatric hospital in the United Kingdom. A response rate of 64% was achieved. FHCP were given a research pack to collect demographic information and self-reported measures of burnout, psychological well-being and resilience. A qualitative, within participant design was used to measure the relationship between highly standardised measures. A one-way ANOVA was conducted to examine the differences between qualified and unqualified staff in terms of burnout, resilience and well-being. Further, independent t-tests revealed significant differences between qualified and unqualified staff. Unqualified staff showed significantly higher levels of personal accomplishment, psychological well-being and resilience, and lower levels of emotional exhaustion than unqualified staff.

Results. The study found that a substantial amount (33.4%) of FHCP were experiencing high burnout in relation to emotional exhaustion (49%), while the majority of FHCP demonstrated moderate levels of burnout. The findings confirm that higher reports of resilience and well-being are associated with lower levels of burnout, identifying resilience and well-being as possible protective factors of burnout.

Discussion and Conclusion. The findings support the commonly held assertion that forensic services are highly stressful working environments which can cause FHCP to experience substantial levels of stress. The present findings are in line with previous research (Elliot, 2013; Coffey, 1999) reporting similar findings on burnout subscales for depersonalisation and personal accomplishment, and marginally higher on emotional exhaustion. A possible explanation for these findings could be that FHCP except stress is an integral part of working in a forensic setting and develop coping strategies to prevent burnout. Potential implications for research, education, and practice require increasing FHCP knowledge, resilience and social competence to develop positive coping strategies, optimism and problem solving skills when providing inpatient services in secure settings. Future research is recommended to provide a more comprehensive analysis examining FHCP individual experiences.

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