

AN ORGANIZATIONAL APPROACH TO BURNOUT IN
ADULT FOSTER HOME CAREGIVERS IN HAWAII

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Abstract

Caregiver burnout is an adverse psychological event that a person experiences in relation to long-term and emotional stress that is brought about by work that entails helping other people.

Caregiver burnout may compromise patient safety by affecting patients' mortality rates and increasing their risk for abuse and neglect, and it may impact the physical and mental health of caregivers, reduce their eagerness to help patients, and increase caregivers' turnover rates.

Clients living in adult foster homes are a vulnerable population who are often explicitly dependent on their caregivers; they are unable to perform ADLs, prepare their own meals, comply with medications, and/or verbally express their needs. Caregiver burnout in adult foster home caregivers must be investigated especially as the elderly population increases and as more adults with disabilities are placed in adult foster homes. This project examined burnout in adult foster home caregivers in Hawai`i, determined its effects on caregivers and client care, and identified organizational means for its prevention and management. Adult foster home caregivers from three case management agencies in Hawai`i were asked to complete an anonymous sociodemographic online survey on Survey Monkey and to participate in three online focus groups through Zoom. The online survey contained five Likert-scale questions that inquired about caregivers' age, sex, number of adult foster home clients in their homes, years of caregiving experience, and the number of hours spent caregiving per week. Three (N=3) caregivers responded to the survey, and their responses were not analyzed. Thirteen (N=13) caregivers participated in the online focus groups. These caregivers were asked to respond to ten questions about burnout, job demands and resources, and case management agencies' management of burnout. Their responses were manually transcribed verbatim, manually analyzed using thematic analysis, and electronically analyzed using MAXQDA. Four themes

were identified: caregivers' impression of burnout, relief, training, and support. Data gathered from the focus groups were combined with data from the literature to develop a presentation about the organizational management of burnout in adult foster home caregivers. The presentation was sent to 21 case management agencies in Hawai'i. These agencies were asked to respond to anonymous online pre- and post-tests on Survey Monkey before and after reviewing the presentation. The surveys contained two Likert-scale questions about agencies' knowledge about burnout and their likelihood of implementing interventions to manage burnout among adult foster home caregivers. Three (N=3) responses were collected and analyzed using paired-samples t-test with JASP 0.14.1 software. The results from the pre-test and post-test indicate that case management agencies' review of the burnout presentation did not result in any significant improvement in their knowledge or likelihood of implementing organizational methods of managing burnout. Based on the data collected in this study, a combination of the JD-R model and the action research framework is recommended in the development of organizational interventions to manage burnout among adult foster home caregivers. Case management agencies should identify adult foster home caregivers' most valuable job resources and provide enough of these resources to caregivers on an ongoing basis to manage burnout and to protect caregivers and clients from the consequences of caregiver burnout.

Keywords: Burnout; Adult Foster Home Caregiver; Community Care Foster Family Home; Case Management Agency

Table of Contents

Abstract	ii
List of Tables	vii
List of Figures	viii
List of Abbreviations	ix
Chapter 1: Statement of the Problem, Project Aim, and Objectives.....	1
Introduction to the Problem	1
Hawai`i.....	2
Adult Foster Homes	3
Problem Statement	5
Significance of the Problem.....	6
Significance of the Study	7
Expected Outcomes	9
Specific Aims.....	9
Chapter 2: Review of Literature (Problem Description).....	11
Literature Review.....	11
Causative factors	12
Protective factors	14
Effects of Burnout.....	15
Prevention	17
Purpose of Project	19
Significance to Rural Health.....	20
Specific Objectives	21
Theoretical Framework.....	21
Conceptual Framework.....	23
Chapter 3: Project Design and Evaluation Plan.....	25
Project Design & Setting	25
Participants.....	29
Setting	30
Data Collection Methods	30
Data Analysis Methods	30
Human Subjects Protection.....	31
The Study Population.....	31
Recruitment.....	32

Data Management	32
Risks and Benefits.....	33
Informed Consent.....	33
Compensation and Cost	35
Resources Needed for Project.....	35
Timeline for Proposal Completion.....	35
Chapter 4: Results	37
Project Implementation.....	37
Focus Group Results	40
Thematic Analysis	46
Results of Pre- and Post-Tests	56
Chapter 5: Recommendations and Conclusions	58
Discussion of Results	58
Recommendations.....	60
Facilitators and Barriers	62
Strengths	62
Limitations and Weaknesses.....	63
Dissemination Plans.....	64
Implications for Practice	64
Appendix A.....	65
Sociodemographic Survey	65
Appendix B	67
Focus Group Questions.....	67
Appendix C	68
Pre- and Post-Test Questions	68
Appendix D.....	69
Phone Script – Recruitment – CMA – Focus Group	69
Appendix E	70
Phone Script – Recruitment – Focus Group	70
Appendix F.....	72
Email Text – Focus Group.....	72
Appendix G.....	73
Email Text – Recruitment – CMA.....	73
Appendix H.....	75

Flyer	75
Appendix I	76
Focus Group Consent Form	76
Appendix J	79
CITI Completion Forms.....	79
Appendix K.....	85
Thematic Analysis Codes	85
Appendix L	86
MAXQDA Codes.....	86
Appendix M	89
Brochure.....	89
References.....	91

List of Tables

Table 1: Resources Needed for Project.....	35
Table 2: Timeline for Proposal Completion.	36
Table 3: Participants' Demographic Information.....	38
Table 4: Focus Group Questions.....	39
Table 5: Paired Samples T-Test.....	56
Table 6: Shapiro-Wilk Test.....	56
Table 7: Wilcoxon Signed-Ranks Test.	56
Table 8: Descriptive Statistics.	56

List of Figures

Figure 1: The Job Demands-Resources Model.....	22
Figure 2: Knowledge to Action Process	24
Figure 3: Project Design	26
Figure 4: Focus Group Responses (Q1).....	41
Figure 5: Focus Group Responses (Q2).....	41
Figure 6: Focus Group Responses (Q3).....	42
Figure 7: Focus Group Responses (Q4).....	42
Figure 8: Focus Group Responses (Q5).....	43
Figure 9: Focus Group Responses (Q6).....	43
Figure 10: Focus Group Responses (Q7).....	44
Figure 11: Focus Group Responses (Q9).....	46
Figure 12: Focus Group Responses (Q10).....	46
Figure 13: Caregivers' Impression of Burnout.....	47
Figure 14: Excessive Work and Lack of Relief	48
Figure 15: Attainment of a Substitute Caregiver	49
Figure 16: Training	50
Figure 17: Support	51
Figure 18: Pre-Test Results (Q1)	52
Figure 19: Pre-Test Results (Q2)	53
Figure 20: Post-Test Results (Q1).....	55
Figure 21: Post-Test Results (Q2).....	55

List of Abbreviations

ADLs: Activities of daily living

CMA: Case management agency

HAR: Hawaii Administrative Rules

JD-R model: Job-Demands Resources Model

KTA framework: Knowledge to Action Framework

Q: Question

RN: Registered nurse

Chapter 1: Statement of the Problem, Project Aim, and Objectives

Introduction to the Problem

The United States Census Bureau estimates that the elderly population (23.4%) will outnumber the population of children (19.8%) in the United States by the year 2034 as a result of less births, lengthy life expectancy, and aging baby boomers (Vespa, 2018). By the year 2030, every baby boomer will be over the age of 65 years, and they will comprise 21 percent of the U.S. population—an increase from the present 15 percent (Vespa, 2018). Thus, the nation can anticipate increasing needs for health services and long-term care services that can serve and keep up with the growing elderly population (Vespa, 2018). The state of Hawai`i has the highest life expectancy (81.3 years) in the nation at birth (The US Burden of Disease Collaborators, 2018), and its population of residents who are 85 years old and older has been expected to increase by about two thirds between the years 2007 and 2030 (Hawai`i Long-Term Care Commission [HLTCC], 2012). In addition to a growing elderly population, Hawai`i is home to roughly 22,000 adults 25 years of age and older with serious disabilities (HLTCC, 2012), so a clear need exists for adequate and durable health care and long-term care services.

Unfortunately, the standard of care in residential settings in Hawai`i has been questioned by stakeholders because of a lack of collaboration among fragmented state departments, and in comparison to the rest of the nation, the state has a smaller supply of nursing home beds for the elderly (HLTCC, 2012). The nursing bed deficit has led to higher rates of people with disabilities occupying nursing homes compared to the rest of the country (O'Keefe & Wiener, 2011). The shortage of accommodations may have prompted the expansion of various residential care establishments, such as assisted living facilities, community care foster family homes, adult residential care homes, and extended care adult residential care homes (HLTCC, 2012). The need

for long-term care is surpassing the availability of skilled and experienced workers who are capable of caring for the elderly and people with disabilities (Nishita et al., 2014). Stakeholders have conveyed apprehension about the competence of residential care staff in administering the complex degrees of care required by individuals who are placed in the community (O’Keefe & Wiener, 2010). The growing elderly population and shortage of long-term care will require a skilled and healthy supply of adult foster home caregivers who will be able to provide safe, quality care to clients who are placed in adult foster care.

Hawai`i

In 2018, there were 1,422,029 people living in Hawai`i (United States Census Bureau, 2018). 56.5% of the population identified as Asian, 43.1% as white, 26.2% as Native Hawai`ian and other Pacific Islander, 3.5% as Black or African American, 2.5% as some other race, and 2.4% as American Indian and Alaska Native. Asians, who make up the majority of the Hawai`i population, consisted of 214,895 Filipinos (15.1%), 171,478 Japanese (12.1%), 57,059 Chinese (4.0%), 55,270 other Asian (3.9%), 24,659 Koreans (1.7%), 10,582 Vietnamese (0.7%), and 2,899 Asian Indians (0.2%) (United States Census Bureau, 2018). The average household and family incomes were \$99,765 and \$112,416, respectively (United States Census Bureau, 2018). 17.3% of the population was 65 years of age and older, and 33.5% of this group claimed to have a disability but were not institutionalized (United States Census Bureau, 2018). The median income for full-time males was \$51,590 in 2018 and \$42,130 for females (United States Census, Bureau, 2018). The median home cost in 2019 was \$627,429 (Josephson, 2019), and the average rent in Honolulu was \$2,350 in 2018 (United States Census Bureau, 2018). Additionally, nearly half (46.2%) of renters spend at least 35% of their household income on rent (United States Census Bureau, 2018).

Adult Foster Homes

Adult foster homes—also known as community care foster family homes—are regulated and licensed by the Department of Health to administer paid 24-hour living arrangements, which include homemaker services and personal care, to up to three individuals, or clients, who need long-term care, which requires that the clients have at least two limitations in activities of daily living (ADLs) for at least ninety days or some form of cognitive impairment, either of which must be verified by a physician (HAR §321-481; O’Keefe & Wiener, 2011). A case manager, who must be someone unrelated to the client, from a case management agency licensed by the Department of Health, coordinates the client’s long-term and health care services and ascertains that the client’s health requirements are fulfilled (HAR §11-800; O’Keefe & Wiener, 2011). A case management agency assesses the needs of clients in adult foster homes; develops, reviews, and updates their service plans routinely and as needed; locates, coordinates, and monitors the clients’ support services; and oversees the clients’ well-being 24 hours a day every day in the community (HAR §321-481). The purpose of case management is to help clients promptly obtain necessary services and care and to avoid unwarranted institutionalization by exhaustively considering available options in the community (HAR §11-800). An adult foster home is owned and managed by a primary caregiver, who is usually a nurse aide (or licensed practical nurse or registered nurse) that has received training approved and required by the state and Department of Health and who is personally responsible for caring for and supervising up to three clients in their home (HAR §11-800; HAR §321-481). In order to operate an adult foster home, caregivers must be a resident of the home that will be used; must be either a nurse aide, licensed practical nurse (LPN), or registered nurse (RN) with a minimum of one year experience in a home environment; have a substitute caregiver who can perform caregiving duties if the primary

caregiver is absent; and must pass a background check (HAR §11-800). Primary caregivers must be at least 21 years of age, and substitute caregivers must be at least 18 years old (HAR §11-800). Substitute caregivers who administer at least three hours of care to a client should at least be a nurse aide (HAR §11-800). Neither primary or substitute caregivers should have any physical or mental impairments that would inhibit them from providing 24-hour care to clients on a daily basis (HAR §11-800). Both primary and substitute caregivers must be able to speak, read, and write in English and be able to non-medically transport clients with a valid Hawai'i driver's license and insured vehicle or through alternate means, such as taxi or Handi-Van (HAR §11-800). Other caregiver requirements include compliance with all federal, state, and county laws and regulations; current tuberculosis clearance; and proof of required in-service training (HAR §11-800). Caregivers are permitted to administer a number of nursing care duties, activities, and functions to their clients if they are appropriately delegated, evaluated, monitored, and supervised by a licensed nurse (O'Keefe & Wiener, 2011). Caregivers may assist clients with both activities of daily living (ADLs) and instrumental activities of daily living (IADLs), which include ambulation, mobility, transfers and lifts, turning and repositioning, bladder and bowel care, bathing, toileting, nutrition, grooming, dressing, range of motion exercises, assistance with medications, health record maintenance, meal preparation, grocery shopping, laundering, and housework (HAR §11-800-2). Many clients, especially those with cognitive impairments, require constant supervision and hands-on care (O'Keefe & Wiener, 2011). Adult foster homes are routinely monitored and inspected every one to two years by the Department of Health and upon notice of a complaint or violation (HAR §11-800). Case management agencies routinely monitor clients and caregivers to confirm that clients are receiving appropriate care and services based on their service plans and that their needs are being met by the caregivers and the

home environment (HAR §11-800). Case managers, who are either registered nurses or social workers, must personally meet with clients at least once a month or more often based on the clients' health conditions and the skills of the caregivers (HAR §11-800). RN case managers must regularly monitor clients with medically complicated conditions, which are established by the physician or RN (HAR §11-800). Clients' satisfaction and responses to provided services and caregiving quality and the home environment must be continually evaluated by case management (HAR §11-800). Case management must regularly assess the behavior, status, and competency of caregivers, as well as caregivers' employment and childcare to recognize needs for intervention (HAR §11-800). Case management must continually assess for adverse events and inappropriate activity, such as client isolation, and ensure that a competent caregiver is physically present for the client(s) at all times (HAR §11-800). Case management is responsible for reporting any concerns about any adult foster home to the Department of Health (HAR §11-800).

As of March 2021, 1,243 adult foster homes were licensed in the state of Hawai`i (Oahu=1,035, Maui=57, Molokai=2, Hawai`i Island=126, Kauai: 23) (State of Hawai`i, 2021), and the number continues to grow with the certification of new adult foster homes. Each adult foster home may hold up to three patients, or clients; thus, up to 3,675 clients can be living in adult foster homes in the state of Hawai`i at any time.

Problem Statement

A review of the literature reveals little if anything about the burnout experienced by formal caregivers in adult foster homes, and such ignorance may facilitate the increased risk for caregiver turnover, adverse events, abuse, and neglect of clients living in adult foster homes (Kandelman et al., 2018; Maslach et al., 2018). As previously mentioned, adult foster home

caregivers are paid to care for clients who they are unrelated to, and the 24-hour care takes place in these caregivers' own homes. These caregivers simultaneously and constantly encounter stressors related to caring for their clients and for their own families due to the inability to separate the work and home environments. As a result, their risk for burnout may be higher than caregivers who work in other settings, which in turn, may increase the risk for caregiver turnover and adverse events, neglect, and abuse of clients. Therefore, a study is required to explore burnout in adult foster home caregivers and determine organizational methods for its mitigation.

Caregiver burnout is an adverse psychological event that a person experiences in relation to long-term and emotional stress which is brought about by work that entails helping other people (Kandelman et al., 2018). Caregiver burnout may compromise patient safety by affecting patients' mortality rates and increasing their risk for abuse and neglect (Goergen, 2004; Kandelman et al., 2018; Laschinger & Leiter, 2006). Elderly patients are more likely to experience hospitalization and early mortality when being cared for by burdened caregivers (Brown et al., 2018). Caregiver burnout may also impact the physical and mental health of caregivers, reduce their eagerness to help patients, and increase their turnover rates (Brotheridge & Grandey, 2002; Schmidt et al., 2012). Turnover must be controlled to maintain a sufficient workforce for the growing populations who may require future placement in the community.

Significance of the Problem

People are leading longer lives with numerous chronic disorders (Alpert, 2014), and adult foster care has been a viable option for long-term care of the elderly and adults with disabilities (Carder et al., 2015). Employment in a private for-profit nursing home has been linked to a higher risk of developing burnout (Kandelman et al., 2018). Adult foster home caregivers may experience stress and may dismiss it as a common or even fictitious occurrence and neglect to

inform their health care providers (Alpert, 2014; Brown et al., 2018). Caregivers may sustain more stress when they care for patients with behavioral issues, such as aggression, insomnia, bowel incontinence, and memory loss (Alpert, 2014).

Burnout in caregivers must be recognized, prevented, and treated. As soon as caregiver burnout is identified, caregivers should be educated about the repercussions of burnout and how it can be alleviated, and they should be directed to resources in the community, such as support groups, therapy, or respite care for their patients (Alpert, 2014). According to Mattioli et al. (2018), although burnout may quickly develop, it can promptly dissipate once its causative factors, which may be internal or external, are eliminated. The stress of adult foster home caregivers is unique from caregivers in other settings because adult foster home caregivers experience multiple stressors in one environment and are obligated to remain in the environment because it encompasses both their home and their place of work.

Significance of the Study

Acknowledging the significance of caregiver burnout in adult foster homes is vital to maintaining a reliable workforce of caregivers and upholding client safety. Adults with disabilities and the growing elderly population are a vulnerable population. They are placed in adult foster homes because they are unable to care for themselves. Oftentimes, they are also unable to communicate their needs effectively, so the role of adult foster home caregivers is important in the promotion and maintenance of the health of the elderly and adults with disabilities. The national population of elderly people continues to grow, and more people are assuming the role of caregiver to their own family members or to dependent adults in the community (Alpert, 2014). Chronic stress among caregivers is not uncommon, and it can deteriorate their physical and mental well-being, which in turn affects their caregiving abilities

(Alpert, 2014). Burnout can lead to sickness, memory and concentration problems, weight gain, insomnia, and depression (Mattioli et al., 2018). Such symptoms can negatively impact the quality of patient care and lead to medication errors and loss of patient support (Mattioli et al., 2018). In other words, when caregivers suffer, their clients may suffer along with them.

Caregiver burnout must be recognized as a potential threat to the safety and health of both caregivers and their clients. Action must be taken to identify, treat, and prevent burnout in adult foster home caregivers in order to protect caregivers and the clients they care for. Clients living in adult foster homes are a vulnerable population who are often explicitly dependent on their caregivers; they are unable to perform ADLs, prepare their own meals, comply with medications, and/or verbally express their needs (Carder et al., 2015). The importance of the role of adult foster home caregivers will only increase as the populations of elderly and adults with disabilities grow.

Caregiver burnout needs to be addressed by case management agencies prior to the admission of clients into adult foster homes. It must also be monitored on an ongoing basis to ensure the well-being of caregivers and their clients. Case management agencies have an obligation to protect the clients they place in adult foster homes. Management of caregiver burnout should be performed by all case management agencies in Hawai`i.

Caregiver burnout in nurses, informal caregivers, and nursing home workers has been widely studied and discussed. Its relationship to patient safety has been identified (Hall et al., 2016). Adult foster home caregivers may face similar if not more stressors than caregivers in other settings because the clients they oversee live in their homes and require 24-hour care and monitoring. Caregiver burnout in adult foster home caregivers must be investigated especially as the elderly population increases and as more adults with disabilities are placed in adult foster

homes. The health and safety of caregivers and their clients may be compromised if caregiver burnout in adult foster homes continues to be ignored or dismissed.

Expected Outcomes

The goal of this study is to examine burnout in adult foster home caregivers in Hawai`i, to determine its effects on caregivers and client care, and to identify organizational means for its prevention and management. The job-demands resources model (Demerouti et al., 2001) will be used to analyze the components of burnout in adult foster home caregivers in Hawai`i, and the model will serve as the project's framework during implementation. Organizational methods for the mitigation of burnout will be identified and disseminated to case management agency operators in Hawai`i.

Specific Aims

Aim #1. Determine the impact of burnout on adult foster home caregivers in Hawai`i, identify their job demands and job resources, and identify organizational resources or interventions that may help prevent or manage burnout.

Objective #1. Collect background information from focus group participants.

Objective #2. Conduct three focus groups of five to eight adult foster home caregivers each from three different case management agencies in Hawai`i.

Aim #2. Determine case management agency operators' knowledge about burnout and their willingness to implement organizational measures to mitigate burnout among adult foster home caregivers.

Objective #1. Distribute a pre-test to case management agency operators to determine their current knowledge about burnout and their willingness to implement organizational measures to mitigate burnout among adult foster home caregivers.

Aim #3. Disseminate information to case management agency operators in Hawai`i.

Objective #1. Develop an evidence-based presentation based on information gathered from the focus groups and the literature to inform case management agency operators about adult foster home caregivers' perception of burnout and its mitigation.

Objective #2. Distribute presentation to case management agency operators in Hawai`i.

Aim #4. Determine case management agency operators' knowledge about burnout and their willingness to implement organizational measures to mitigate burnout among adult foster home caregivers after review of the presentation.

Objective #1. Distribute post-test to case management agency operators to determine their knowledge about burnout and their willingness to implement organizational measures to mitigate burnout among adult foster home caregivers following review of the presentation.

Chapter 2: Review of Literature (Problem Description)

Literature Review

The World Health Organization (WHO) defines burnout as “a syndrome conceptualized as resulting from chronic workplace stress that has not been successfully managed...characterized by three dimensions: 1) feelings of energy depletion or exhaustion; 2) increased mental distance from one’s job, or feelings of negativism or cynicism related to one’s job; and 3) reduced professional efficacy” (WHO, 2019). The concept of burnout was first examined by Freudenberger in the 1970s when he noticed that a group of working volunteers were emotionally exhausted (Freudenberger, 1974; Halbesleben, 2008). Freudenberger recognized that too much work reduced energy and social abilities and brought about physical symptoms such as fatigue and exhaustion, behavioral symptoms such as social isolation, cognitive symptoms such as cynicism, and decreased productivity despite excessive work hours (Freudenberger, 1974; Gorgievski & Hobfoll, 2008). Maslach et al. (1996) define burnout as “a psychological syndrome of emotional exhaustion, depersonalization, and reduced personal accomplishment that can occur among individuals who work with other people in some capacity”. They further describe emotional exhaustion as a reduction in energy and emotional reserves, depersonalization as a buildup of cynicism and emotional indifference towards people receiving care or service, and decreased personal accomplishment as a feeling of inadequacy and a negative attitude toward one’s work with other people, which can cause workers to feel as if their clients’ problems are justified (Breux et al., 2008; Demerouti et al., 2000; Maslach et al., 1996). Many authors state that personal accomplishment is a byproduct of depersonalization and emotional exhaustion and that the latter two are correlated and regarded as the essential manifestations of burnout (Demerouti et al., 2000; Halbesleben, 2008; Maslach et al., 1996).

Cordes and Dougherty (1993) describe burnout as a persistent sequence of reactions to stress in the workplace that requires considerable amounts of interactions with other people. Burnout may arise in any type of work environment, and it can contribute to high rates of absenteeism and turnover, decreased morale, inferior work performance, and potentially “depression or suicide” (Brotheridge & Grandey, 2002; Kandelman et al., 2018; Maslach et al., 1996). Emotional detachment may be common among people who work in the human service industries (Evans & Fischer, 1993). People who work in health care or with people with diseases and/or disabilities may experience higher levels of burnout due to their constant interaction with patients and because of their continuous involvement in people’s issues and health statuses (Cordes & Dougherty, 1993).

Jeanneau and Armelius (2000) found an association between burnout and “negative self-image” that is exacerbated by chronic stress, but they were unable to determine whether negative self-image led to burnout or vice versa. Other manifestations of burnout include disassociation from work, loss of resourcefulness, decrease in engagement, bodily and emotional disorders, and negative attitudes (Cordes & Dougherty, 1993).

Causative factors

Numerous factors can lead to burnout. A significant cause of burnout is an overwhelming work schedule marked by insufficient time and resources to prepare for and perform work, incessant disruptions, and liability without the authority to make decisions (Demerouti et al., 2000; Laschinger & Leiter, 2008). Direct, constant, or lengthy interactions with clients or working with clients who have chronic problems are related to greater burnout levels; nurses who spend a lot of time with their patients require large amounts of emotional reserves and even more so with gravely ill patients (Cordes & Dougherty, 1993). Nurses have associated supervisor

support, conflict resolution, and provider relations with burnout and job fulfillment (McHugh et al., 2011). People who help others for a living are more likely to become emotionally strained because of the continuous exposure to people and their issues (Cordes & Dougherty, 1993; Maslach, 1978). Nurses who are unable to exhibit their actual emotions exhaust their energy reserves and develop cynical feelings towards their patients and their jobs (Harrad & Sulla, 2018). Patients' difficult behaviors, especially depression, aggression, or apathy, may cause frustration, dissatisfaction, and anxiety and increase the possibility of burnout (Schmidt et al., 2012). Caregivers may experience burnout and job dissatisfaction when encountering difficulties with patients' families (Abrahamson et al., 2010).

Schmidt et al. (2012) found that occupational position, seniority, and qualifications did not alleviate the stress caused by patients' problematic behaviors and that nurses over age 45 years old experienced more stress than nurses under 45 years of age. However, a previous study by Brodaty et al. (2003) found that older age was associated with higher levels of stress related to clients' behaviors and decreased satisfaction with work, and longer nursing home experience was related to higher stress levels. Anderson (2008) also found that longer work experience in a facility decreases the personal accomplishment experienced by CNAs, who may prefer periodic changes of their work environment. Maslach et al. (2001) theorize that single people are more likely to experience burnout compared to married and divorced people, and Maslach and Jackson (1985) found that a person's sex (male or female) may not be related to burnout.

An absence of social support has been associated with burnout, especially support from managers or supervisors (Maslach et al., 2001). Inadequate feedback, contribution, and autonomy are also related to burnout (Maslach et al., 2001). Nurses may be more prone to burnout if they are not encouraged to be competent, if they do not understand their

responsibilities, if work policies and rules are vague, if there is a lack of innovation, and if their work environment is uncomfortable and unappealing (Constable & Russell, 1986). Having high expectations causes people to exert too much effort at work, which may lead to fatigue and pessimism if expectations are not met (Maslach et al., 2001).

The precursors of burnout can be divided into four categories: organizational or departmental traits, job or role features, interpersonal relationships, and personal traits (Breux et al., 2008). Examples of organizational factors are work schedule and emotional climate (Cordes & Dougherty, 1993). An example of a job factor is “role conflict”, which results when workers’ views of responsibilities do not match those of their superiors (Kahn, 1978). An interpersonal relationship factor is the absence of peer and supervisory support (Breux et al., 2008). Personal characteristics can aggravate burnout or protect people by improving the ability to acclimate to or overcome stress (Breux et al., 2008). An example of a personal characteristic is neuroticism, which encompasses nervousness, aggression, depression, insecurity, and sensitivity, and it has been associated with burnout (Langelaan et al., 2006; Maslach et al., 2001). Another factor that can contribute to burnout is unethical administrative processes which can compromise workers’ trust (Laschinger & Leiter, 2008). Other significant factors contributing to burnout include time and work demands and role ambiguity (Juthberg et al., 2008). Kim et al. (2019) found a negative association between burnout and social support, job satisfaction, and job autonomy among long-term care workers in Hawai`i, and they noted that low compensation may increase stress.

Protective factors

Jenkins and Maslach (1994) postulated that higher education and psychological well-being during adolescence and young adulthood may prevent burnout. Maslach and Jackson (1985) found that people with children had less burnout, and they theorized that having a family

to provide for gave them a distinctive work perspective; having a family equipped them with more knowledge about and patience for caring for other people and their issues, and the family acted as an emotional reserve instead of an emotional leak that helped cope with job strain (Maslach & Jackson, 1985). On the other hand, they posited that people who lack children valued personal achievement and were free to switch careers if they felt dissatisfied (Maslach & Jackson, 1985).

Workload and patient mortality were recognized as the main causes of workplace strain among nurses in the state Hawai`i, and Hawai`i nurses cope with these stressors through social support, self-control, positive reinforcement, and organized problem-solving (Lambert et al., 2004). Anderson (2008) found that CNAs from minority groups may cope more effectively with grief, which preserves their emotional attachment to their patients.

Effects of Burnout

Chronic burnout may facilitate numerous pathophysiological mechanisms, such as metabolic events, inflammatory processes, and chronic acute phase response, all of which could lead to health impairment (Melamed et al., 2006). For example, chronic burnout may predispose apparently healthy individuals to type 2 diabetes (Melamed et al., 2006). High levels of burnout significantly increase the risk for developing coronary heart disease (Toker et al., 2012). The occurrence of physical diseases grew with the severity of burnout in men and women (Honkonen et al., 2006). For example, 28% of participants in their study with severe burnout had cardiovascular disease. They also found that burnout was associated with musculoskeletal diseases in women and cardiovascular diseases in men, which was not justified by confounding factors such as health behavior or sociodemographic factors (Honkonen et al., 2006). Burnout has been associated with metabolic syndrome, poor health behaviors, sleep disturbances, blood

coagulation and fibrinolysis, impaired immunity, systemic inflammation, and dysregulation of the hypothalamic-pituitary adrenal axis and sympathetic nervous system activation (Melamed et al., 2006). In a prospective cohort study, Mohren et al. (2003) found that burnout was a risk factor for common infections, such as gastroenteritis, flu and the common cold, which indicates that burnout may impair the immune system. In a population-based study, Ahola et al. (2012) found that burnout was associated with unhealthy behaviors, such as sedentary lifestyle, obesity, and excessive alcohol consumption. In a 10-year prospective cohort study, Ahola et al. (2010) found that burnout was related to all-cause mortality during a 10-year follow-up in workers who were 45 years old at baseline. They found that burnout increased the risk for premature death by 31% in employees under 45 years of age. Burnout, however, was not associated with mortality in workers over the age of 45 (Ahola et al., 2010). Burnout may be a risk factor for musculoskeletal pain, such as neck, shoulder, and back pain, in apparently healthy individuals (Armon et al., 2010). It may also predict symptoms of depression (Hakanen & Schaufeli, 2012).

Burnout may be associated with numerous types of personal impairments, such as increased substance use and family and marital disputes, and it may negatively affect life at home (Burke & Greenglass, 2001; Maslach et al., 1996). Burnout has been associated with job dissatisfaction, absenteeism, resignation, and turnover, and it may decrease productivity and responsibility among people who maintain employment (Maslach et al., 1996). Turnover may then lead to an accumulation of employees who lack experience and skill, which in turn may decrease productivity, increase costs, and most importantly, compromise patient safety (Oliveira et al., 2015; Savicki & Cooley, 1994). Younger age may be associated with higher turnover rates among CNAs (Anderson, 2008). In 2008, the National Sample Survey of Registered Nurses revealed that 37% of nurses working in non-nursing jobs decided against working as nurses

because of burnout and demanding work settings (McHugh et al., 2011).

Burnout may compromise the quality of patient care, affect mortality rates, and heighten the risk of patient abuse and neglect (Goergen, 2004; Maslach et al., 1996; Welp et al., 2015). Goergen (2004) found that nurses who abused their patients exhibited emotional exhaustion, and Saveman et al. (2009) noted in their study that nursing staff employees who abused residents in residential settings exhibited burnout and exhaustion. Shinan-Altman and Cohen (2009) found that burnout is associated with abuse-promoting conduct. McHugh et al. (2011) found burnout was reported in 34% of hospital nurses, 37% of nursing home nurses, and 22% of nurses employed in other environments. Burnout may affect how aggravating patients' behaviors may seem to caregivers (Harrad & Sulla, 2018). Nurses experiencing burnout may treat their patients negatively, be less willing to assist them, and be more inclined to abandon the nursing field altogether (Schmidt et al., 2012; Todd & Watts, 2005). Patients report lower satisfaction in settings where nurses report burnout and job dissatisfaction (McHugh et al., 2011).

White et al. (2019) found that missed care was more common in RNs with high burnout. Nurses with burnout were five times more likely to miss needed care than nurses without burnout. Nearly half (49%) of nurses with burnout lacked the time and resources to perform patient surveillance (compared to 28% of nurses without burnout). Treatments and procedures were left unfinished by 38% of nurses compared to 20% of nurses without burnout, and 44% of nurses with burnout left care plans incomplete, compared to 28% of nurses without burnout (White et al., 2019).

Prevention

Burnout occurs less often in workplaces that promote autonomy, control, and interprofessional collaboration and that continuously monitor for and address burnout with

appropriate interventions (Aiken, 2002; Demerouti et al., 2000; Laschinger & Leiter, 2008). The daily responsibilities of nurses must be analyzed to modify exhausting and crudely planned tasks to decrease workload, time pressure, and interactions with difficult patients (Demerouti et al., 2000). Nurses should be given the opportunity to make decisions and participate in administrative meetings (Demerouti et al., 2000); allowing nurses to assist in decision-making increases their comprehension of organizational goals and how to effectively achieve them (Kandelman et al., 2018; Quattrin et al., 2006; Spence Laschinger et al., 2009). Supervisors should proactively seek to establish and maintain a healthy workplace by supporting nurses, promoting effective communication, managing conflicts, providing feedback, decreasing patients' difficult behavior, and being emotionally supportive (Demerouti et al., 2000; Kandelman et al., 2018; Schmidt et al., 2012; Zellars et al., 1999). Strong support from management, which includes empathy and active communication, has been shown to decrease burnout in hospitals by reducing perceived stress (Breux et al., 2008). High amounts of support from managers or supervisors can reduce emotional exhaustion and influence the capacity for burnout (Constable & Russell, 1986). House (1981) found that support from supervisors may prevent work stress more than support from co-workers (Constable & Russell, 1986). Supervisors can reduce burnout among employees by defining their responsibilities, which helps reduce role ambiguity, and by giving employees positive feedback when warranted (Zellars et al., 1999).

Nurses should be educated about the management of difficult behavior, especially dementia and its associated depression (Brodaty et al., 2003; Hasson & Arnetz, 2008; Schmidt et al., 2012). Nurses should also be trained about coping skills, stress management, and social skills (Mimura & Griffiths, 2003; Shinan-Altman & Cohen, 2009). Sufficient staff should be assigned

during each shift, and staff expectations should be clarified (Shinan-Altman & Cohen, 2009).

According to Shinan-Altman and Cohen (2009), burnout can be treated with education, support, and supervision. Breaux et al. (2008) recommend the employment of educational seminars to disseminate information about burnout in order to improve health care services (Quattrin et al., 2006). Solid support from supervisors and co-workers may decrease the incidence of burnout in health care workers (Kim et al., 2019). Support groups may protect workers from burnout (Breaux et al., 2008), but discussion should concentrate on the positive elements of work and avoid focusing on negative aspects in order to reduce burnout because “gripe sessions” may actually increase burnout (Zellars & Perrewé, 2001). Peterson et al. (2008) found that peer-support groups can help reduce work-associated strain and burnout. Quattrin et al. (2006) found that participation in focus groups can enhance the work environment and may lead to a reduction in burnout.

Burnout can also be prevented by providing regular time off, which can decrease the risk of burnout by fifty percent (Kandelman et al., 2018; Ruotsalainen et al., 2015). The overall goal in the prevention of burnout should be the reduction of work-related stress (Shinan-Altman & Cohen, 2009).

Purpose of Project

The purpose of this project is to determine organizational methods to prevent and manage burnout in adult foster home caregivers. Unlike other healthcare employees who work in institutional settings, such as hospitals, nursing homes, and other long-term facilities, adult foster home caregivers work within the confines of their private homes and provide 24-hour/7 days a week care to clients of varying health statuses that they are unrelated to. These clients are typically individuals who are older or who have disabilities and/or chronic conditions that

prevent them from living independently or with a relative, and they require continuous monitoring and medical therapy (Carder et al., 2015).

Adult foster homes are certified and regulated by the state and are a form of community-based or residential care (Carder et al., 2015). Caregivers assist these clients with activities of daily living, such as bathing, dressing, toileting, and eating, and they may also administer medications and nursing interventions (Carder et al., 2015). Caregivers who are unlicensed are delegated by a Registered Nurse to administer medications and perform specific nursing interventions (Carder et al., 2015). Adult foster homes are inspected on a regular basis by a state agency to ensure that the home meets all state laws and regulations, and each adult foster home's license must be renewed on annual basis (Carder et al., 2015).

Adult foster home caregivers can care for up to three clients in their home, and all clients require 24-hour accommodations and observation (Carder et al., 2015). These caregivers may be prone to burnout because their clients must be monitored 24 hours a day every day. Although caregivers may have substitute caregivers to monitor their clients when they are unavailable, many caregivers may generally be the sole caregiver in their home and may have children or family that they must also care for. Some caregivers may have other employment outside of the home and must trust their backup or substitute caregivers to provide appropriate care to their clients. Adult foster home caregivers must balance their work lives with their personal lives because their work and home life are intertwined in one setting.

Significance to Rural Health

The number of adults with disabilities in the United States is anticipated to rise with the increases of the elderly, obese, and combat veteran populations, and technological advances are lengthening the lives of people with disabilities (Froelich-Grobe et al., 2013; Iezzoni & Long-

Bellil, 2012). Due to the expected and current increases in these populations, it is imperative that an adequate number of caregivers and healthcare workers will be available and able to effectively care for those in need of appropriate care. Tackling and addressing the risk for burnout among caregivers will aid in ensuring that caregivers are healthy and able to successfully provide effective and safe care to clients without harming themselves or their clients.

Specific Objectives

The objective of this study is to identify organizational measures to manage and prevent burnout among adult foster home caregivers in Hawai'i. Up to 24 adult foster home caregivers from three different case management agencies in Hawai'i will be asked to complete an online survey and participate in three focus groups (up to eight caregivers per focus group) to identify job demands and job resources that affect burnout. The caregivers will be asked to identify how burnout may have affected them and the quality of care that they provide for their clients. They will also be asked to share coping mechanisms and suggestions for organizational changes to prevent and manage burnout. The information gathered during the focus groups will then be used to develop an evidence-based online presentation that will be shared with all case management agency operators in Hawai'i. The case management agency operators will be asked to review the presentation and to respond to an online survey that will ask if they will be willing to implement any of the recommended measures to mitigate burnout among adult foster home caregivers.

Theoretical Framework

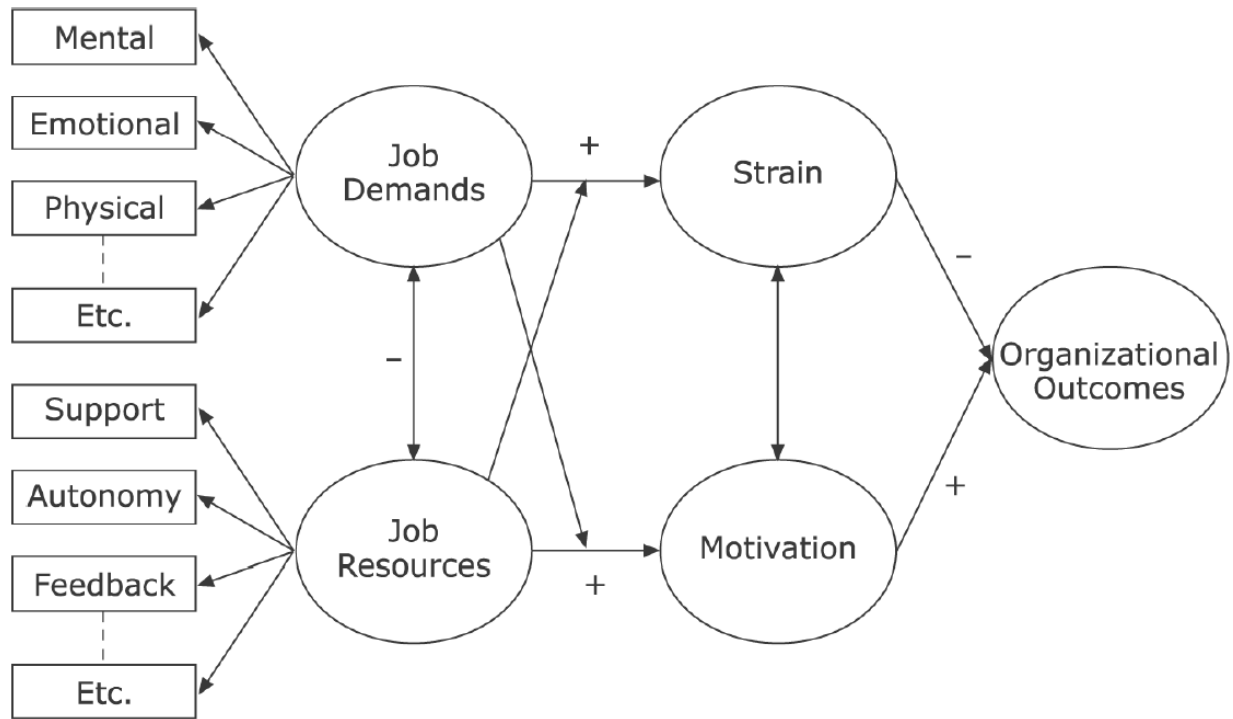


Figure 1

The Job Demands-Resources Model (Bakker & Demerouti, 2007)

The job demands-resources (JD-R) model (Figure 1) theorizes that burnout develops in two steps (Demerouti et al., 2001). During the first step, difficult elements at work cause continual strain and ultimately exhaustion. During the second step, an absence of resources overburdens the completion of job requirements, which causes “withdrawal behavior”, and withdrawal eventually leads to “disengagement from work” (Demerouti et al., 2001). Workers experience elevated exhaustion with increased job demands, and they experience elevated disengagement when they lack job resources. When workers simultaneously have increased job demands and a lack of job resources, they experience “both exhaustion and disengagement”, which is known as “burnout syndrome” (Demerouti et al., 2001).

The JD-R model assumes that every job has particular risk factors related to job stress, and as mentioned, the factors are categorized into either job demands or job resources (Bakker &

Demerouti, 2007). Job demands are physical, cognitive, organizational, or social elements of work that demand constant bodily and/or psychological exertion or competence, which, as a result, is related to physical and/or cognitive and emotional consequences (Bakker & Demerouti, 2007). Examples of job demands include a hostile work environment, emotionally draining communication with clients, and intense work demands. According to Meijman and Mulder (1998), job demands can develop into job stressors if performing the demands takes increased effort (Bakker & Demerouti, 2007). Job resources are physical, cognitive, organizational, or social elements of work that help accomplish work objectives; decrease work demands and their related physical and psychological consequences; and encourage individual advancement and education, and these resources are needed to cope with work demands (Bakker & Demerouti, 2007). Job resources can be found at the organizational level, such as income and job opportunity and security; at the social and interpersonal level, such as manager and colleague support; at the work organization level, such as taking part in making decisions and role transparency; and at the task level, such as skill diversity, autonomy, work evaluation, and task importance (Bakker & Demerouti, 2007).

The JD-R model will be used in the focus groups to determine adult foster caregivers' job resources and job demands that contribute to job strain and job motivation and ultimately to burnout. The JD-R model will also serve as the framework for the online presentation that will be presented to case management agencies. Once job demands are identified, they can potentially be addressed and modified, if feasible. Bakker et al. (2003) recommend that job demands be decreased or restructured in order to prevent employee exhaustion, and job resources must be increased to improve employees' sense of accomplishment and to avoid feelings of cynicism.

Conceptual Framework

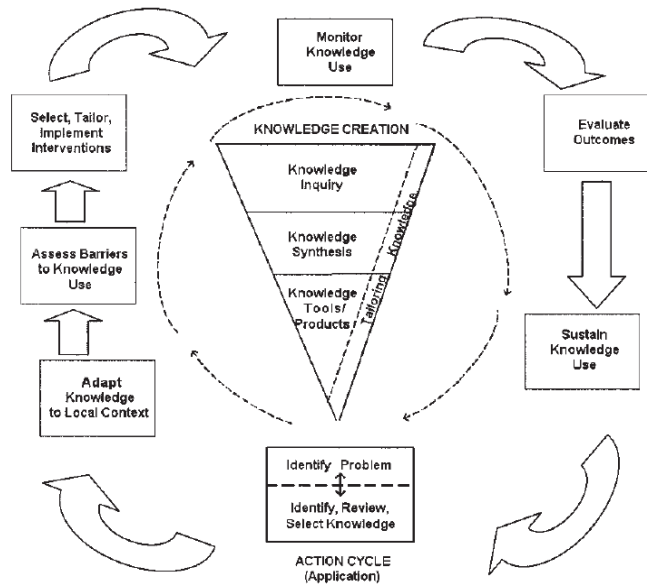


Figure 2

Knowledge to Action Process (Graham et al., 2006)

The goal of the Knowledge to Action (KTA) framework (Figure 2) is the improvement of health (Graham et al., 2006). The KTA framework is a dynamic and fluid process that is split into two courses: knowledge creation, which is represented by the funnel, and action, represented by the cycle (Graham et al., 2006). Knowledge is modified until it meets the needs of stakeholders (Graham et al., 2006). The action cycle illustrates the actions required for the application of knowledge in practice, the adaptation of knowledge to local conditions, and the assessment of barriers and facilitators to the use of knowledge (Field et al., 2014). Researchers work together with stakeholders from establishing the research question to implementing the knowledge (Graham et al., 2006).

The first phase of the KTA framework involves identifying the problem (Graham et al., 2006). A gap analysis was performed through a literature review, which revealed little information about burnout among adult foster home caregivers. The next phase involves the adaptation of knowledge to local context (Graham et al., 2006). A PowerPoint presentation that

incorporates data from the focus groups and evidence-based information from the literature will be used to engage stakeholders (case management agency operators). The following phase is the assessment of barriers to knowledge use, which will be performed by the administration of a pre-test to case management agency operators to assess their current knowledge about burnout and their willingness to implement measures for its mitigation. The next phase involves adapting interventions to advance the application and recognition of knowledge, which will be carried out through the distribution of the presentation to case management agency operators in the state of Hawai`i. The following phase involves monitoring the use of knowledge (Graham et al., 2006). Case management agency operators will be asked to complete a post-test to assess their knowledge of burnout and willingness to implement measures for its mitigation after review of the presentation. The next phase involves evaluating outcomes to determine if knowledge application has successfully influenced outcomes (Graham et al., 2006). Data from the pre- and post-tests will be analyzed using paired t-test analysis to find out if the presentation affected case management agency operators' knowledge about burnout and their willingness to mitigate burnout. The last phase is sustaining the use of knowledge, which will be performed through the dissemination of the results of this study.

Chapter 3: Project Design and Evaluation Plan

Project Design & Setting

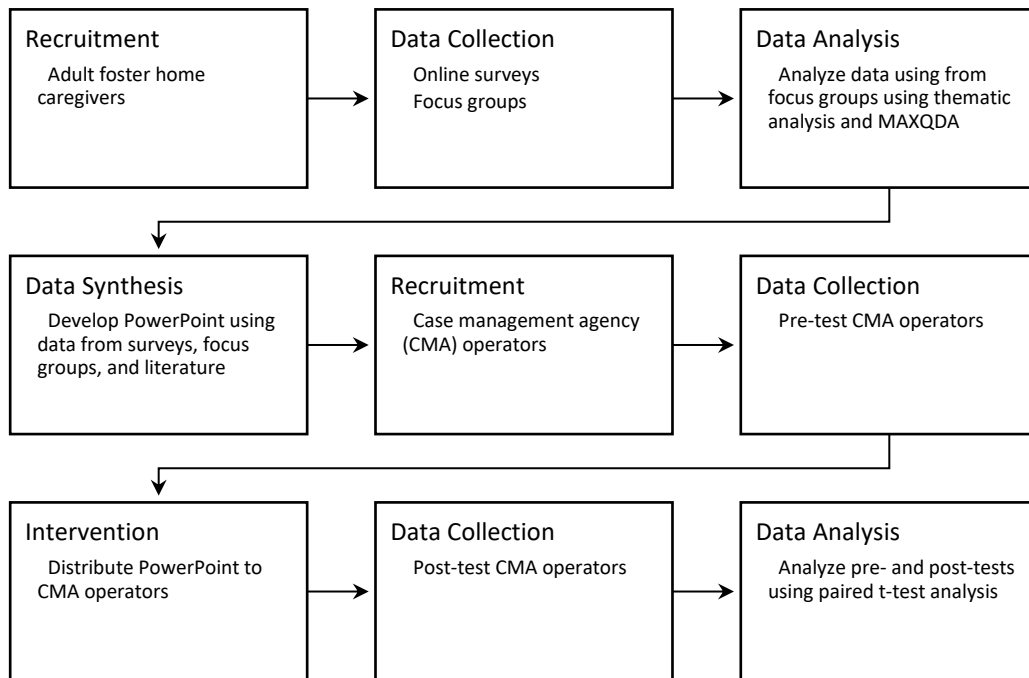


Figure 3

Project Design

This project was a mixed methods study utilizing sequential explanatory and embedded designs that involved online surveys and focus groups (Figure 3). The goal of this project was to explore burnout among adult foster home caregivers in the state of Hawai`i and to develop organizational methods of identifying, preventing, and managing burnout in an effort to maintain and promote safe and effective care of vulnerable adults living in adult foster homes in the community. The JD-R model was used to identify caregivers’ job demands and job resources that may influence the development of burnout (Bakker & Demerouti, 2007). The KTA framework guided the project and its translation of research findings into potential practice (Field et al., 2014). The project was conducted completely online and through telephone with the use of Zoom, an encrypted video conferencing software; email; and online surveys.

Aim #1. Determine the impact of burnout on adult foster home caregivers in Hawai`i, identify their job demands and job resources, and identify organizational resources or

interventions that may help prevent or manage burnout.

Objective #1. Collect background information from focus group participants.

Methods. Participants were emailed a link to an online survey (Appendix A) on SurveyMonkey prior to the scheduled focus group. They were asked to complete the survey and were advised that all responses would be kept anonymous and used solely for research. The survey contained five multiple-choice questions about the participants' age, sex, number of clients, years of experience as an adult foster home caregiver, and number of hours spent caregiving. The data was used to establish background information about participants.

Objective #2. Conduct three focus groups of five to eight adult foster home caregivers each from three different case management agencies in Hawai'i.

Methods. A convenience sample of up to 24 caregivers from three case management agencies in Hawai'i were asked to participate in three focus groups that would consist of five to eight caregivers each. The discussion was guided by five open-ended questions (Appendix B). Caregivers were asked to define burnout and how burnout affects the care that they provide for their clients. Caregivers were asked to identify their job demands and resources and how they individually manage and prevent burnout. Caregivers were asked how case management agencies can help in the prevention and management of burnout. Zoom video chatting software was used. The focus groups were recorded using the Zoom recording function. Focus groups took up to 30 minutes. Participants were contacted at least one day before the scheduled focus group to ensure proper knowledge and use of Zoom on their computers or mobile devices.

Aim #2. Determine case management agency operators' knowledge about burnout and

their willingness to implement organizational measures to mitigate burnout among adult foster home caregivers.

Objective #1. Distribute a pre-test to case management agency operators to determine their current knowledge about burnout and their willingness to implement organizational measures to mitigate burnout among adult foster home caregivers.

Methods. A link to an online pre-test (Appendix C) on SurveyMonkey was emailed to case management operators to determine their current knowledge about burnout and their willingness to implement organizational measures to mitigate burnout among adult foster home caregivers. The pre-test consisted of two Likert-scale questions. Responses to the surveys were kept anonymous.

Aim #3. Disseminate information to case management agency operators in Hawai`i.

Objective #1. Develop an evidence-based presentation based on information gathered from the focus group and the literature to inform case management agency operators about adult foster home caregivers' perception of burnout and its mitigation.

Methods. A PowerPoint presentation was developed during and after the focus groups. Data from the focus groups was combined with supporting information from the literature to design an evidence-based presentation about burnout and organizational means for its mitigation.

Objective #2. Distribute presentation to case management agency operators in Hawai`i.

Methods. The PowerPoint presentation was emailed to case management agency operators. The email contained the link to the pre-test. Operators were asked to complete the pre-test prior to review of the presentation. Operators were asked to confirm

completion of the pre-test and review of the PowerPoint by email.

Aim #4. Determine case management agency operators' knowledge about burnout and their willingness to implement organizational measures to mitigate burnout among adult foster home caregivers after review of the presentation.

Objective #1. Distribute a post-test to case management agency operators to determine their knowledge about burnout and their willingness to implement organizational measures to mitigate burnout among adult foster home caregivers following review of the presentation.

Methods. A link to an online post-test (Appendix C) on SurveyMonkey was emailed to case management agency operators who emailed confirmation of completion of the pre-test and review of the presentation. The post-test determined their knowledge about burnout and their willingness to implement organizational measures to mitigate burnout among adult foster home caregivers following review of the presentation. It was emailed to operators one week after receipt of their confirmation email. The post-test consisted of Likert-scale questions. Responses to the surveys were kept anonymous. Operators were asked to complete the post-test surveys within two weeks.

Participants

Inclusion criteria. Focus group participants had to be primary adult foster home caregivers in the state of Hawai'i who currently had at least one client living in their homes. Participants must have been able to speak, read, and write in English and be able to complete an online survey. Participants must have had a computer with a webcam or a cellular phone with video chatting capabilities. They were provided with instructions on the use of Zoom. Participants were given \$20 gift cards as an incentive. Participation was voluntary, and

participants were advised that any shared information will be kept confidential. Participants had to be knowledgeable of and were reminded of patient confidentiality laws, and they had to agree to conceal all identifiable patient information.

The owners or operators of 19 case management agencies in the state of Hawai`i were asked to participate in the review of the presentation and to respond to online pre- and post-tests. They must have had a computer or smartphone with Internet access. Their responses and participation were kept anonymous, and they were provided with \$10 gift cards as an incentive.

Exclusion criteria. Substitute adult foster home caregivers and adult foster home caregivers who do not have any clients residing in their homes, do not speak and read English, do not have access to a computer or mobile device with video conferencing capabilities, and do not have internet access.

Setting

The project was conducted online using SurveyMonkey and Zoom video conferencing software. Links to the online surveys were emailed to participants. The presentation was emailed to case management agency operators. Participants were contacted by email to confirm participation in the study.

Data Collection Methods

Data from the online sociodemographic surveys that were distributed to focus group participants were collected directly from SurveyMonkey. Focus groups were recorded using the record functionality on Zoom. Data from the online pre- and post-test surveys on SurveyMonkey that were distributed to case management agency operators were collected directly from SurveyMonkey.

Data Analysis Methods

Data from the sociodemographic surveys that were distributed to focus group participants were not analyzed. Data from the focus groups were recorded, transcribed, and coded, and the content was analyzed for common themes and categories. Analysis of the focus group data was performed using Braun and Clarke's (2006) thematic analysis and MAXQDA, a qualitative data analysis software. Results from the pre- and post- online surveys were analyzed using paired t-test analysis.

Human Subjects Protection

The Study Population

The study was reviewed by the University of Hawai'i System Institutional Review Board (IRB) and the University of Hawai'i at Hilo (UHH) School of Nursing, and the study began once approval was secured. Participation in the study was voluntary. Adult foster home caregivers from three different case management agencies in Hawai'i were asked to participate in this study. No vulnerable populations were included in the study. Participants who wished to participate were asked to complete informed consent forms for the surveys and focus groups. Participants were advised that they could have withdrawn consent at any time during the study.

During the focus groups, participants were monitored for any signs of distress. If participants displayed any signs of distress, such as crying or aggression, they were asked if they wished to continue participating in the focus group. All participants were advised to seek counseling from a medical professional if they wished to do so at the end of each focus group, and they were provided with information about appropriate resources. Audio and video recordings of the focus groups were encrypted and stored in a locked cabinet in a locked room on a password-protected computer. After analysis of the data was complete, the recordings were deleted. Information collected from the online surveys were kept anonymous.

Recruitment

Although the contact information for all primary adult foster home caregivers in Hawai`i was publicly available on the State of Hawai`i's Department of Health website, focus group participants were identified and recruited from three case management agencies in Hawai`i. The operators of three case management agencies were contacted and asked to help recruit five to eight adult foster home caregivers from their agencies (Appendix D). The operators were informed about the study and the inclusion and exclusion criteria. The recommended caregivers were contacted by phone, and they were given information about the study (Appendix E). If they agreed to participate in the study, informed consent forms were sent to them by email, mail, or fax (depending on their preference) (Appendix F).

Case management agency operators were contacted by email (Appendix G). Operators were asked if they would like to participate in the study. The contact information of case management agencies in Hawai`i was publicly available on the State of Hawai`i's Department of Health website.

The student investigator has an existing relationship as a former visiting nurse with one of the case management agencies who was contacted. The caregivers who were recruited from this agency were advised that the data collected from their participation would be kept anonymous, and participation would not affect their employment. This relationship may have been considered an advantage because participants may have felt more comfortable sharing information during the focus groups.

Data Management

Participants' phone numbers, email addresses, and/or fax numbers were obtained from the case management agency operators and were used to recruit and contact participants. No

institutional data was used. The identities of individual participants were not recorded in research records. Audio and video recordings from the focus groups were encrypted and stored in a password-protected computer in a locked room and deleted by the end of the study. The principle and student investigators had access to the data.

Risks and Benefits

Participants in the focus groups may have experienced some psychological stress when discussing the personal effects of burnout. They were monitored during the study for any signs of distress, such as crying or anger. Participants who displayed any signs of distress were asked if they would like to continue participating in the focus group, and they were reminded that they may stop participating at any time. They were also advised that they may skip questions or take a break. All participants were informed about appropriate resources for counseling at the end of each focus group.

Focus group participants were asked to respect the privacy and confidentiality of other participants, to refrain from identifying other participants, and to refrain from repeating what is discussed during the focus group. They were also advised that other participants may accidentally disclose the contents of the discussion. Participants were asked to avoid disclosing personal information that they do not wish to be known.

A potential benefit to participants was the opportunity to learn how other participants manage their burnout. Risks to participants were reasonable because of the potential benefits that may be obtained if case management agencies decide to implement measures to mitigate their burnout. If case management agencies address caregiver burnout, caregivers and their clients may benefit.

Informed Consent

The student investigator contacted participants by phone or email to confirm their interest in participating in the study. They were provided the opportunity to ask questions and receive answers prior to receiving and signing the consent forms, and the student investigator ensured that participants were capable of freely giving informed consent. The student investigator described the informed consent form over the phone and ensured that they were not being coerced or influenced to participate in the study. The student investigator then sent the informed consent forms to participants by mail, fax, or email (depending on the participants' preferences). The participants were asked to return the focus group consent forms to the student investigator by mail, fax, or email.

The study required more than one data collection session. The first data collection session involved the online sociodemographic surveys that were sent to focus group participants. An informed consent form was sent to participants prior to the scheduled focus groups. The second data collection session involved the focus groups, and an informed consent form was sent to participants prior to the scheduled focus groups. The third data collection involved the online pre-test, and an informed consent form containing a link to the pre-test was sent to participants. The fourth data collection involved the online post-test, and an informed consent form containing a link to the post-test was sent to participants. Any new information that may have affected participants willingness to continue participation in the study was provided to participants immediately. They were notified by phone or email of any new information.

Privacy authorization language was not included in the consent form. No protected health information was used to identify, contact, or screen potential participants. The only information that was obtained from the three case management agencies was the contact information of adult foster home caregivers.

Compensation and Cost

Focus group participants were compensated with a \$20 gift card that was emailed to them after the scheduled focus groups. Participants who withdrew from the study prior to the start of the focus groups were not compensated.

Case management operators who participated in the study were compensated with a \$10 gift card that was emailed to them after completion of the post-test. Participants who did not complete the post-test were not compensated.

Resources Needed for Project

Table 1.

Resources Needed for Project

Resource	Cost
Incentive for focus group participation: \$20 gift card	\$20/caregiver x 24 caregivers
Incentive for online surveys and presentation review: \$10 gift card	\$10/operator x 19 CMA operators
Qualitative data analysis software: 6-month subscription to MAXQDA: \$47 (with student discount)	\$47
Total	\$717

Timeline for Proposal Completion

In the first month, adult foster home caregivers from three case management agencies in Hawai`i were recruited and informed about the study, and up to eight caregivers from each agency were asked to complete an online survey and participate in three separate focus groups following receipt of their consent forms. The three focus groups took place within two months. Information was collected from the focus groups, and supporting information was gathered from the literature. In the third month, data from the focus groups was analyzed, and the data was combined with information from the literature to develop an evidence-based presentation. Case management agency operators were recruited in the fourth month, and they were asked to review

the presentation and respond to online surveys. In the fifth month, the data from these surveys were analyzed. Overall, the proposal took five months to complete.

Table 2.

Timeline for Proposal Completion

Month 1	<p>Recruit about 24 focus group participants from three case management agencies.</p> <p>Distribute consent forms and online surveys and schedule focus groups.</p> <p>Collect data from online surveys.</p> <p>Begin focus groups and collect data.</p> <p>Analyze data from focus groups and gather supporting information from the literature.</p>
Month 2	<p>Analyze data from focus groups and gather supporting information from the literature.</p> <p>Develop online presentations.</p> <p>Recruit case management agency operators to participate in study.</p> <p>Distribute surveys and presentation to participating case management agency operators in Hawai`i by email.</p>
Month 3	<p>Gather results from surveys and analyze data.</p>

Chapter 4: Results

Burnout among adult foster home caregivers may compromise the physical and mental health of both caregivers and the clients they care for. Case management agencies in Hawai`i can help manage burnout among their caregivers by addressing burnout through organizational methods. The purpose of this PIP was to determine organizational means of managing burnout among adult foster home caregivers in Hawai`i by gathering information from caregivers and the literature through focus groups and a literature review, respectively. This purpose was realized through the project aims and objectives, which are described in this chapter.

Project Implementation

Aim #1. Determine the impact of burnout on adult foster home caregivers in Hawai`i, identify their job demands and job resources, and identify organizational resources or interventions that may help prevent or manage burnout.

Objective #1. Collect background information from focus group participants. Prior to the start of this study, the student investigator contacted the owners of three case management agencies in Hawai`i, briefed them about the study and asked them to participate in the study. The owners were asked to review and sign memoranda of agreements. At the start of the study, the owners were asked to provide a list of five to eight caregivers from their respective agencies who might be willing to participate in the study. The student investigator then contacted these caregivers by phone, briefed them about the study, and asked them to participate. The caregivers were informed of their rights and any potential risks. Caregivers who agreed to participate were emailed and/or faxed two consent forms. One consent form contained a link for an online demographic survey, and the other consent form provided information about the focus groups, which caregivers were asked to sign and return by email, fax, or mail. The caregivers were

briefed about the demographic survey and asked to complete the survey prior to the focus groups, which were scheduled at a later date.

The online demographic survey was posted on SurveyMonkey and contained five Likert-scale questions that inquired about 1) the caregivers' age, 2) sex, 3) number of adult foster home clients living in their homes, 4) how long they have been adult foster home caregivers, and 5) how many hours a week they spend working as an adult foster home caregiver. The consent form containing the survey link was sent to all participants. Three responses ($N=3$) were collected from this online survey (Table 3). The responses to these questions were not analyzed.

One caregiver responded that he/she was between the ages of 35-44 years, and two caregivers responded that they were between 55 to 64 years old. One caregiver identified as male, and two caregivers identified as female. One caregiver stated that he/she had two clients living in their home, and two caregivers stated that they had three clients living in their home. One caregiver stated that he/she had been a caregiver for three to five years, and two caregivers stated they had been a caregiver for 10 to 15 years. Two caregivers stated that they worked as an adult foster home caregiver over 80 hours a week, and one caregiver skipped this question.

Table 3.

Participants' Demographic Information

		$N=3$
Age	21-24 years	
	25-34 years	
	35-44 years	1 (33.33%)
	45-54 years	
	55-64 years	2 (66.67%)
	65 years or older Prefer not to say	
Sex	Male	1 (33.33%)
	Female	2 (66.67%)
	Other	
	Prefer not to say	
Number of adult foster home clients	1	

	2	1 (33.33%)
	3	2 (66.67%)
	Prefer not to say	
Years of experience	Less than 1 year	
	1-2 years	
	3-5 years	1 (33.33%)
	6-9 years	
	10-15 years	2 (66.67%)
	Over 15 years	
	Prefer not to say	
Hours of caregiving per week	Less than 8 hours	
	8-16 hours	
	17-24 hours	
	25-40 hours	
	41-60 hours	
	61-80 hours	
	Over 80 hours	2 (66.67%)
	Prefer not to say	1 (33.33%)

Objective #2. Conduct three focus groups of five to eight adult foster home caregivers each from three different case management agencies in Hawai`i. Three focus groups were conducted online through Zoom. Prior to the scheduled focus groups, caregivers were sent a consent form by email and fax. A total of 13 caregivers participated in the online focus groups. Informed consent was obtained prior to the start of the focus groups, and participation was voluntary. Six caregivers from one case management agency participated in the first focus group, five caregivers from a second agency participated in the second focus group, and two caregivers from a third agency participated in the third focus group. Focus group participants were 21 years of age or older; could speak, read, and write in English; had at least one client living in their home; and were familiar with how to use Zoom. All three focus groups were recorded with caregivers' permission and as stated in the focus group consent form. Caregivers were asked to respond to ten questions about burnout, job demands and resources, and case management agencies' management of burnout (Table 4).

Table 4.

Focus Group Questions

(Q1) What is burnout?
(Q2) What are signs and symptoms of burnout?
(Q3) What causes burnout?
(Q4) How does burnout affect your job as an adult foster home caregiver?
(Q5) How can burnout be prevented?
(Q6) How can burnout be managed or treated?
(Q7) Job demands are physical, mental, organizational, or social aspects of your job that require continuous bodily and/or mental hard work or skill, which leads to physical and/or mental consequences. What are your job demands?
(Q8) Job resources are physical, mental, organizational, or social aspects of your job that help you accomplish your work goals. What are your job resources?
(Q9) How does your case management agency help you manage burnout?
(Q10) What can your case management agency do to help you manage burnout?

Each focus group lasted up to 30 minutes and was led by the student investigator.

Participants were informed about appropriate resources for counseling at the end of each focus group. The data from the focus groups was transcribed verbatim, manually and electronically coded with MAXQDA (Appendix L), and compiled with the use of frequencies for categorical data.

Focus Group Results

Caregivers defined burnout as physical and mental exhaustion (40%), excessive stress (30%), and feeling overwhelmed or overworked (30%) (Figure 4). They stated that burnout is especially marked by irritability (26.32%), as well as headache (21.05%), anxiety (21.05%), exhaustion (21.05%), and sleep disturbances (10.53%) (Figure 5). They noted that burnout causes caregivers to become irritable with their clients and their family members (40%) and prevents caregivers from maintaining their own health and wellness (20%) (Figure 7). One participant stated that burnout causes caregivers to feel “irritable all the time with the client and the other people around you, especially the family members to husband”. Another participant stated, “It affects most especially our looks. We cannot fix our bodies, our face, and everything.

Our daily routines, especially our doctor’s appointment”. Participants stated that burnout is caused by excessive work or feeling overwhelmed (42.86%), insufficient sleep (28.57%), exhaustion (14.29%), and inability to meet demands (14.29%) (Figure 6).

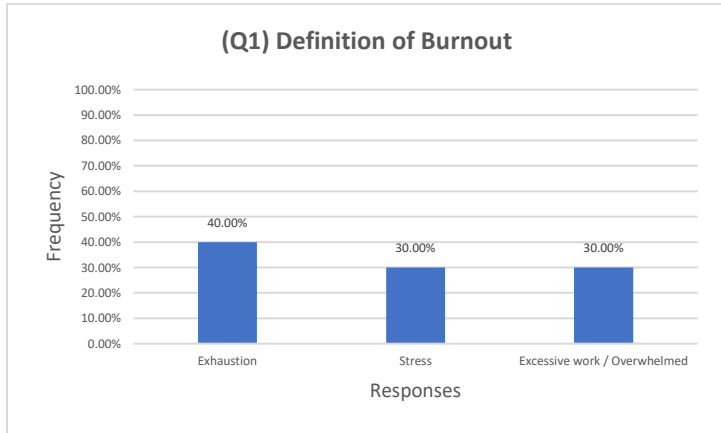


Figure 4

Focus Group Responses: (Q1) What is burnout?

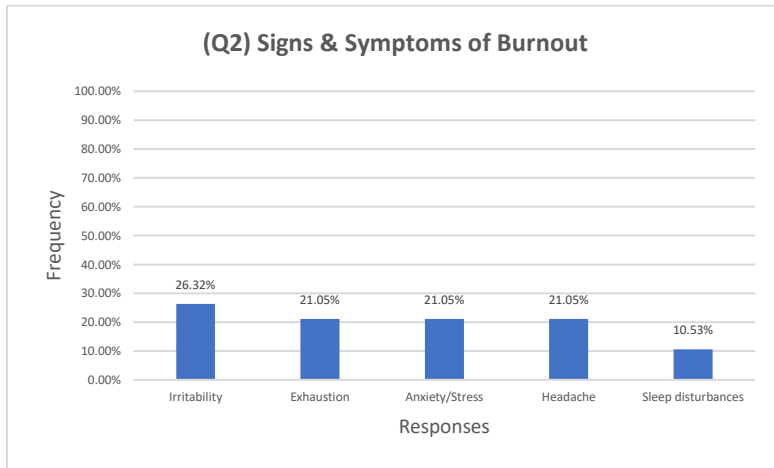


Figure 5

Focus Group Responses: (Q2) What are the signs and symptoms of burnout?

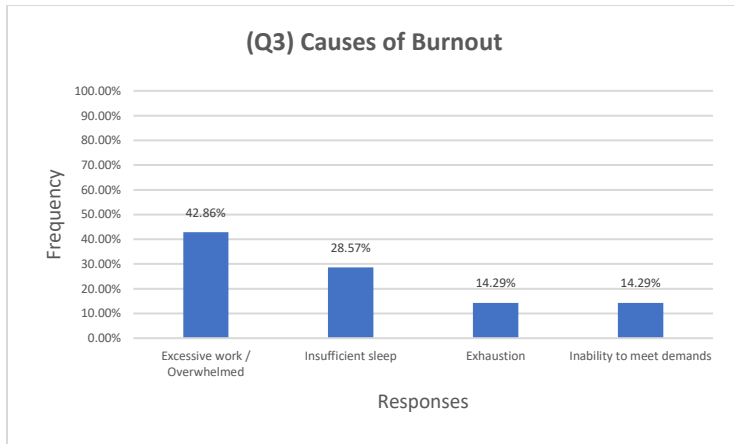


Figure 6

Focus Group Responses: (Q3) What causes burnout?

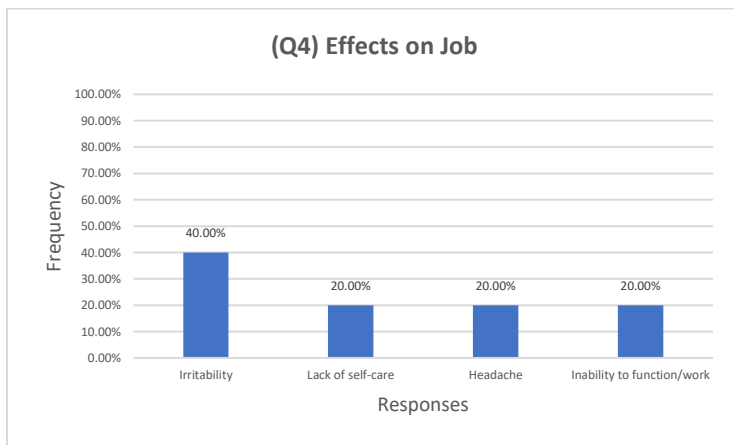


Figure 7

Focus Group Responses: (Q4) How does caregiver affect your job as an adult foster home caregiver?

Most participants identified shopping (28%) as the primary means of preventing burnout. They also discussed the importance of social support (20%), self-care (20%), recreation (20%), and leaving the home (12%) (Figure 8). Participants acknowledged the need to obtain a substitute caregiver to relieve them of their caregiving duties before being able to leave the premises: “You can go uh window shopping if somebody watch the client”.

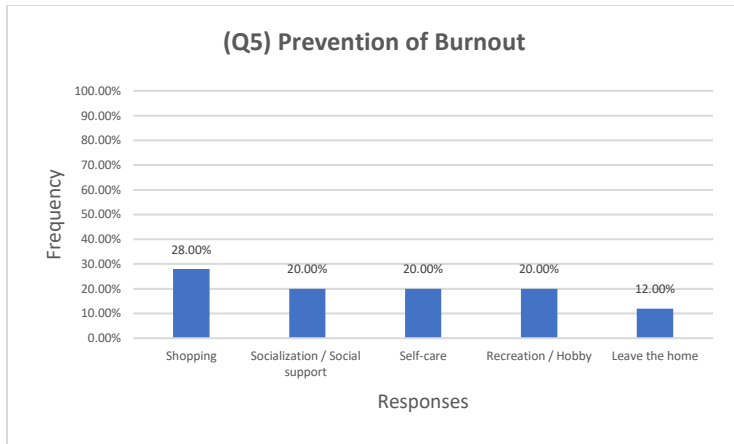


Figure 8

Focus Group Responses: (Q5) How can burnout be prevented?

Participants stated that burnout can be managed or treated through prayer (18.75%), self-care (18.75%), promotion of physical and mental health (12.50%), attainment of a substitute caregiver to temporarily relieve them of their caregiving duties (6.25%), departure from the home (6.25%), shopping (6.25%), a positive attitude (6.25%), and redirection of client behavior (6.25%). Some participants stated that burnout cannot be treated and can only be avoided (18.75%) (Figure 9).

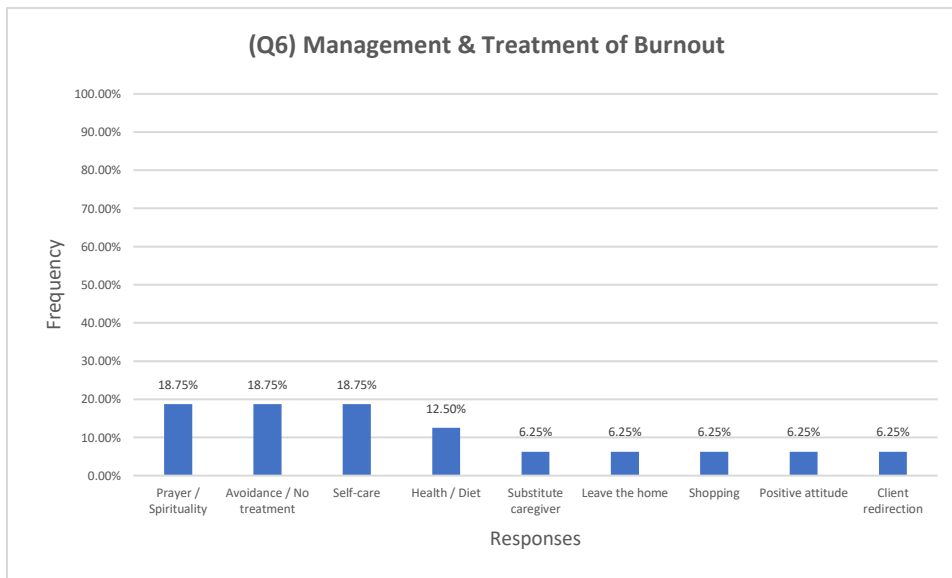


Figure 9

Focus Group Responses: (Q6) How can burnout be managed or treated?

The leading job demand that participants identified was client behavior (46.25%). A participant stated, “In regards to our clients, sometimes they’re—they’re insisting what they used to do, but they cannot do it anymore. They won’t listen. Sometimes it’s hard to manage those uh kinds of attitudes or uh behaviors they have”. Another participant stated, “When the clients are uh having sundowning, they stay up all night. Of course we cannot stay up all night with them to watch them. We need to sleep too. How can we function if we cannot sleep?” Other job demands included insufficient sleep (15.38%) and lack of support from case management agencies (15.38%). One participant stated, “I think that’s the most uh most hardest in our part if we cannot sleep at all—staying all night watching our clients”. Another participant described her experience with a case manager: “They listen to the client instead of listening to me, and you know, it’s really hard...I feel like when they’re here, I’m being interrogated or something”. Additional job demands included inability to obtain a substitute caregiver (7.69%), clients’ families (7.69%), and the inability to care for themselves (7.69%) (Figure 10).

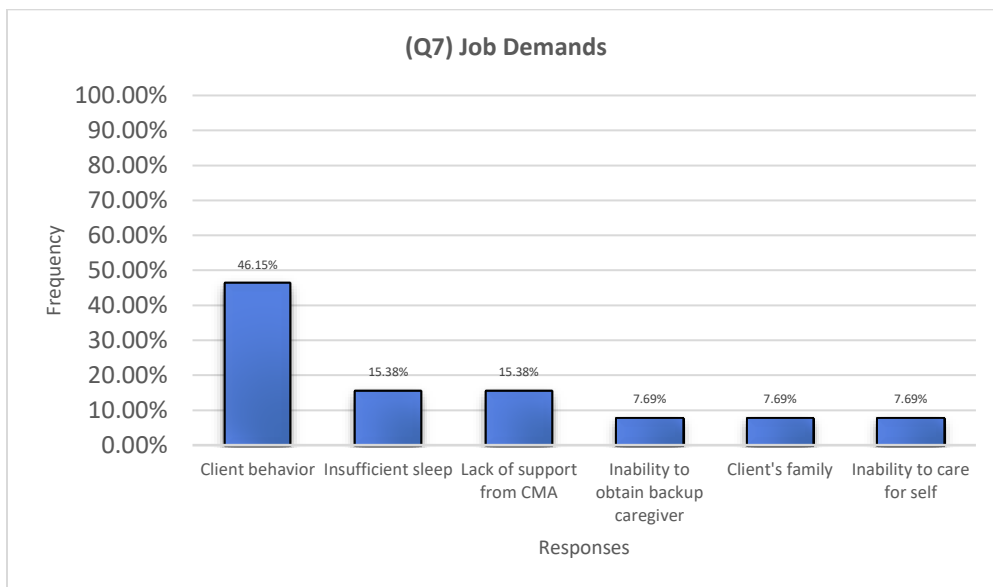


Figure 10

Focus Group Responses: (Q7) What are your job demands?

The only job resource that caregivers identified was training (100%). One participant stated, “Do trainings you know, you go in-services or classes that can help you how to care uh the individual like dementia or Parkinson’s or whatever disease they have”.

Participants stated that their case management agencies currently help them manage burnout by providing adult foster home caregivers with support (71.43%) and feedback (28.57%) (Figure 11). They suggested that case management agencies continue to provide support (50%) and feedback (20%) to manage burnout (Figure 12). One participant stated:

That’s all we need actually with this job, you know, that we do. We only need somebody to listen and then it’s like, you know, uh she give you energy to, you know, to work more or to strive more or to be uh more of you. You know, if you are like, if you are burnt out, she will tell you, okay just go do this do that, and that’s good for us, you know, somebody to listen, you know, and to suggest what we gonna do after, or, you know, during that time.

Some participants recommended that case management agencies offer opportunities for socialization between agency staff and caregivers (10%): “She said we go out and then we go shopping wherever. Eat together, laugh together. It’s priceless”. Other participants stated that they were satisfied with their case managements’ management of burnout and had no recommendations (20%) (Figure 12).

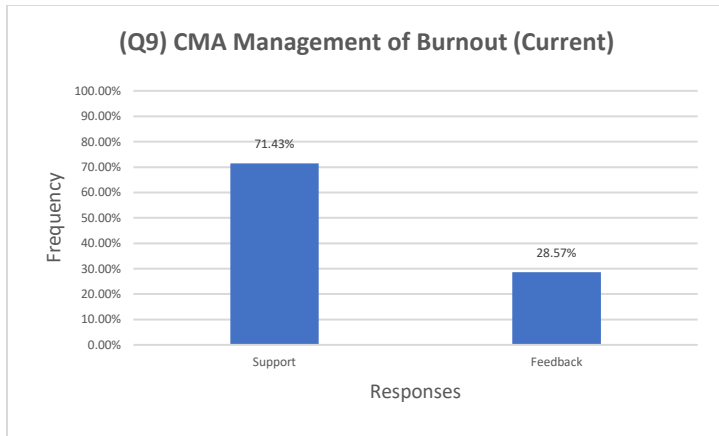


Figure 11

Focus Group Responses: (Q9): How does your case management agency help you manage burnout?

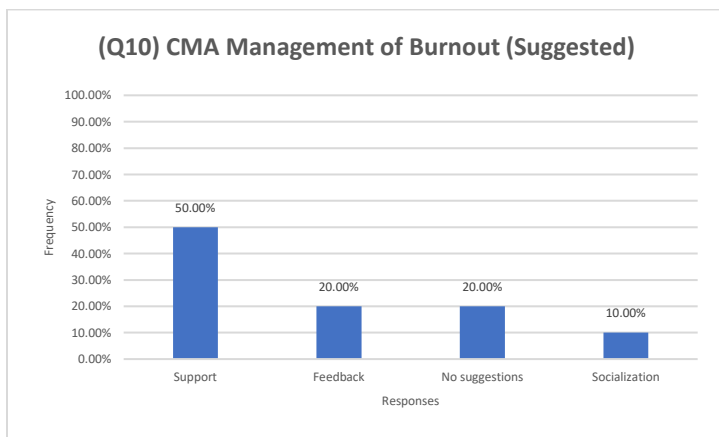


Figure 12

Focus Group Responses: (Q10): What can your case management agency do to help you manage burnout?

Thematic Analysis

The data from the focus groups were combined, transcribed verbatim, and manually and electronically coded and analyzed for themes using Braun and Clarke’s (2006) thematic analysis (Appendix K) and MAXQDA (Appendix L), respectively. Four themes were identified: caregivers’ impression of burnout, relief, training, and support.

Caregivers’ Impression of Burnout

Participants perceived burnout as a combination of exhaustion, stress, and excessive work, which are accompanied by irritability, headaches, and sleep disturbances. Their reported causes of burnout—excessive work, insufficient sleep, exhaustion, and inability to meet demands—resembled their description of burnout’s manifestations, which implies that caregivers may view burnout as a perpetual cycle (Figure 13).

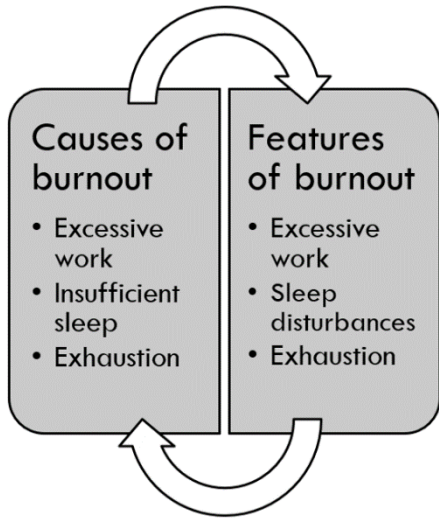


Figure 13
Caregivers’ Impression of Burnout

Participants’ excessive work may be associated with their report of clients’ families as a job demand (7.69%), whose frequent visits may interfere with caregiving duties: “Sometimes also the family that keep coming and visit the resident”.

Excessive work, which participants identified as a leading cause of burnout (42.86%), may be compounded by their inability to obtain a substitute caregiver, which participants also distinguished as a job demand. Thus, the inability to obtain a substitute caregiver may contribute to the development of burnout in adult foster home caregivers (Figure 14).

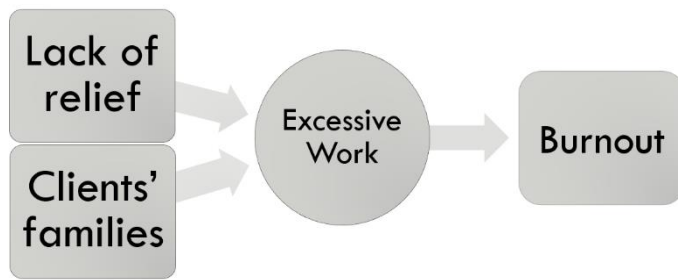


Figure 14

Excessive Work and Lack of Relief

Relief

Participants identified shopping and leaving the premises as means of preventing and managing burnout:

If I'm burnt out with my client, I'm gonna call my husband to, you know, to relieve me. And then I go out, I drink coffee, or I go to the yard and then when I come back, I have this, you know, I'm okay. So that's how I do it. Or I call somebody to relieve me and then go shopping.

Self-care was also recognized as an approach to preventing and managing burnout.

Examples of self-care included "Thai massage," "beauty parlor," "foot spa," "manicure pedicure," and "facial". However, participants stated that burnout impedes their ability to "fix our bodies, our face, and everything."

The inability to obtain a substitute caregiver to temporarily relieve caregivers of their duties prevents caregivers from implementing their methods of preventing and managing burnout. It may prevent them from caring for themselves and maintaining their physical and mental health, which participants identified as an effect of burnout and job demand, respectively. One participant stated, "When we have doctor's appointment, and of course, we have to find for somebody a substitute to come here. That's a very, very hard for us, especially if you cannot find

anybody to stay with you.” Obtaining a substitute caregiver may also help caregivers procure more sleep; insufficient sleep was identified by participants as a cause of burnout and a job demand. Accordingly, facilitating the attainment of a substitute caregiver may help to prevent burnout in adult foster home caregivers (Figure 15). Obtaining a substitute caregiver may also provide caregivers with the opportunity to sojourn from their leading job demand—client behavior.



Figure 15

Attainment of a Substitute Caregiver

Training

Client behavior was identified as participants’ leading job demand. One participant shared her experience with her clients: “They change behavior. Sometimes my client is yelling and laughing, you know. She’s—she doesn’t want. She like to be quiet all the time. So. Sing. Sometimes she yell at me. Now she kicking.” Another participant added, “Sometimes restless. She keep on get up, get ‘um up and then walk, and then go back to—just like she cannot keep still.” Participants discussed the need to learn how to properly and effectively manage client’s

health conditions: “With our job, we need constant learning ‘cuz uh what we know and uh dealing with another client is different from another client”. Redirection of client behavior was identified as one of participants’ means of managing and preventing burnout, and participants unanimously distinguished training as their only job resource (Figure 16). One participant stated the need to contact her case management agency to assist in managing her client’s behavior: “I tell my RN case manager if uh if the—if my client needs to be calm, they gonna change the medicine for uh her behavior.” Without appropriate training to navigate their clients’ health conditions, caregivers must rely on their case management agencies for support—if that support is available.

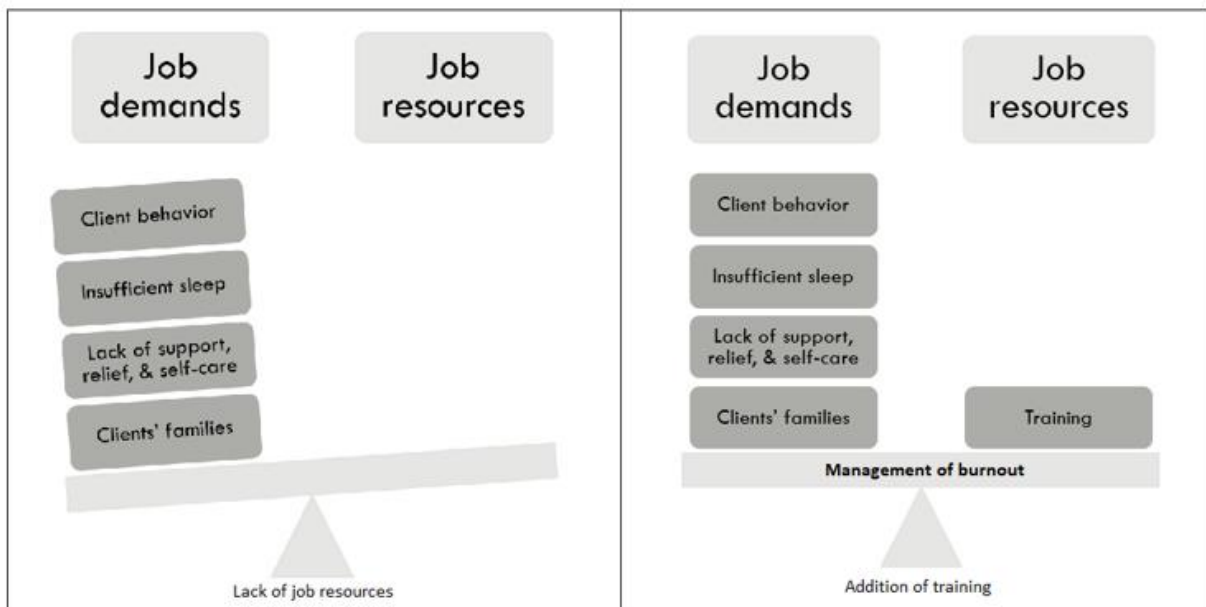


Figure 16

Training

Support

Participants discussed their dependence on their case management agencies for assistance with managing their clients’ health needs. One caregiver stated, “Whenever I have issues with

my clients, um, they're there to help.” On the other hand, one participant stated, “As long as I can handle, I don't—I—I have to report to the case management, but then I don't want to pass them the—the problem. I just need support.”

Participants stated that support from their case management agencies is essential to managing burnout, and a lack of support was considered a job demand. Participants who received support from their case management agencies did not have any suggestions about how their case management agencies can help manage burnout: “Right now, our case managers are so very supportive to us. We don't have any problem on our case management and case managers.” Participants also acknowledged the role of social support and recognized conversations with friends as a strategy for preventing burnout (Figure 17).

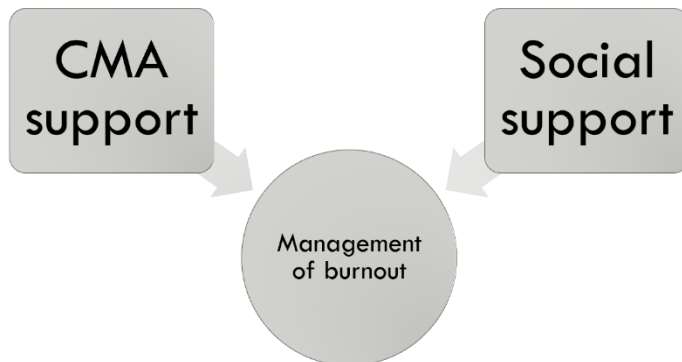


Figure 17

Support

Constable and Russell (1986) found that abundant support from management can influence the risk of burnout among nurses and mitigate the negative impact of the work environment.

Aim #2. Determine case management agency operators' knowledge about burnout and their willingness to implement organizational measures to mitigate burnout among adult foster home caregivers.

Objective #1. Distribute a pre-test to case management agency operators to determine their current knowledge about burnout and their willingness to implement organizational measures to mitigate burnout among adult foster home caregivers. An informed consent form containing the link to an online pre-test survey was distributed by email to the owners or operators of 21 case management agencies in the state of Hawai`i. The survey contained two Likert-scale questions: 1) How knowledgeable are you with the concept of burnout? 2) How likely would your case management agency implement interventions to manage burnout among adult foster home caregivers? (Appendix C) The email also contained information about the study and instructions on how to participate. Four responses to the pre-test were received. All four participants (100%) responded that they were ‘knowledgeable’ about burnout (Figure 18). One participant (25%) responded that their case management agency would be very likely to implement interventions to manage burnout among adult foster home caregivers, and three participants (75%) responded that that they would be likely to implement interventions to manage burnout among adult foster home caregivers (Figure 19).

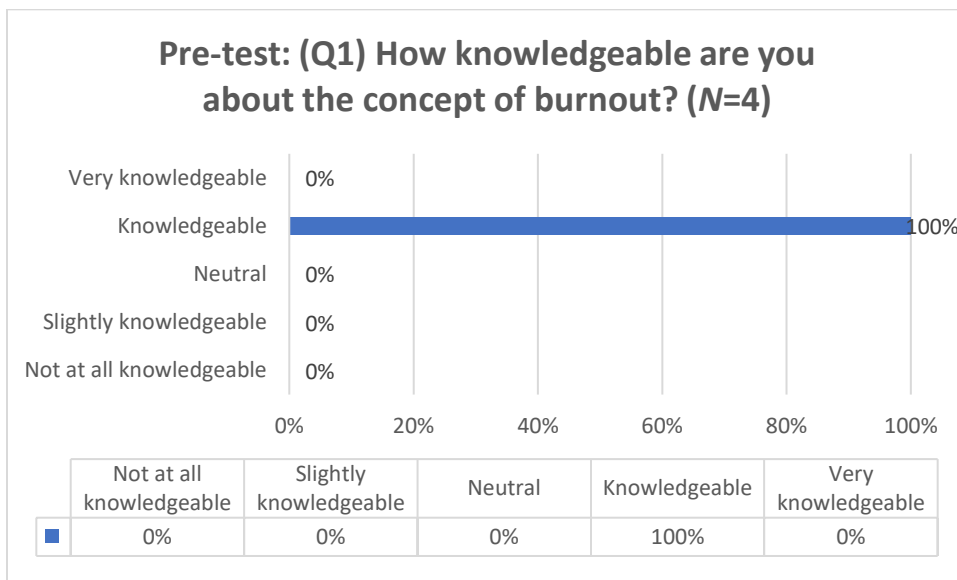


Figure 18

Pre-Test Results (Q1)

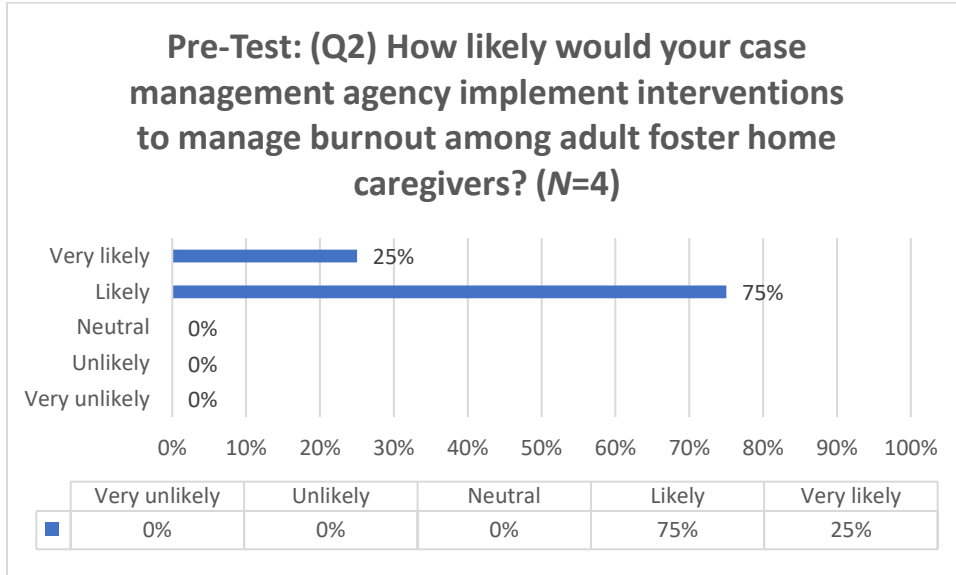


Figure 19

Pre-Test Results (Q2)

Aim #3. Disseminate information to case management agency operators in Hawai`i.

Objective #1. Develop an evidence-based presentation based on information gathered from the focus groups and the literature to inform case management agency operators about adult foster home caregivers' perception of burnout and its mitigation. Data from the focus groups was combined with information from the literature to develop an evidence-based presentation about burnout in adult foster home caregivers and organizational methods for the management of burnout. The presentation was uploaded to Vimeo, an online video-sharing service.

Objective #2. Distribute presentation to case management agency operators in Hawai`i. The presentation on Vimeo was embedded into the online survey pre-test on SurveyMonkey, and participants were instructed to view the presentation after completing the pre-test survey. The link to the pre-test survey was located in the informed consent form, which

was sent to 21 case management agencies in Hawai`i.

Aim #4. Determine case management agency operators' knowledge about burnout and their willingness to implement organizational measures to mitigate burnout among adult foster home caregivers after review of the presentation.

Objective #1. Distribute post-test to case management agency operators to determine their knowledge about burnout and their willingness to implement organizational measures to mitigate burnout among adult foster home caregivers following review of the presentation. One week after the distribution of the first email, a second email was sent to 21 case management agencies in the state of Hawai`i containing the informed consent form for the online post-test survey on SurveyMonkey. The survey contained two Likert-scale questions: 1) How knowledgeable are you with the concept of burnout? 2) How likely would your case management agency implement interventions to manage burnout among adult foster home caregivers? (Appendix C) Participants were asked to complete the post-test after viewing the online presentation and to contact the student investigator after completion of the post-test. Four responses to the post-tests were received. All four participants (100%) responded that they were 'knowledgeable' about burnout (Figure 20). Two participants (50%) responded that their case management agency would be very likely to implement interventions to manage burnout among adult foster home caregivers, and two participants (50%) responded that that they would be likely to implement interventions to manage burnout among adult foster home caregivers (Figure 21).

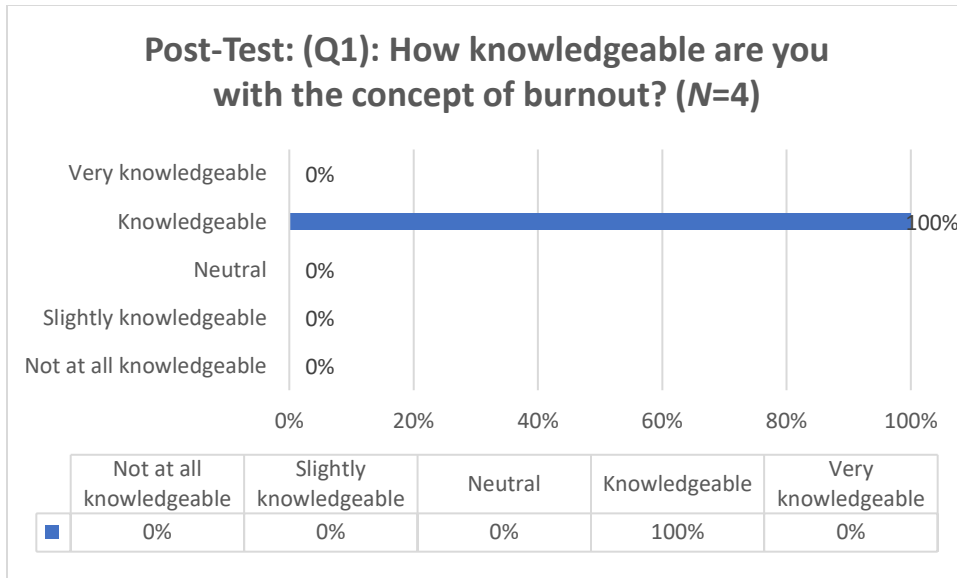


Figure 20

Post-Test Results (Q1)

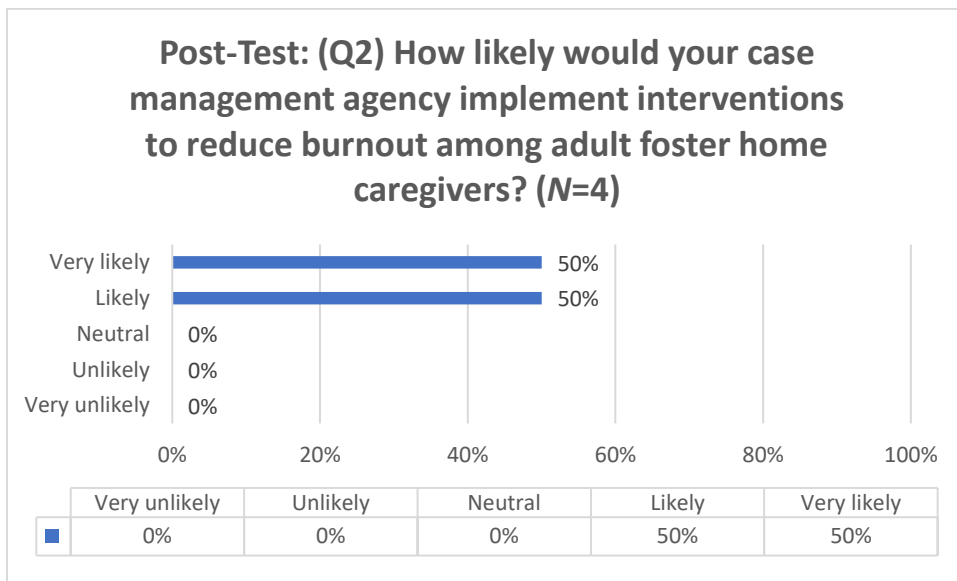


Figure 21

Post-Test Results (Q2)

A paired-samples t-test was performed using JASP 0.14.1 software to determine whether there was a statistically significant mean difference between adult case management agencies' knowledge about burnout and their likelihood of implementing organizational methods to

manage burnout before and after review of the burnout presentation (Table 5).

Results of Pre- and Post-Tests

Table 5.

Paired Samples T-Test

									95% CI for Location Parameter		
Measure 1	Measure 2	Test	Statistic	df	p	VS-MPR	Location Parameter	SE Difference	Lower	Upper	Effect Size
Pre-test	Post-test	Student	-1.000	3	0.391	1.000	-0.250	0.250	-1.046	0.546	-0.500

Although a Shapiro-Wilk’s test revealed a significant departure from normality, $W(3) = 0.630$, $p = 0.001$, the Wilcoxon signed-ranks test was not appropriate due to the study’s small sample size ($N=4$) (Table 6-7). Paired t-test analysis was appropriate for this smaller sample size ($N \leq 5$) (De Winter, 2013).

Table 6.

Shapiro-Wilk Test

		W	P
Pre-test	Post-test	0.630	0.001

Table 7.

Wilcoxon Signed-Ranks Test

Measure 1	Measure 2	W	df	p	Hodges-Lehmann Estimate	Rank-Biserial Correlation
Pre-test	Post-test	0.000		1.000	-1.000	-1.000

The results from the pre-test ($M = 6.250$, $SD = 0.500$) and post-test ($M = 6.500$, $SD = 0.577$) indicate that case management agencies’ review of the burnout presentation did not result in any significant improvement in their knowledge or likelihood of implementing organizational methods of managing burnout, $t(3) = -1.000$, $p = 0.391$ (Table 8, Table 5).

Table 8.

Descriptive Statistics

	N	Mean	SD	SE
Pre-Test	4	6.250	0.500	0.250
Post-Test	4	6.500	0.577	0.289

These results suggest that review of the burnout presentation had no significant effect on case management agencies' knowledge about burnout or likelihood of implementing organizational methods to manage burnout.

Chapter 5: Recommendations and Conclusions

The purpose of this project was to determine organizational methods of managing burnout in adult foster home caregivers in Hawai'i. Data collected from the focus groups suggest that caregivers require support and training from their case management agencies. They may also benefit from assistance in obtaining substitute caregivers.

Discussion of Results

Caregivers identified that burnout leads to irritability with their clients, which is consistent with the literature. People with burnout commonly exhibit psychosomatic issues, such as insomnia and weakness; emotional issues, such as depression and anxiety; attitude issues, such as apathy, aggression, and mistrust; and behavioral issues, such as irritability, seclusion, and hostility (Cañadas-De la Fuente et al., 2015; Khamisa et al., 2015). Burnout is highly associated with anxiety and insomnia (Khamisa et al., 2015). Other symptoms of burnout include headache, changes in appetite, indigestion, fatigue, weight changes, difficulty concentrating, social isolation, insomnia, changes in energy, irritability, sleep pattern changes, and increase in substance use (Kasuya et al., 2000).

Caregivers stated that burnout prevents them from maintaining their own health, which is consistent with the literature. According to Kasuya et al. (2000), caregivers frequently neglect their own personal health. Leisure time may shield caregivers from burnout (Kandelman et al., 2018). Caregivers stated that burnout affects their ability to function or work, which is also consistent with the literature. Burnout may compromise the ability to perform tasks, which may also further anxiety and insomnia (Khamisa et al., 2015). Burnout affects the quality of care and may prevent caregivers from providing certain types of care (Harrad & Sulla, 2018).

Lindquist et al. (2012) found that the most difficult aspects of caregiving are managing

the physical and cognitive demands of elderly clients. Clients with more symptoms of Alzheimer's disease are at higher risk of being verbally abused by their caregivers (Vandeweerd et al., 2005). Caregivers who endure verbal hostility from their clients have a higher risk of burnout (Kind et al., 2018). Burnout may reinforce indifferent attitudes towards elder abuse (Shinan-Altman & Cohen, 2009). Burnout affects how client behaviors are perceived; low burnout improves the perception of client behaviors (Harrad & Sulla, 2018). Kind et al. (2018) found that caregivers who reported experiencing physical and verbal hostility from their clients exhibited higher levels of cortisol. Cortisol may contribute to cognitive impairment and the development of predisposing factors linked to cognitive impairment, such as inflammation, obesity, and hyperinsulinemia (Richardson et al., 2013)

Burnout & insomnia are predictive of each other's progressive incidence & fluctuation (Armon et al., 2008). Insomnia, poor sleep, or lack of sleep in some people who encounter life and work stresses can decrease the resources that are needed to cope with stress, worsen symptoms of physical and mental exhaustion in individuals who already experience burnout, and induce continuous burnout or the inception of new-onset burnout (Armon et al., 2008), which supports the aforementioned implication that caregivers may view burnout as a perpetual cycle.

Lack of social support has been associated with burnout (Kasuya et al., 2000). Emotional social support can protect against burnout (Zellars & Perrewé, 2001). People with strong social support can cope more effectively with trauma and stress (Baumeister et al., 1999; Zellars & Perrewé, 2001). Positive and empathetic conversations can reduce burnout while negatively charged conversations, such as gripe sessions, may increase burnout (Zellars & Perrewé, 2001). Education and training about clients' health disorders may decrease the risk for burnout (Harrad & Sulla, 2018).

Caregivers identified training as the most important job resource that may help manage burnout. Education and training about clients' health disorders may decrease the risk for burnout (Harrad & Sulla, 2018). When caregivers experience difficult behaviors from their clients, they will benefit from autonomy, support, and training on how to manage these situations (Xanthopoulou et al., 2007).

Recommendations

Based on data collected from the focus groups and the literature, a combination of the JD-R model and the action research framework is recommended. Case management agencies should identify adult foster home caregivers' most valuable job resources and provide enough of these resources to caregivers on an ongoing basis. Seeing that stressors may differ among organizations, burnout mitigation programs should not contain universal solutions for burnout (Halbesleben et al., 2006). Rather, case management agencies should identify the specific causes of burnout within their respective organizations and allow staff and caregivers to design burnout interventions based on the organization's unique stressors; these interventions should be tailored to and focused on the stressors that have been identified (Halbesleben et al., 2006). Dyrbye et al. (2020) recommend that management participates in the development of interventions by collaborating with staff to solve problems. Collaboration and involvement of staff and caregivers foster trust, empowerment, and partnership (Dyrbye et al., 2020).

The JD-R model can be used to develop interventions that prevent or reduce burnout. Specific job demands must be redesigned or reduced, and job resources should be increased (Bakker et al., 2014). Job resources can mitigate the impact of job demands and prevent burnout. This is particularly important for caregivers on account of their specific job demands and because of their high risk for burnout (Xanthopoulou et al., 2007). Interventions should be

tailored to their most significant job demands and resources, and interventions should seek to improve caregivers' schedules, target difficult client interactions, reduce their workload, and provide opportunities for professional development (Bakker et al., 2003). If job demands cannot be controlled, organizations should provide enough job resources for caregivers to counteract the negative impact of job demands (Xanthopoulou et al., 2007). Considering that job resources are easier to act upon than job demands, job resources that can counteract specific job demands should be identified and provided to caregivers (Hakanen et al., 2006; Leiter et al., 2013).

The action research framework is an economical and sustainable framework that explores organizational circumstances and can be used to design burnout interventions (Bartunek et al., 2000; Halbesben et al., 2006). This framework involves collaboration between case management staff and adult foster home caregivers to uncover the organization's specific needs or issues in relation to burnout that must be addressed (Halbesben et al., 2006). Case management staff and caregivers work together to design interventions that are more likely to succeed (Leiter & Maslach, 2014). This framework simultaneously addresses burnout while promoting the uptake of knowledge (Coughlan & Coughlan, 2002; Halbesben et al., 2006).

Case management operators, case managers, and other supervisory staff can initiate action research (Bartunek et al., 2000). The collaboration between managers and caregivers decreases burnout by improving communication and social support between case management staff and adult foster home caregivers (Halbesben et al., 2006). Managers and caregivers can work together to solve specific problems. Managers may even experience the same stressors as caregivers, which can build connection and trust (Halbesben et al., 2006). With action research, managers can gain a better understanding of the underlying causes of organizational issues.

Burnout interventions are more likely to succeed if caregivers participate in their

development (Halbelesben et al., 2006). Thus, all case management staff and caregivers should be consulted prior to the implementation of burnout interventions (Halbelesben et al., 2006). Surveys can be used to monitor and keep track of interventions' outcomes (Halbelesben et al., 2006; Nadler, 1977). Long-term collaboration contributes to a long-lasting impact on the organization. However, action research may not succeed in organizations that lack interest or access to all staff or caregivers (Halbelesben et al., 2006).

Case management agencies should promote the acquisition of new skills and knowledge by providing caregivers with sufficient training and opportunities for develop and learning, such as in-service trainings that address client behaviors and health conditions. In-services can be provided online via Zoom in consideration of the COVID-19 pandemic and caregiver schedules. Online trainings may eliminate the need for caregivers to obtain a substitute caregiver. When caregivers experience difficult behaviors from their clients, they will benefit from autonomy, support, and training on how to manage these situations (Xanthopoulou et al., 2007)

Facilitators and Barriers

The student investigator has experience working with adult foster home caregivers and case management agencies in Hawai`i whose operators helped facilitate the recruitment of adult foster home caregivers to this study. Barriers to the study included the understandably busy and complex schedules of participants and the limited amount of time for the study's realization.

Strengths

The use of a mixed methods design elicited a comprehensive collection of data based on participant experiences (Wisdom & Creswell, 2013). Focus groups were a relatively affordable means of data collection which was suitable for needs assessment and promoted participant candor the accretion of ideas through piggybacking (Leung & Savithiri, 2009).

Most adult foster home caregivers who participated in the focus groups were acquainted with each other, which put them at ease and facilitated forthright discussion. Thus, a plethora of valuable data was afforded.

At the conclusion of two focus groups, caregivers commented on how they had enjoyed the interaction and expressed interest in participating in future online group sessions, which advocates the use of Zoom for organizational interventions or future studies.

Limitations and Weaknesses

Due to the naturally dynamic schedule of the caregivers and limited time for completion of the study, focus groups were limited in size. Thus, the study was unable to yield valid results. The small sample sizes, which were limited to Honolulu county, may not have been representative of the entire state of Hawai`i. Future studies may consider conducting one-on-one interviews by phone or through Zoom in consideration of caregivers' availability and work demands. The pre- and post-test surveys proved even more difficult in terms of recruitment, which may be due to the surveys' complex instructions and method of distribution (email). Future studies may consider incorporating surveys into the presentations to expedite and simplify their completion.

Convenience samples were utilized in the selection of focus group participants, which may have produced selection bias. The use of self-reported data in the focus groups yielded subjective, potentially biased data which could not be independently verified. The Hawthorne effect may have limited the data collected from the focus groups due to the student investigator's affiliation (e.g., previous employment) with the case management agencies; participants may have had privacy concerns despite assurance of anonymity.

As discussed, stressors may vary among organizations (Halbelesben et al., 2006). Thus,

the data gathered from this study's focus groups may not pertain to other adult foster home caregivers or case management agencies in the state of Hawai'i. Nevertheless, a literature review, which may relate to a wider population, was conducted and presented in this paper.

Dissemination Plans

The results of this project will be shared with case management agencies in Hawai'i through an informational brochure (Appendix M) that will provide evidence-based information about organizational interventions to manage burnout in adult foster home caregivers in Hawai'i. The brochure will be mailed to all case management agencies in Hawai'i.

Implications for Practice

Burnout among adult foster home caregivers may compromise the health and safety of the clients they care for. As this study revealed, burnout may also impact the health and well-being of adult foster home caregivers, whose importance grows as the elderly population continues to rise in Hawai'i. Health care professionals who work with or treat adult foster home caregivers and clients in the community should be apprised of the potential risks to this population's health and safety by recognizing burnout and implementing interventions at the micro and meso levels to promote its prevention and management.

Future research should measure the prevalence of burnout in adult foster home caregivers and take local culture into account when assessing validity of burnout instruments. Future research should investigate the impact of burnout on client's safety and health outcomes in adult foster homes. For example, research should determine whether there is any association between burnout and the frequency of falls, incidence of pressure ulcers, frequency of adverse events, and mortality rates in clients living in adult foster homes.

Appendix A

Sociodemographic Survey

Your responses will be kept anonymous and will be used solely for research.

Please circle your choice.

1. Age:

- a. 21 – 24 years
- b. 25 – 34 years
- c. 35 – 44 years
- d. 45 – 54 years
- e. 55 – 64 years
- f. 65 years or older
- g. Prefer not to say

2. Sex:

- a. Male
- b. Female
- c. Other
- d. Prefer not to say

3. Number of adult foster home clients currently living in your home:

- a. 1
- b. 2
- c. 3
- d. Prefer not to say

4. How long have you been an adult foster home caregiver?

- a. Less than 1 year
- b. 1 – 2 years
- c. 3 – 5 years
- d. 6 – 9 years
- e. 10 – 15 years
- f. Over 15 years
- g. Prefer not to say

5. How many hours a week do you work as an adult foster home caregiver?

- a. Less than 8 hours
- b. 8 – 16 hours
- c. 17 – 24 hours
- d. 25 – 40 hours
- e. 41 – 60 hours
- f. 61 – 80 hours
- g. Over 80 hours

h. Prefer not to say

Appendix B

Focus Group Questions

1. What is burnout?
2. What are signs and symptoms of burnout?
3. What causes burnout?
4. How does burnout affect your job as an adult foster home caregiver?
5. How can burnout be prevented?
6. How can burnout be managed or treated?
7. Job demands are physical, mental, organizational, or social aspects of your job that require continuous bodily and/or mental hard work or skill, which leads to physical and/or mental consequences. What are your job demands?
8. Job resources are physical, mental, organizational, or social aspects of your job that help you accomplish your work goals. These resources could help you develop, learn, and grow. What are your job resources?
9. How does your case management agency help you manage burnout?
10. What can your case management agency do to help manage burnout?

Appendix C

Pre- and Post-Test Questions

Pre-test

1. How knowledgeable are you with the concept of burnout?
 - a. Not at all knowledgeable
 - b. Slightly knowledgeable
 - c. Neutral
 - d. Knowledgeable
 - e. Very knowledgeable

2. How likely would your case management agency implement interventions to manage burnout among adult foster home caregivers?
 - a. Very unlikely
 - b. Unlikely
 - c. Neutral
 - d. Likely

Post-test

1. How knowledgeable are you with the concept of burnout?
 - a. Not at all knowledgeable
 - b. Slightly knowledgeable
 - c. Neutral
 - d. Knowledgeable
 - e. Very knowledgeable

2. How likely would your case management agency implement interventions to manage burnout among adult foster home caregivers?
 - f. Very unlikely
 - g. Unlikely
 - h. Neutral
 - i. Likely
 - j. Very likely

Appendix D

Phone Script – Recruitment – CMA – Focus Group

Good morning, (_____),

This is Kimberly Supnet. I am calling to request your assistance in recruiting five to eight primary adult foster home caregivers from your case management agency to participate in my study, “An Organizational Approach to Burnout in Adult Foster Home Caregivers in Hawai`i”.

The caregivers must be primary caregivers with at least one client in their home. They must be able to speak, read, and write in English. They must have a computer with a webcam and Internet access or a cell phone with video chatting capabilities and Internet access.

Would you be able to provide me with the contact information of caregivers who fulfill these requirements and who may be interested in participating in my study?

[Obtain contact information]

Thank you for your time and assistance! Goodbye.

Appendix E

Phone Script – Recruitment – Focus Group

Hello, may I speak with (_____)?

Hello, my name is Kimberly Supnet. I obtained your contact information from your case management agency.

I am inviting you to take part in a research study. I'm a graduate student at the University of Hawai'i at Hilo school of Nursing. I'm conducting a study called "An Organizational Approach to Burnout in Adult Foster Home Caregivers in Hawai'i".

The purpose of my project is to explore burnout among adult foster home caregivers in the state of Hawai'i and to develop organizational methods of identifying, preventing, and managing burnout to maintain and promote safe and effective care of vulnerable adults living in adult foster homes in the community.

To participate in the project, you must be a primary adult foster home caregiver with at least one client living in your home. You must also have a computer with a webcam with Internet access or a cell phone with video chatting capabilities and Internet access. You must also know how to speak, read, and write in English. Do you fulfill these requirements?

If you participate in this project, you will be asked to complete an anonymous online survey and participate in an online focus group. You will receive a \$20 gift card for your time and effort in participating in this research project.

Would you be interested in participating?

[Yes]

Your participation in the study is completely voluntary, and you may stop participating at any time. If you stop being in the study, there will be no penalty or loss to you. Your choice to participate or not participate will not affect your rights or employment as an adult foster home caregiver.

The online survey will be anonymous and consist of 5 multiple-choice questions. It will take up to 10 minutes. The survey questions will include questions asking about your age, sex, number of clients you care for, and number of years of experience as an adult foster home caregiver.

The focus group will take place online on Zoom, and the discussion will be guided by about nine open ended questions. It will take about an hour. Focus group questions will include questions like, "What is burnout?", "How does burnout affect your job?", "How can burnout be prevented?", and "What can your case management agency do to help you prevent burnout?"

With your permission, I will audio-record the interview so that I can later transcribe the interview and analyze the responses. I will also video-record the interview so that I can analyze

your movements during the interview.
Do you have any questions?

I would like to send you the informed consent forms, which is required for participation in this study. How would you like to receive the consent form, by mail, fax, or email?

After completing the consent form, please send them back to me by mail, fax, or email. My address, fax number, and email will be on the consent forms.

If you have any questions, please feel free to call me or my advisor, whose contact information will also be on the consent forms. I can also provide you with her contact information now if you'd like. You may also contact the UH Human Studies Program if you have any questions or concerns, and their information will also be on the consent forms. If you'd like to learn more information about your rights as a research participant, there is a link to a website on the consent forms that you can visit.

After receiving your consent form, I will contact you to schedule the focus group.

Thank you for your time and your participation! Please don't hesitate to contact me at any time with any questions or concerns. Goodbye.

[No]

Thank you for your time. Have a great day! Goodbye.

Appendix F

Email Text – Focus Group

Good morning,

Thank you for your interest in taking part in my research study, “An Organizational Approach to Burnout in Adult Foster Home Caregivers in Hawai`i.” If you participate in this project, you will be asked to complete an anonymous online survey and participate in a focus group.

Your participation in this project is completely voluntary. You may stop participating at any time. If you stop being in the study, there will be no penalty or loss to you. Your choice to participate or not participate will not affect your rights or employment as an adult foster home caregiver.

To participate in this study, you must complete two consent forms:

1. The first consent form contains information about the online survey. The link to the survey can be found at the end of the consent form.
2. The second consent form contains information about the focus group. If you agree to participate in the focus group, please sign and date the signature page and return it to me by mail, fax, or email.

If you have any questions about this study, please call or email me at (808) 675-6713 or ksupnet@Hawaii.edu. You may also contact my advisor, Dr. Katharyn Daub, at (808) 932-7067 or katharyn@Hawaii.edu. You may contact the UH Human Studies Program at (808) 956-5007 or uhirb@Hawaii.edu to discuss problems, concerns and questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific research protocol. Please visit <http://go.Hawaii.edu/jRd> for more information on your rights as a research participant.

I will contact you after I receive your completed Focus Group consent form to schedule a date for your focus group and to help you set up Zoom.

Thank you for your time and participation and have a great day!

Best regards,

Kimberly Supnet
mobile: (808) 675-6713
email: ksupnet@Hawaii.edu
fax: (808) 677-6883

Attachment: Focus Group Consent Form

Appendix G

Email Text – Recruitment – CMA

Aloha!

My name is Kimberly Supnet, and you are invited to take part in a research study called, “An Organizational Approach to Burnout in Adult Foster Home Caregivers”. I am a graduate student at the University of Hawai`i at Hilo in the School of Nursing. As part of the requirements for earning my graduate degree, I am doing a research project.

The purpose of my project is to explore burnout among adult foster home caregivers in the state of Hawai`i and to develop organizational methods of identifying, preventing, and managing burnout to maintain and promote safe and effective care of vulnerable adults living in adult foster homes in the community.

This project will be conducted online.

To participate in this study, you must be the owner or operator of a case management agency in the state of Hawai`i and have access to a computer with Internet access.

If you participate in this project, you will be asked to fill out two anonymous online surveys and review a PowerPoint presentation.

The first survey will consist of 2 multiple choice questions. The survey will take up to 5 minutes. The survey questions will include questions like, “How knowledgeable are you with the concept of burnout?”, and “How likely would your case management agency implement interventions to manage burnout among adult foster home caregivers?”

After completion of the first survey, you will be asked to review a PowerPoint presentation. The PowerPoint will present information about burnout and organizational methods for its mitigation.

After review of the PowerPoint, you will be asked to complete a second online survey. The survey will take up to 5 minutes. The survey questions will include questions like, “How knowledgeable are you with the concept of burnout?”, and “How likely would your case management agency implement interventions to manage burnout among adult foster home caregivers?”

You will receive a \$10 gift card for your time and effort in participating in this research project. If you are interested in participating in this survey, please contact me by email or phone at ksupnet@Hawai`i.edu or (808) 675-6713.

Thank you for your time and consideration!

Sincerely,
Kimberly Supnet
mobile: (808) 675-6713

email: ksupnet@Hawaii.edu

Appendix H

Flyer

The University of Hawai`i is conducting a study:

***An Organizational Approach to Burnout
in Adult Foster Home Caregivers in Hawaii***

**Are you an adult foster home caregiver caring for at least one
client?**

If the answer is **YES...**

Kimberly Supnet would like to invite you to participate in a research study.

The purpose of this study is to learn more about how burnout affects adult foster home caregivers and how burnout can be prevented and managed through organizational interventions.

- 3 focus groups will take online via Zoom video conferencing software
- Study volunteers will be compensated with a \$10 gift card to Starbucks or Jamba Juice.

**To learn more about the study,
please call Kimberly Supnet at 808.675.6713**

Appendix I

Focus Group Consent Form



Consent to Participate in a Research Project

Kimberly Supnet, Principal Investigator

*Project title: "An Organizational Approach to Burnout
in Adult Foster Home Caregivers in Hawai'i"*

Aloha! My name is Kimberly Supnet, and I am a graduate student at the University of Hawai'i (UH) at Hilo in the School of Nursing. I am doing a research project as part of the requirements for earning my graduate degree.

What am I being asked to do?

If you participate in this project, you will join about five to seven other people in a focus group to talk about your experience with burnout as an adult foster home caregiver.

Taking part in this study is your choice.

Your participation in this project is completely voluntary. You may stop participating at any time. If you stop being in the study, there will be no penalty or loss to you. Your choice to participate or not participate will not affect your rights as an adult foster home caregiver.

Why is this study being done?

The purpose of this project is to determine organizational methods to prevent and manage burnout in adult foster home caregivers. I am inviting you to participate in my project because you are an adult foster home caregiver.

What will happen if I decide to take part in this study?

The discussion will be guided by about 15 open ended questions. It will take about 45 minutes to an hour. Focus group questions will include questions like, "What is burnout?" "How can burnout be prevented?"

With your permission, I will audio-record the interview so that I can later transcribe the interview and analyze the responses. I will also video-record the interview so that I can analyze your movements during the interview.

What are the risks and benefits of taking part in this study?

I believe there is little risk to you in participating in this research project. You may become stressed or uncomfortable answering any of the questions or discussing topics during the focus group. If you do become stressed or uncomfortable, you can skip the question or take a break. You can also stop participating at any time.

There will be no direct benefit to you for participating in this focus group. The results of this project may help mitigate burnout among adult foster home caregivers in Hawai'i.

Privacy and Confidentiality: I will keep all study data secure in a locked filing cabinet in a

locked office/encrypted on a password protected computer. Only my University of Hawai'i advisor and I will have access to the information. Other agencies that have legal permission have the right to review research records. The University of Hawai'i Human Studies Program has the right to review research records for this study.

After I write a copy of the interviews, I will erase or destroy the audio-recordings. When I report the results of my research project, I will not use your name. I will not use any other personal identifying information that can identify you. I will use pseudonyms (not your real names) and report my findings in a way that protects your privacy and confidentiality to the extent allowed by law.

Although we ask everyone in the focus group to respect everyone's privacy and confidentiality, and not to identify anyone in the group or repeat what is said during the group discussion, please remember that other participants in the group may accidentally disclose what was said. Avoid sharing personal information that you may not wish to be known.

Compensation:

You will receive a \$10 gift certificate to either Starbucks or Jamba Juice for your time and effort in participating in this research project.

Questions:

If you have any questions about this study, please call or email me at (808) 675-6713 or ksupnet@Hawaii.edu. You may also contact my advisor, Dr. Katharyn Daub, at (808) 932-7067 or katharyn@Hawaii.edu. You may contact the UH Human Studies Program at 808.956.5007 or uhirb@Hawaii.edu. to discuss problems, concerns and questions; obtain information; or offer input with an informed individual who is unaffiliated with the specific research protocol. Please visit <http://go.Hawaii.edu/jRd> for more information on your rights as a research participant.

If you agree to participate in this project, please sign and date the following signature page and return it by one of the following:

Mail:

Kimberly Supnet
94-141 Makoa St
Waipahu, HI 96797

Email:

ksupnet@Hawaii.edu

Fax:

(808) 677-6883

Keep a copy of the informed consent for your records and reference.

Signature(s) for Consent:

I give permission to join the research project entitled, "*An Organizational Approach to Burnout in Adult Foster Home Caregivers in Hawai'i.*"

Please initial next to either "Yes" or "No" to the following:

Yes No I consent to be audio-recorded for the interview portion of this research.

Yes No I consent to being video-recorded for the interview portion of this research.

Name of Participant (Print): _____

Participant's Signature: _____

Signature of the Person Obtaining Consent: _____

Date: _____

Appendix J

CITI Completion Forms

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM) COMPLETION REPORT - PART 1 OF 2 COURSEWORK REQUIREMENTS*

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Kimberly Supnet (ID: 8930925)
- **Institution Affiliation:** University of Hawaii (ID: 1688)
- **Institution Email:** ksupnet@hawaii.edu

- **Curriculum Group:** Human Subjects Research (HSR)
- **Course Learner Group:** Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel
- **Stage:** Stage 1 - Basic Course

- **Record ID:** 35407892
- **Completion Date:** 13-Mar-2020
- **Expiration Date:** 13-Mar-2023
- **Minimum Passing:** 80
- **Reported Score*:** 91

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Belmont Report and Its Principles (ID: 1127)	14-Feb-2020	3/3 (100%)
Cultural Competence in Research (ID: 15186)	14-Feb-2020	4/5 (80%)
Defining Research with Human Subjects - SBE (ID: 491)	14-Feb-2020	5/5 (100%)
Assessing Risk - SBE (ID: 503)	14-Feb-2020	5/5 (100%)
History and Ethical Principles - SBE (ID: 490)	14-Feb-2020	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	13-Mar-2020	5/5 (100%)
Informed Consent - SBE (ID: 504)	13-Mar-2020	4/5 (80%)
Internet-Based Research - SBE (ID: 510)	13-Mar-2020	4/5 (80%)
Privacy and Confidentiality - SBE (ID: 505)	13-Mar-2020	5/5 (100%)
Conflicts of Interest in Human Subjects Research (ID: 17464)	13-Mar-2020	4/5 (80%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	13-Mar-2020	4/5 (80%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify/?kfa90f7fe-aa9d-47d3-b9eb-872af395c5ee-35407892

Collaborative Institutional Training Initiative (CITI Program)

Email: support@citiprogram.org

Phone: 888-529-5829

Web: <https://www.citiprogram.org>

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 2 OF 2 COURSEWORK TRANSCRIPT**

** NOTE: Scores on this [Transcript Report](#) reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Kimberly Supnet (ID: 8930925)
- **Institution Affiliation:** University of Hawaii (ID: 1688)
- **Institution Email:** ksupnet@hawaii.edu

- **Curriculum Group:** Human Subjects Research (HSR)
- **Course Learner Group:** Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel
- **Stage:** Stage 1 - Basic Course

- **Record ID:** 35407692
- **Report Date:** 13-Mar-2020
- **Current Score**:** 91

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
Defining Research with Human Subjects - SBE (ID: 491)	14-Feb-2020	5/5 (100%)
The Federal Regulations - SBE (ID: 502)	13-Mar-2020	5/5 (100%)
Belmont Report and Its Principles (ID: 1127)	14-Feb-2020	3/3 (100%)
Assessing Risk - SBE (ID: 503)	14-Feb-2020	5/5 (100%)
Informed Consent - SBE (ID: 504)	13-Mar-2020	4/5 (80%)
Privacy and Confidentiality - SBE (ID: 505)	13-Mar-2020	5/5 (100%)
Internet-Based Research - SBE (ID: 510)	13-Mar-2020	4/5 (80%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	13-Mar-2020	4/5 (80%)
History and Ethical Principles - SBE (ID: 490)	14-Feb-2020	5/5 (100%)
Cultural Competence in Research (ID: 15186)	14-Feb-2020	4/5 (80%)
Conflicts of Interest in Human Subjects Research (ID: 17464)	13-Mar-2020	4/5 (80%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citi-program.org/verify/?kfa90f7fe-aa9d-47d3-b9eb-872af385e5ee-35407692

Collaborative Institutional Training Initiative (CITI Program)

Email: support@citi-program.org

Phone: 888-529-5929

Web: <https://www.citi-program.org>



Completion Date 13-Mar-2020
Expiration Date 13-Mar-2023
Record ID 35407692

This is to certify that:

Kimberly Supnet

Has completed the following CITI Program course:

Human Subjects Research (HSR) (Curriculum Group)
Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel (Course Learner Group)
1 - Basic Course (Stage)



Under requirements set by:

University of Hawaii

Verify at www.citiprogram.org/verify/?w31d5e50e-12da-4497-854b-9cf8cfee05dc-35407692

**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COMPLETION REPORT - PART 1 OF 2
COURSEWORK REQUIREMENTS***

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Kimberly Supnet (ID: 8930925)
- **Institution Affiliation:** University of Hawaii (ID: 1888)
- **Institution Email:** ksupnet@hawaii.edu

- **Curriculum Group:** Information Privacy Security (IPS)
- **Course Learner Group:** Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel IPS
- **Stage:** Stage 1 - Basic Course

- **Record ID:** 35407801
- **Completion Date:** 13-Mar-2020
- **Expiration Date:** 13-Mar-2023
- **Minimum Passing:** 80
- **Reported Score¹:** 100

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
Basics of Information Security, Part 1 (ID: 1423)	13-Mar-2020	5/5 (100%)
Basics of Information Security, Part 2 (ID: 1424)	13-Mar-2020	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify/?k7bd1a5df-7f9a-436d-a016-4fa69eae2fdf-35407801

Collaborative Institutional Training Initiative (CITI Program)
Email: support@citiprogram.org
Phone: 888-529-5829
Web: <https://www.citiprogram.org>

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)

COMPLETION REPORT - PART 2 OF 2

COURSEWORK TRANSCRIPT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Kimberly Supnet (ID: 8930925)
- **Institution Affiliation:** University of Hawaii (ID: 1688)
- **Institution Email:** ksupnet@hawaii.edu

- **Curriculum Group:** Information Privacy Security (IPS)
- **Course Learner Group:** Non-Exempt Social & Behavioral Sciences Researchers and Key Personnel IPS
- **Stage:** Stage 1 - Basic Course

- **Record ID:** 35407091
- **Report Date:** 13-Mar-2020
- **Current Score**:** 100

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
Basics of Information Security, Part 1 (ID: 1423)	13-Mar-2020	5/5 (100%)
Basics of Information Security, Part 2 (ID: 1424)	13-Mar-2020	5/5 (100%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

Verify at: www.citiprogram.org/verify/?k7bd1a5df-7f9a-436d-a016-4fa89eae2fdf-35407091

Collaborative Institutional Training Initiative (CITI Program)

Email: support@citiprogram.org

Phone: 868-529-5829

Web: <https://www.citiprogram.org>



Completion Date 13-Mar-2020
Expiration Date 13-Mar-2023
Record ID 35407691

This is to certify that:

Kimberly Supnet

Has completed the following CITI Program course:

Information Privacy Security (IPS) (Curriculum Group)
Non-Exempt Social & Behavioral Sciences Researchers and Key (Course Learner
Personnel IPS Group)
1 - Basic Course (Stage)



Under requirements set by:

University of Hawaii

Verify at www.citiprogram.org/verify/?w2c49975e-c0e0-43e1-97f4-641c2eb60b89-35407691

Appendix K

Thematic Analysis Codes

Support/Lack of (Q7, Q9, Q10)	10.34%
Self-care/Lack of (Q4, Q5, Q6, Q7)	8.62%
Exhaustion (Q1, Q2, Q3)	7.76%
Shopping (Q5, Q6)	6.90%
Anxiety/Stress (Q1, Q2)	6.03%
Client behavior (Q6, Q7)	6.03%
Irritability (Q2, Q4)	6.03%
Overwork/Overwhelmed (Q1, Q3)	5.17%
Sleep disturbances/Lack of sleep (Q2, Q3, Q7)	5.17%
Socialization/Social support (Q5, Q10)	5.17%
Headache (Q2, Q4)	4.31%
Recreation/Hobby (Q5)	4.31%
Change/Leave the environment/Go out (Q5, Q6)	3.45%
Feedback (Q9, Q10)	3.45%
Training (Q8)	3.45%
Prayer/Spirituality (Q6)	2.59%
Avoidance (Q6)	1.72%
Health/Diet (Q6)	1.72%
Inability to work/function (Q3, Q4)	1.72%
No suggestions (Q10)	1.72%
Obtaining substitute caregiver (Q6, Q7)	1.72%
Attitude (Q6)	0.86%
Client's family (Q7)	0.86%
No treatment (Q6)	0.86%

Appendix L

MAXQDA Codes

Color	Parent code	Code	% Coded segments
●	Job demands	Client behaviors	3.05
●	Prevention	Shopping	2.40
●	Prevention	Socialization	1.74
●	Current organizational methods	Support	1.74
●	Prevention	Self-care	1.53
●	Definition	Exhaustion	1.53
●	Signs and symptoms	Irritability/Anger	1.31
●	Job resources	Training	1.31
●	Potential organizational methods	Support	1.31
●	Prevention	Hobby	1.09
●	Signs and symptoms	Headache	1.09
●	Signs and symptoms	Anxiety/Stress	1.09
●	Job demands	Insufficient sleep	1.09
●	Management/Treatment	Spirituality	0.87
●	Signs and symptoms	Exhaustion	0.87
●	Training	Management of client behavior	0.87
●	Exhaustion	Tired	0.87
●	Prevention	Take a break	0.65
●	Prevention	Change in environment	0.65
●	Effects on job	Self-care	0.65
●	Definition	Stress	0.65
●	Exhaustion	Exhausted	0.65
●	Self-care	Massage	0.65
●	Potential organizational methods	No suggestions	0.65

●	Job demands	Inability to obtain substitute caregiver	0.65
●	Job demands	Client family	0.65
●	Prevention	Healthy activities	0.44
●	Management/Treatment	Avoidance	0.44
●	Prevention	Social media	0.44
●	Effects on job	Functionality	0.44
●	Signs and symptoms	Sleep disturbances	0.44
●	Causes	Excessive work	0.44
●	Definition	Excessive work	0.44
●	Training	Management of client health conditions	0.44
●	Hobby	Gardening	0.44
●	Current organizational methods	Feedback	0.44
●	Potential organizational methods	Feedback	0.44
●	Job demands	Conflict with management	0.44
●	Change in environment	Relief (substitute caregiver)	0.22
●	Management/Treatment	Self-care	0.22
●	Change in environment	Shopping	0.22
●	Management/Treatment	Change in environment	0.22
●	Effects on job	Overwhelmed	0.22
●	Prevention	Food	0.22
●	Causes	Inability to complete work	0.22
●	Effects on job	Daily schedule	0.22
●	Effects on job	Headache	0.22
●	Mood disturbances	Irritability	0.22
●	Effects on job	Mood disturbances	0.22
●	Effects on job	Health	0.22
●	Causes	Insufficient sleep	0.22
●	Causes	Exhaustion	0.22

●	Causes	Overwhelmed	0.22
●	Stress	Overwhelmed	0.22
●	Signs and symptoms	Excessive food consumption	0.22
●	Current organizational methods	Socialization	0.22
●	Self-care	Facial	0.22
●	Self-care	Beauty parlor	0.22
●	Self-care	Foot spa	0.22
●	Self-care	Manicure/Pedicure	0.22
●	Support	Clinical support	0.22
●	Potential organizational methods	Socialization	0.22
●	Exhaustion	Fatigue	0.22
●	Hobby	Reading	0.22
●	Job demands	Prioritizing client care	0.22
●	Management/Treatment	Health	0.22
●	Management/Treatment	Client redirection	0.22
●	Management/Treatment	Attitude	0.22

Appendix M

Brochure

Burnout in adult foster home caregivers is a potential threat to the safety & health of both caregivers & clients.

Caregiver burnout must be addressed by case management agencies to ensure the well-being & safety of caregivers & their clients.

Skilled & healthy caregivers are needed to care for the growing populations of elderly & adults with disabilities.

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An Organizational Approach to Burnout in Adult Foster Home Caregivers in Hawaii

Evidence-based organizational interventions to manage burnout among adult foster home caregivers



What is caregiver burnout?

An adverse psychological event that a person experiences in relation to long-term and emotion stress that is brought about by work that involves helping other people.

Signs & symptoms

- Headache
- Sleep disturbances
- Weight gain
- Memory & concentration problems
- Depression and/or anxiety
- Respiratory & gastrointestinal infections

Impact of Burnout

- May affect clients' mortality rates & increase their risk for abuse & neglect
- Negatively affects caregivers' physical & mental health
- Reduces caregivers' willingness to help clients
- Increases caregiver turnover rates
- Decreases productivity
- Increases organizational costs

How can case management agencies (CMAs) manage burnout in adult foster home caregivers?

CMAs should identify adult foster home caregivers' most valuable job resources and provide enough of these resources to caregivers on an ongoing basis.

Job resources are physical, cognitive, organizational, or social elements of work that help accomplish work objectives; decrease work demands and their related physical and psychological consequences; and encourage individual advancement and education, and these resources are needed to cope with work demands.

Caregivers in Hawaii identified **training** as their most important job resource.

CMAs should encourage caregivers to learn new skills by providing caregivers with sufficient training and opportunities for development and learning, such as in-service trainings that address client behaviors and health conditions. Education and training about clients' health disorders may decrease the risk for burnout.

In-services can be provided online via Zoom in consideration of the COVID-19 pandemic and caregiver schedules. Online trainings may help eliminate the need for caregivers to obtain a substitute caregiver.

Caregivers in Hawaii also identified support as a job resource that helps them manage burnout. When caregivers experience difficult behaviors from their clients, they will benefit from autonomy, support, and training on how to manage these situations.

CMAs should identify the specific causes of burnout within their respective organizations and allow staff and caregivers to design burnout interventions based on the organization's unique stressors. These interventions should be tailored to and focused on the stressors that have been identified. Collaboration and involvement of staff and caregivers foster trust, empowerment, and partnership.

The collaboration between CMAs and caregivers decreases burnout by improving communication and social support between the case management staff and adult foster home caregivers.

Burnout interventions are more likely to succeed if caregivers are involved in their development. All case management staff and caregivers should be consulted prior to the implementation of burnout interventions. Surveys can be used to monitor and keep track of interventions' outcomes. Long-term collaboration contributes to a long-lasting impact on the organization.

Summary

- Adult foster home caregivers in Hawaii need **training and support** to meet their work demands and manage burnout.
- CMAs should provide caregivers with opportunities for training, such as in-services.
- CMAs should identify the unique causes of stressors in their organizations and work with caregivers to develop interventions to manage burnout.

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