THE RELATIONSHIP BETWEEN RESILIENCE, PSYCHOLOGICAL CAPITAL, BURNOUT, AND GRIT IN DIRECT CARE STAFF

by

Nicholas Stoia

Liberty University

A Dissertation Presented in Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

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APPROVED BY:

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ABSTRACT

The present study examined the relationship between resilience, psychological capital (PsyCap), grit, and burnout among direct care workers. The current study assessed other fields within direct care that have not been investigated. When it comes to research methodology, the current research utilized a quantitative approach. Participants were selected and sent the survey through the online platform. The present study had a total of 195 participants between the ages of 18 – 60. Participants were workers in agency settings within the direct care field. These agencies included state agencies, private agencies, non-profits, federal agencies, and home care. Specific types of direct care workers that were recruited included trainers, psychologists, aides, and other direct support professionals who have not been previously included in the literature. The current research utilized the Resilience Scale, the PCQ – 24, the Burnout -30, and the Grit N-14 scale. The Burnout 30 and the Grit N-14 scale were created by the researcher. Pearson correlation results indicated that there were significant positive relationships between Grit, resilience, and PsyCap, and in direct care staff. Burnout was negatively related to these variables. Additionally, MANOVA analyses revealed that there was also a significant relationship between resilience and age and a relationship between hope and years of service. A One-Way ANOVA further assessed these relationships. Future research could build upon this current research and further examine treatment plans, programs, and education on burnout for direct care staff as well as validate the Grit N-14 and Burnout–30 scales.

Keywords: Resilience, psychological capital, burnout, grit, direct care staff

Dedication

I dedicate this page to my immediate family: My Wife Stephanie and our two children, Adam and Alena. I don't know where I would be without you guys especially you Stephanie. Through your continuous support and genuine love for me, I was able to finish and pursue my dreams and I thank you so very much. My biological Parents: Nicholas and Jenn, Daniela and Erich. In – Laws - Therese and Jonathon. Special People in my life: My Aunt Maria and Uncle Adam. I also dedicate this page to my Grandparents who passed away that played a big role in my life: Nicholas and Sara & Joseph and Rina. Last Dedication: I have to thank God for carrying and guiding me through everything. God has helped me with my past that has guided my future. "For I know the plans I have for you," declares the LORD, "plans to prosper you and not to harm you, plans to give you hope and a future. **12** Then you will call on me and come and pray to me, and I will listen to you. You will seek me and find me when you seek me with all your heart."

Acknowledgments

I acknowledge my chair, Dr. Danisha Keating for all her hard work and dedication throughout this process and being there for me when I really needed it. I also acknowledge my second member Dr. Brittany Hernandez who I am thankful to have as a member and learn from. Thank you both for all your insight and hard work with me. This would not have been possible if it wasn't for you both.

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CHAPTER ONE: INTRODUCTION

Introduction

This quantitative study will seek to examine if there is a relationship between burnout, grit, psychological capital, and resilience among direct care staff. The present study will attempt to investigate these variables in direct care staff careers that have been largely ignored in the previous literature. The present study also examines the subscales of the psychological capital quantitatively and seeks to find a relationship amongst direct care staff.

Background

The current research examines if there is a relationship between resilience, psychological capital, grit, and burnout within the careers of direct care. According to the CDC Covid Response Team et al. (2020), direct care staff is defined through research as anyone who works or serves within healthcare settings. CDC Covid Response Team et al. (2020) also states that exposure can be direct or indirect and can also be composed of volunteers or anyone who helps provide a service. Some settings include but are not limited to hospitals, private and government agencies, nursing homes, veterans' homes, and various mental health centers (Kim, 2020). Research has been conducted examining resilience and burnout in doctors, social workers, nurses, and chaplains, but burnout and resilience in direct support professionals, psychologists, trainers, and other human service workers in large state agencies is limited (Antonsdottir et al., 2022). The current study will expand upon the variable (direct care worker) and what it is composed of in various positions in the human service field.

Much of the research that has been conducted related to grit, burnout, and resilience was completed before and at the beginning of the covid 19 pandemic. A study conducted by Flinkman et al. (2023) suggests that research on these variables needs to be further assessed after the covid 19 pandemic. Findings from Montgomery et al. (2021) state that psychological well-being is crucial for frontline nurses for them to provide the care that is needed. The authors of this study suggested that more research is needed to examine these topics in different settings. The researchers also created scales using the Copenhagen Burnout Inventory as a guide to further assess burnout in direct care staff in various settings. The world we live in is composed of believers and non-believers of both Christ and spirituality. James 1: 2-4 states, "Consider it pure joy, my brothers, and sisters, whenever you face trials of many kinds because you know that the testing of your faith produces perseverance" (*New American Standard Bible*, 1977).

Perseverance is a trait of grit and motivation (Montas et al., 2021). In a biblical worldview and for those of spirituality, these findings suggest that resilience and grit can be not only adopted but developed through spirituality and religiosity (Al Eid et al., 2020). Al Eid et al. (2020) concluded that people who had higher levels of religious beliefs had greater mental health.

Revelation 2: 19 states, "I know your deeds, your love and faith, your service and perseverance, and that you are now doing more than you did at first" (*New American Standard Bible*, 1977). The Bible states that we are made in God's image and that all things derive from God. This also means that grit and resilience can start and end with God. We should look to God and seek his help. Through his wisdom and guidance, we can overcome challenging situations and persevere.

Problem Statement

The current study examines direct care staff through many settings and career titles, and further assesses burnout amongst these groups of workers (Montgomery et al., 2021). The current study will enhance research by seeking to establish a relationship between burnout, grit, psychological capital, and resilience in direct care staff after the COVID-19 Pandemic, which research suggests is needed (Flinkman et al., 2023). Since the pandemic, people in society have been experiencing greater rates of anxiety, less sleep, financial hardships, burnout, and higher rates of psychological stress (Gupta et al., 2021).

Prior research states that there are limitations to the types of workers who have been included in research regarding direct care staff (Antonsdottir et al., 2022). Research has been conducted examining resilience and burnout in doctors, social workers, nurses, and chaplains, but burnout and resilience in direct support professionals, psychologists, trainers, and other human service workers in large state agencies is limited (Antonsdottir et al., 2022). Flinkman et al. (2023) suggests that individual strength, retention, grit, and organizational justice should be conducted post COVID-19. Their research suggests that COVID -19 would change due to workload, staff shortages, due to post-impact.

A study conducted by Pérez-Rojo et al. (2023) assessed resilience, burnout, quality of life, the purpose of life, and the quality of care in direct care staff in nursing homes. Pérez-Rojo et al. (2023) found a relationship between resilience, quality of care, life quality, growth, and life purpose in direct care staff. The findings suggested that workers who had higher rates of resilience provided better care had greater overall health, and more successful outcomes than those who had lower rates of resilience. Pérez-Rojo et

al. (2023) state in their limitations that research relating to resilience and direct care staff needs to be further assessed.

The present study focuses on a need to fill a void within the literature by assessing resilience, grit, burnout, and psychological capital in direct staff who have been previously ignored in the research. According to Luthans (2002a), psychological capital can be expressed as four components of personal traits consisting of hope, optimism, self-efficacy, and resilience. Psychological capital is the internal resources that people have developed over time that help people manage challenging situations (Luthans, 2002b). Psychological capital can also be defined vocationally as a positive outlook or positive behavior that is used to target performance within a workplace or organization (Luthans & Broad, 2022). The traits comprising psychological capital can influence grit and burnout (Terry et al., 2023); however, these variables have not been matched with the variables of burnout and direct care staff. Implications for this study include the development of interventions and programs for staff who may not have previously been included in past research related to these topics.

Purpose of the Study

This quantitative study will seek to examine if there is a relationship between burnout, grit, psychological capital, and resilience among direct care staff. The present study will attempt to investigate these variables in direct care staff careers that have been largely ignored in the previous literature. The present study also examines the subscales of the psychological capital quantitatively and seeks to find a relationship amongst direct care staff.

Research Question(s) and Hypotheses

Research Questions

RQ1: Will participants who have greater resilience have less burnout?

RQ2: Will participants who have greater Psychological Capital have lower burnout rates?

RQ3: Will those who have more grit display lower levels of burnout?

RQ4: Will those who are more resilient have greater Psychological Capital?

Hypotheses

Hypothesis 1: Individuals who score higher on the Resilience Scale will have less burnout than those who score lower.

Hypothesis 2: Individuals who score higher on the Psychological Capital Questionnaire – 24 (PCQ – 24) will display lower rates of burnout than those who score lower.

Hypothesis 3: Individuals who score higher on the Grit Scale – (N14) will have greater resilience and less burnout than those who score lower.

Hypothesis 4: Individuals who score higher on the Resilience Scale will have higher scores on the PCQ – (24).

Assumptions and Limitations of the Study

Just like all research, this current study has limitations and assumptions. The current study uses Surveymonkey, which is an online platform. Participants will answer questions independently and online. With that being said, the research outcome could be influenced due to social desirability and not answering truthfully, which not only affects the results but also external validity and internal validity. Additionally, online platforms do not elicit the same reactions as face-to-face studies because there is a barrier between

the researcher and the participant. Finally, two of the measures used in the study are researcher-created (the Grit N-14 and the Burnout–30), so there is no previously available data to confirm these measures correctly assess the intended constructs. This could cause a potential risk in the outcomes of the study and a type I or type II error.

Another threat derives from assumptions. These surveys are being administered via an online database; therefore, the researcher has to assume that the participants will be able to successfully read and understand the questions being asked. The researcher also has to assume that the participants will have the knowledge and abilities to use the technology and have the insight needed to complete the study.

Delimitations have been placed within this study. This study focuses on direct care workers; therefore, only direct care workers defined within the study will be asked to participate. This study is further assessing grit and resilience in direct care workers; therefore, a boundary as to who can participate must be made. The researcher will create the boundaries by selecting only careers that are relevant to direct care staff. Age is also a delimitation. There will be a restriction on age and all participants must be 18 years or older to participate in the study.

Theoretical Foundations of the Study

One theory associated with this study derives from Luthans et al. (2007) assessing psychological capital and coining the term as a positive stage of development composed of self-efficacy, optimism, hope, and resilience. The researchers suggest that when people have the confidence they need, they will be more determined to succeed and accomplish challenging tasks. They also suggest that when a person is developing through certain stages, they develop resilient traits and can successfully defeat struggles and obtain their

end goal. If people learn to enable growth within themselves, then outside forces will not hinder them or their mindset.

The constructs of grit and burnout can be examined through the theory of Duckworth et al. (2007) who believe that grit is involved with stamina and the emotional capacity to keep pushing through in efforts to reach a goal. Duckworth et al. (2007) theorized that grit can be explained as a trait consisting of stamina, interest, and effort. Those who have higher rates of grit have greater levels of motivation, perseverance, and healthier mindsets. If people develop grittiness, then burnout rates should be less prevalent.

The construct of burnout is associated with theories such as the social cognitive theory, the social exchange theory, and the organizational theory (Edú-Valsania et al., 2022). The social cognitive theory of burnout derives from a person's self-esteem, self-concept, self-efficacy, and self-confidence (Edú-Valsania et al., 2022). How a person internally feels about themselves makes a difference in how they conduct themselves and do things. This means that if a person feels negatively about themselves, then they will struggle with many challenges as it pertains to personal and professional achievement. Within this theory, if a person feels like a failure, then they will fail.

The social exchange theory of burnout is when an employee does not feel reciprocity within the workplace (Edú-Valsania et al., 2022). This means that an employee wants to feel emotionally the same and receive the same sense of feelings that they give other people. For example, if an employee does favors for another employee to help them out with their job, that helping employee also expects help when they ask for

it. When any person, not just an employee, keeps helping others and the exchange of help is one-sided, the person will feel emotionally consumed. This can lead to burnout.

The organizational theory of burnout is associated with risk factors and environmental stressors within an organization (Golembiewski et al., 1983). These risk factors consist of heavy workloads, a decrease in organizational commitments to employees, low work fulfillment, and higher rates of depersonalization due to work. These factors contribute to burnout in entirety due to the challenges faced and projected within and by the organization.

Some people are both spiritual and religious and believe in a higher power. There are times when people pray and look to that higher power for answers, help, and thankfulness. Joshua 1:9 states, "Have I not commanded you? Be strong and courageous. Do not be afraid; do not be discouraged, for the Lord your God will be with you wherever you go" (*New American Standard Bible*, 1977). God will be with us from all walks of life, and he will guide us into the place where we need to go. God knows all things and through God, we can find the strength to persevere and overcome any challenges. Jeremiah 29:11 states, "'For I know the plans I have for you', declares the Lord, 'plans to prosper you and not harm you, plans to give you hope and a future" (*New American Standard Bible*, 1977). This bible verse gives people hope, efficacy, and motivation. When people are struggling and going through hard times, they turn to God and understand that they are being guided to where God wants them. Religion is significantly impactful for those who practice and live in a biblical worldview. Those perceiving their lives through a biblical worldview have the strength they need to accomplish their tasks

and go through catastrophes looking to God. Religion helps those develop grit, resilience, psychological capital, and motivation.

Definition of Terms

The following is a list of definitions of terms that are used in this study.

1. *Burnout*- Burnout can be classified as severe physical or mental exhaustion over some time and can be expressed through exhaustion, irritability, loss of patience, loss of interest, and other emotional methods (Schaufeli, 2021).
2. *Direct Care Workers / Direct Care Staff*- Direct care workers / direct care staff can be defined as anyone who works with or has exposure to populations they serve directly or indirectly in health care or agency settings (CDC Covid Response Team et al., 2020).
3. *Grit*- Grit can be defined as an individual's motivation, perseverance, and passion to accomplish goals (Montas et al., 2021).
4. *Psychological Capital*- can be defined as internal strengths or coping skills that help a person overcome challenges (Luthans, 2002a). Psychological Capital (PsyCap) is expressed through several domains consisting of composed of hope, self-efficacy, optimism, and resilience (Luthans, 2002a). Psychological capital can also be defined vocationally as a positive outlook or positive behaviors that are used to target performance within a workplace or organization (Luthans & Broad, 2022).
5. *Resilience*- Resilience is a person's ability to work through or overcome challenges, struggles, or hardships (Lin et al., 2019).

6. *Retention*- Retention can be defined as how an agency secures and keeps employees within their career or job setting for long periods (Khalid & Nawab, 2018).

Significance of the Study

This present study seeks to find a relationship between resilience, grit, burnout, and psychological capital in direct care staff. The current study will not only the field but many organizations. This study seeks to establish relationships in topics that have never been studied collectively before, and it seeks to examine these topics in the context of the post-Covid-19 pandemic.

Future practical implications of this research could be the development of programs and procedures intended to retain direct care staff in the workforce. Future research could also explore if certain benefits or incentives could positively influence direct care staff in the field. Mental health and healthcare needs are rising every day. Future studies could extend this research by exploring how staffing shortages, workloads, and employee health could change in organizations, as well as how to keep attrition rates low.

Summary

This research has a central focus on burnout, resilience, grit, and psychological capital in direct care staff. The present study will seek to find if significant relationships between these variables exist and how future studies could build upon this research to create positive work environments for direct care staff. The present study predicts that there will be a relationship between burnout, grit, resilience, and psychological capital in

direct care staff. The current study is needed to build on what is already known about these topics and to create new theories in research relating to these variables.

CHAPTER 2: LITERATURE REVIEW

Overview

Chapter two of this dissertation provides a literature review of what current research states about the variables being examined. The current research examines the content areas of resilience, psychological capital, grit, and burnout in direct care workers. This chapter will provide an overview of direct care staff, resilience, grit, psychological capital, burnout, attrition, and retention. The current study will also discuss spirituality and how it relates to what has been thoroughly researched already.

Description of Search Strategy

The researcher used multiple databases and strategies. Databases used were Google Scholar, St. Joseph's University library database, Liberty University library database, APA Database, the Holy Bible, ProQuest Databases, and other dissertation research. Terms such as direct care, resilience, grit, grit mindset, burnout, retention, direct care workers, attrition, and spirituality were used. This researcher started broadly with the terms grit, resilience, and burnout, then narrowed the search to focus on direct care workers. Biblical research was conducted using the bible and the Google Scholar research database. The biblical research in this study searched spirituality, resilience, and grit through religion.

Review of Literature

The current research is composed of five themes that were empirically studied consisting of direct care workers, burnout, resilience, grit, and psychological capital. The present study will review and discuss literature expressing the five themes. These five

themes were an interest of the researcher were lacking empirically to fill a gap in research and literature.

Direct Care staff

A direct care worker is anyone who has direct or indirect exposure to those in health care settings or hazardous materials (CDC Covid Response Team et al., 2020). Direct care workers can also be defined as essential workers who are employees or volunteers who help service those in healthcare settings (CDC Covid Response Team et al., 2020). Direct care staff are composed of psychiatric aides, health aides, home health aides, nursing assistants, and any direct care service worker (J. Kim, 2020). Direct care workers are found in the human service field and can be seen in government agencies, hospitals, nursing homes, institutional settings, mental health settings, community programs, residential, and non-residential centers (J. Kim, 2020). Most direct care staff that work in these types of settings have to be trained in many areas of direct care and receive formal training during their orientation (Menne et al., 2007). Direct care staff undergo training in physical interventions, crisis intervention with behavior, and how to create a safe environment (Knotter et al., 2018).

Many careers fall into the category of direct care workers including psychologists, supervisors, trainers, counselors, directors, specialists, doctors, nurses, and human resources in these settings (CDC Covid Response Team et al., 2020). Direct care staff can include licensed professionals or people who have lower skill levels (Bowblis, 2011). In many agency settings, direct care workers carry a title or name known as direct support professionals (DSPs) (Boamah, 2020).

Direct care workers provide an array of services to the populations they serve. Some direct care workers in agency, residential, and community environments assist their demographic population with activities of daily living (ADLs). When it comes to ADLs, direct care workers manage medications and conduct housekeeping, as well as dress, feed, bathe, and help their populations with toileting (Bennett et al., 2017). Research studies conducted by Kelly, Soles et al. (2020) and Zimmerman and Sloane (2007), state that direct care staff are responsible for hygiene, housework, and total care of the populations they are responsible for helping. Direct care staff are also responsible for not only providing services that promote physiological well-being through medical support but also providing support with psychological well-being with the population they serve. Direct support professionals provide support through residential and day programs, help with finances and medical needs, help with family dynamics, provide community inclusion, help build relationships, help with ADLs, provide counseling, help with networking, and help advocate on behalf of the people they serve (Hewitt & Larson, 2007).

Job Satisfaction

Job Satisfaction is defined as when a person feels confident, has and expresses positive feelings about their job, displays enthusiasm, feels a sense of accomplishment in a job, and has a positive sense of worth regarding a job (Pusparani et al., 2021). Other variables that contribute to job satisfaction are employee benefits, supervisor and organizational attitudes, stress, job security, work productivity, and motivation (Abuhashesh et al., 2019). Employees who are in the workforce are satisfied when they have compensation, work safety, consistency within an organization, good health

conditions, positive culture within the organization, and positive communication with peers (Bhardwaj et al., 2021).

Job Satisfaction and Work Environment

A study conducted by Taheri et al. (2020) found that employee job satisfaction derives mainly from the work environment. Participants felt greater job satisfaction when they worked in an environment that made them feel empowered, had social capital, had lower rates of stress, and a had great deal of knowledge about their work type (Lu et al., 2019). Not only is the environment a contributing factor in career satisfaction, but people feel a great sense of job satisfaction when they are rewarded for their efforts and are motivated within their job settings (Ali & Anwar, 2021). When employees are rewarded, they become more committed to the job, develop better performance, and are left internally satisfied with their current place of employment (Koo et al., 2020). A study conducted by Abdullah and Wan (2013) found that non-monetary incentives such as benefits, holiday benefits, and appreciation helped influence employee satisfaction in the workplace.

Job Performance

A study conducted by Loan (2020) found that the main contributor to job satisfaction was associated with job performance. People in the workforce who are compensated for their hard work and receive promotions perform better on the job, which leads to greater job satisfaction (Rinny et al., 2020). Job performance and internal motivation also derive from managers and how they not only engage their employees but motivate them (Riyanto et al., 2021). A study conducted by Hajiali et al. (2022) found that job performance shares a relationship with employee competency and meeting job

demands. Job performance is influenced by the ability of an employee to receive promotions and master what the job duties demand, which also affects employee job satisfaction (Razak et al., 2018).

Burnout

Burnout can be defined as physical and mental exhaustion over a period of time (Schaufeli, 2021). When burnout occurs, people are exhausted, lose interest, and are irritable (Yeatts et al., 2018). Burnout can occur in any career or job and happen to anyone (Leiter & Schaufeli, 1996). Burnout does not only occur within the workplace, those who have children, have a lack of sleep, and take care of a household can also experience burnout (Hubert & Aujoulat, 2018). When people get a full night's sleep and feel well-rested, they experience higher rates of employment satisfaction (Brossoit et al., 2020). Parents of children experience burnout due to chronic exposure to stress which can influence parental mindset (Mikolajczak et al., 2020).

Burnout and Depersonalization

Depersonalization is a disorder in which a person experiences feelings of detachment physically or cognitively from their environment and can be out of touch with reality (Yang et al., 2023). Burnout can influence depersonalization, a reduced sense of accomplishment, and emotional exhaustion (Zhou et al., 2020). Burnout can be observed through a loss of emotion within oneself (Dall'Ora et al., 2020). Burnout is a response to constant stress at work and in life, which can lead a person to feel emotionally empty and not in sync with reality (Dall'Ora et al., 2020). According to Maslach (1998), when burnout occurs people begin to experience symptoms of depersonalization, decreases in competence and self-confidence, decreases in work

performance, and a loss of idealism. According to the American Psychiatric Association (2022), the DSM-5-TR states symptoms of depersonalization include distortions, feeling emotionally or physically numb, feeling not in tune with reality, lifelessness, and fogginess.

Burnout Influencing Finances and Organizations

Burnout can lead to detrimental effects such as financial hardships and poor work-life balance (Zhou et al., 2020). Financial struggles that derive from burnout can be in the form of educational debt, poor financial literacy, and poor financial planning (Royce et al., 2019). Staff that are overworked and are faced with consistent adversity experience greater stress, which can lead to burnout, therefore influencing finances (Rasdi et al., 2021). Workers who face financial stress also have a greater risk of developing professional stress, which can lead to not only emotional exhaustion but also further financial hardships (Anastasiou & Anagnostou, 2020).

A study conducted by Rasdi et al. (2021) found that when people experience burnout, they lose interest in their jobs or quit, which affects financial security. Burnout does not only influence a person directly, but it also affects an organization in its entirety. When a person experiences severe burnout, attrition can happen, therefore the organization financially loses money spent on the employee (Hamidi et al., 2018). This pertains to employee onboarding, training, and time spent on a new employee if they leave. A study conducted by Al Sabei et al. (2020) found that positive working environments within the healthcare field have lower turnover rates within the organization when job satisfaction is high. This means that when workers have positive

emotions about their workplace and environment, they are less likely to experience burnout and leave their organization with staffing complications.

In recent years, burnout has been more prevalent due to the Covid-19 pandemic (Torrès et al., 2022). Burnout has influenced many people during the COVID-19 pandemic by decreasing social support, people feeling threatened, the inability to cope with what was happening around them, working longer hours, being confined and limited, and lack of information or resources needed (Galanis et al., 2021). People in the workforce experiencing burnout are facing impacts on their mental health, which not only influences their careers but can lead to financial hardships displayed through unemployment and a decrease in income (Trógolo et al., 2022). A study conducted by Ghaffar (2020) found that financial hardships do not only occur within the context of money but also resources. This means that care facilities need money to provide care and when that starts to dwindle, so do resources (Ghaffar, 2020).

Contrary, people who are in higher positions and supervisory roles that make more money and are in a position of power have lower burnout rates, which increases confidence, motivation, sense of power, and emotional well-being, and decreases depersonalization (Laker et al., 2019; Rajamohan et al., 2019). Employee perceptions of work environments, pay, resources, appreciation, motivation, and the totality of the organization influence burnout (Fargen et al., 2019; Yeatts et al., 2018). A study conducted by Suttikun et al. (2018) suggests that people will not leave their current place of employment if they genuinely enjoy what they do, which influences burnout and commitment to the organization they work for.

Burnout and Coping Skills

Burnout can range in levels and is contingent upon the mastery of coping strategies that a person has (Bamonti et al., 2019). A study conducted by Bamonti et al. (2019) examined burnout and coping abilities in direct care nurses and found a relationship between burnout and lower coping abilities. Those who had higher levels of coping had less burnout within their work. People who utilize and incorporate their coping skills are better equipped to handle symptoms of burnout (ALmutairi & EL. Mahalli, 2020). A coping skill can be defined as the ability of a person to become aware of challenging external stimuli and change their internal thought process, which changes their behavior at a specific point in time to manage the challenge faced (Gladden, 2012). This means that if people cannot deal with stressors in the environment, then negative or unknown behavior changes could occur.

A study conducted by ALmutairi and EL. Mahalli (2020) found a relationship between coping skills and burnout in emergency medical professionals. The findings stated that 87.4 percent of their participants used talking with colleagues as a coping skill which helped them with depersonalization related to burnout. Coping skills can include hobbies and activities that are used to help a person who is struggling at any single point in time (Iwasaki, 2002). Leisure activities influence mental health and life satisfaction in people, which can increase the quality of life in a person (Tokay Argan & Mersin, 2021).

Physical and Emotional Connections with Burnout

Severe burnout can lead to complications with sleep and emotional capacity, alongside emotional challenges (Bamonti et al., 2019). Individuals who are experiencing burnout can also experience depression, anxiety, and lower self-concept (Koutsimani et

al., 2019). Self-concept is defined as how an individual sees, judge, believes, and feels about themselves (Wehrle & Fasbender, 2019). This means burnout can influence how a person feels about themselves and is part of emotional regulation. Emotional regulation is when people become aware of their emotions in a situation and try to change the emotions to reflect their behavior (McRae & Gross, 2020). Emotional regulation and emotional dysfunction can reflect the level of burnout in a person.

Healthcare Workers and Burnout

Burnout is a psychological syndrome that occurs when people are exposed to stress over some time, and this is especially the case for healthcare workers (Embriaco et al., 2007). Burnout in healthcare occupations, especially direct care staff, can compromise patient safety, staff safety, and quality of care (West et al., 2020). Patients and those who work in the field of healthcare and human services are at risk for negative consequences due to lack of resources, staff shortages, and poor work environments, which can lead to burnout (White et al., 2020). Healthcare workers are more likely to experience burnout than the working general public due to the nature of their job duties and constant stress on the job (West et al., 2020). While constant stress, resources, and poor environments are major contributors to burnout, White et al. (2019) suggest tasks in healthcare workers contribute to burnout. White et al. (2019) found that nurses in the healthcare systems could not complete their tasks on their shift, which resulted in lower satisfaction with patient care. Similar findings suggest that healthcare workers' skill sets, and patient-to-staff ratio contribute to satisfaction and staff outcomes (Wynendaele et al., 2019).

When staff can provide adequate care for the populations they serve, burnout rates decrease and patient care is increased alongside satisfaction (Tawfik et al., 2019). Those who work for healthcare organizations are expected to work professionally and consistently provide a certain level of quality care to those in need (Wiig et al., 2020). Those in healthcare and direct care positions are at risk for burnout over any other profession (Flinkman et al., 2023). A study conducted by Shanafelt et al. (2012) found that physicians were 37 percent more likely to experience burnout than the regular working population.

Direct Care Staff and Burnout

On-the-job demand puts a large amount of stress on direct care workers (Ryan et al., 2021). Direct care workers have large caseloads, and they are not receiving the support that they need to provide quality care at a certain level, which can lead agencies to experience low levels of control (Ryan et al., 2021). This finding suggests that if direct support professionals are not having their needs met within the workforce, then they will experience high rates of stress and burnout. Direct care workers working with individuals with developmental disabilities, intellectual disabilities, and mental health diagnoses are at a high risk for burnout (Klaver et al., 2021).

The staff that are experiencing burnout symptoms are not only facing agency challenges with shortages and heavy workloads, but they are also faced with challenging behaviors (Klaver et al., 2021). A study conducted by Klaver et al. (2021) stated that direct care workers caring for those who are aggressive, violent, and need a high level of care may experience exhaustion and emotional struggles, which can lead to burnout. Such

direct care workers may find it difficult to cope, which leads to negative well-being (Klaver et al., 2021).

Psychological Capital

Psychological Capital is known as internal strengths or coping mechanisms that help a person overcome challenges (Luthans, 2002a). Psychological capital as used in this study is more narrowly defined as a positive outlook or positive behavior that is used to target performance within a workplace or organization (Luthans & Broad, 2022). Psychological Capital (PsyCap) is composed of the factors of hope, self-efficacy, optimism, and resilience (Luthans, 2002a). The amount of psychological capital within an individual can influence psychological well-being, goal attainment, and career performance (Salanova & Ortega-Maldonado, 2019).

A study conducted by Grover et al. (2018) found that psychological capital influences job demands, perception of work, and work engagement in nurses. This means that those nurses who had greater psychological capital were better equipped to handle situations on the job and meet the hard demands and had greater engagement within their workplace settings. Not only is psychological capital a positive influence on oneself, but those who have resilience and optimism within the psychological capital domains have better work creativity and work perceptions (Yu et al., 2019). A study conducted by Zhang et al. (2021) suggests that psychological capital plays a positive role in job satisfaction.

The mental and physical health of an employee is crucial because any changes to the health conditions of a person can influence health, work performance, and behavior (Kun & Gadanecz, 2019). A study conducted by Tetteh et al. (2021) found that

employees who had greater psychological capital had higher rates of positive connections and work engagement and less turnover. Not only does greater psychological capital influence work engagement, but it also positively influences employee learning and employee goal attainment (Rozkwitalska et al., 2022). Employees who have higher psychological capital tend to have greater work performance and less burnout (Gong et al., 2019). Those with lower psychological capital have less resilience and grit, which influences mindset and can lead to people giving up or quitting in stressful situations (Baron et al., 2016).

Grit

Grit is defined as how much perseverance, passion, and motivation a person has to accomplish long-term goals (Montas et al., 2021). Grit is a trait that can be associated with the mindset of a person that enhances goal commitment, accomplishment, and success (Lee et al., 2021; Tang et al., 2019). Those who are more passionate and motivated are more likely to overcome challenges and develop greater coping strategies than those who are less motivated and passionate (Sigmundsson et al., 2020). While perseverance, passion, and motivation are key factors in grit, other personality traits such as ego, self-esteem, hardiness, optimism, and positive self-concepts can enhance grit and promote wellness (Guimarães, 2018).

Self-efficacy is another term that can be discussed about grit. Self-efficacy is an internal motivator that contributes to goal attainment, perseverance, and overall performance (Usher et al., 2019). Self-efficacy can be defined as a person's internal ability to recognize and conquer what they seek to achieve (De La Cruz et al., 2021). Not only does self-efficacy influence grit in terms of performance and goal attainment, but

perseverance and motivation can lead to success and wellness in oneself (Meyer et al., 2020). A study conducted by Usher et al. (2019) found that self-efficacy contributed more to achievement and wanted outcomes than grit. This means that motivation comes from within oneself, rather than perseverance or goal attainment. Contrary to these results, Clark and Plano Clark (2019) found that people believed that networking, opportunity, and luck drove their success over grit.

Stress and burnout can hinder or stop determination and passion in terms of grit (Traino et al., 2019). This is explicitly seen in those who have careers in healthcare and direct care (Traino et al., 2019). Direct care workers who have passion, determination, and motivation to do well or make a difference have greater chances for success and greater outcomes in wellness (Clark and Plano Clark, 2019). Grit is a true influencer and self-catalyst in those with a strong mindset, and those who fight day and night to receive what they want with a goal in mind will achieve it and it will help develop into an identity (Luning & Ledford, 2020). Perseverance and passion, which are characteristics of grit can lead to positive goal attainment in oneself (Verner-Filion et al., 2020).

Resilience

The ability to cope with the struggles of life and overcome hardships is called resilience (Lin et al., 2019). Resilience is learned and developed through adversity and exposure while changing through the process of overcoming it (Sisto et al., 2019). The earlier challenges are faced, the earlier the adoption of resilience can occur (Fritz et al., 2019). Resilience differs from grit and is a term used to classify, identify, and define a person who overcame a struggle and turned it into a positive (Vella & Pai, 2019).

Resilience in individuals has been associated with a greater quality of life, greater rates of satisfaction with life, and lower depression (Guimarães, 2018).

Resilience can be developed early on in childhood through correction and learning (Bayat, 2019). Those who are faced with childhood adversity, stress, and trauma have a higher risk of developing a mental health diagnosis (Fritz et al., 2019). Resilience can be developed in children early on if mental health difficulties are effectively treated through trauma-informed care (Bartlett & Steber, 2019). This means that if people have a better understanding of the adverse experiences and incorporate a person-centered approach, then children are better able to heal through the process and develop some form of resilience (Bartlett & Steber, 2019).

Psychological Resilience

Resilience is strengthened with experience and exposure to stressful situations (Crane et al., 2019). This means that if people learn to find ways to help them get through certain situations, they can remember what they did last time to use again. This is known as psychological resilience. Choi et al. (2019) define psychological resilience as the ability of a person to overcome hardship through positive emotions and behaviors, while Denckla et al. (2020) define psychological resilience as emotions and behaviors recalled from a previous experience utilized in the current situation.

A study conducted by Tugade et al. (2004) found that those who established a certain level of psychological resilience were better able to cope in challenging times due to prior experience. Exposure to certain levels of stress may enhance the development of psychological resilience (Dooley et al., 2017). When people remain positive and learn to use positive emotions during hardships, then they can develop a positive coping skill to

use with future challenges (Tugade et al., 2004). Psychological resilience can be displayed through self-reflective thinking patterns which help a person develop insight within themselves to promote healthy emotional regulation in times of struggle (Crane et al., 2019).

Childhood Resilience

Childhood resilience is the ability of children to adapt positively to negative unforeseen circumstances in the environment and from within (Sattler & Font, 2018). Childhood resilience is influenced by social support during the events (Leung et al., 2022). Those who have support are likely to overcome challenges over those who have less support (Newcomb et al., 2019). Not only can resilience be developed through connections, support, and exposure, but resilience can also be developed through inspiration and motivation (Whitfield & Wilby, 2021). Children are at the highest risk for maltreatment in their earlier years of life (Kim et al., 2017). Resilient traits in children are needed because these traits and characteristics promote and enhance mental health (Khanlou & Wray, 2014). Early intervention and adoption of resilient traits can help improve academics, employment, and social behavior (Khanlou & Wray, 2014). Those who are forced to adapt at younger ages can be reshaped through environmental factors, which can help lead them to persevere (Masten & Monn, 2015). Environmental influences such as family and friends can act as a catalyst and can help facilitate a successful pathway for children to accomplish their goals (Chapin, 2015).

Adolescent Resilience

Adolescence is a time frame that can be defined as mental, physical, and emotional growth in a person (Bluth et al., 2018). Resilience shares similar findings with

attachment theory in that those who express low levels of resilience during adolescence are more likely to express those same low levels later on in life (Rolfe, 2020). This means that if people can learn to adapt and develop resilience early, it can lead to positive pathways and success, which in turn can make it easier to overcome future hardships (Koni et al., 2019). Resilience can be fostered by expressing and displaying compassion, kindness, empathy, and belonging (Slavich et al., 2022). A study conducted by Luthar et al. (2019) found that resilience was more likely to be developed through connections and emotional support. Those who develop a more secure attachment help promote emotional and behavioral defenses against negativity, hence promoting resilience (Lowell et al., 2014).

Resilience is associated with the parent-child relationship and outcomes in family dynamics (Twum-Antwi et al., 2020). Resilient adolescents are not born with innate resilience, but they learn resilience through exposure to how they were raised (Feldman, 2020). A study conducted by Szwedo et al. (2017) found that parents have a direct influence on their children through their use of negativity, behaviors, and communication. Adolescents and children who have an environment surrounded by positivity and guidance are more likely to develop resilience than those who are not in a positive environment (Stepp et al., 2011).

Resilience and Direct Care Staff

Resilience can be expressed differently in direct care staff where there may be high work demands and staff shortages (Franck et al., 2022). In recent years, those who worked in healthcare and direct care settings have needed resilience due to experiencing high levels of distress (Di Giuseppe et al., 2021). A study conducted by Phillips et al.

(2022) also suggests that healthcare and direct care settings can pose a threat to workers psychologically, which is why resilience in these fields is needed. Those who are defined as direct care staff often undergo periods of distress and exhaustion, which can lead to detrimental effects due to the responsibilities they have (Kunzler et al., 2020). If resilience is not developed or adapted in those experiencing stress and adversity, then physical and mental health could be influenced.

Direct care staff also need to maintain a certain level of resilience to overcome disruptions in the agency, provide care, and adapt to what can happen in the exposed environments (Wiig et al., 2020). Resilience within direct care workers is crucial for longevity and wellness (Johnson et al., 2020). Johnson et al. (2020) researched resilience and adaptability in healthcare workers and students. Johnson et al. (2020) recruited 66 total participants from the healthcare field and provided workshops on job performance and challenges. The findings of Johnson et al. (2020) suggest that there were higher rates of confidence during challenges and greater resilience among healthcare professionals after the training. Johnson et al. (2020) concluded that programs within the workplace lead not only to greater levels of confidence but also to people developing coping strategies in adverse situations. A study conducted by Luibl et al. (2021) found that resilience and resilient qualities are lower in medical personnel in the first year when compared to others with more experience. This led to learning about resilience and adopting better habits. Direct care staff who have greater rates of resilience had positive feelings about the direct care field, better care for themselves, less burnout, and better client care than those with less resilience (Pérez-Rojo et al., 2023).

Attrition and Direct Care Workers

Attrition is defined as when people leave a job or school (Poon et al., 2022). Attrition can be influenced by internal or environmental factors, such as participation and compensation (Khalid & Nawab, 2018). Studies have found that attrition is high among direct care workers due to lack of respect, low pay rates, training, psychological stress, and high stress related to job duties (Johnson et al., 2020; Paul & Fonceca, 2022; Spetz et al., 2019). Employees in the field of direct care leave their careers due to low recognition, poor policies, poor performance, and low organizational involvement in decision-making (HR & Aithal, 2020). Those in health care and direct care fields have attrition rates of over 30% when compared to the overall public (Dogru et al., 2023).

If caseloads and job demand are higher than incentives, then those in direct care fields will often leave (Spetz et al., 2019). An incentive can be described as a reward given and often relates to shaping or reinforcing behavior (Alkandi et al., 2023). When organizations provide incentives such as money, promotions, benefits, recognition, support, and resources attrition is less likely to occur (Abdullah & Wan, 2013). When it pertains to attrition, variables such as education, work satisfaction, sleep, wages, compensation, work hours, and supervisors are main contributors (Wang & Yuan, 2018). The research of Wang and Yuan (2018) suggests that when people are compensated for their work and enjoy what they do within their careers, then attrition rates are likely to decrease. Not only do compensation, incentives, internal motives, and respect play a role in attrition, but leadership and employee engagement act as a mediator (Quek et al., 2021). A similar study conducted by Van Wingerden and Poell (2019) found that there is a relationship between meaningful work and resilience, which resulted in people staying

in their place of employment and not quitting due to how meaningful their careers are. Direct care workers also have higher rates of attrition due to a lack of resources and inadequate equipment to perform the duties of the job (Narayan et al., 2018).

Retention and Direct Care Workers

Retention can be defined as an organizational process that keeps employees within their career or job setting so those same employees can create long-term careers (Khalid & Nawab, 2018). A study conducted by Wang and Yuan (2018) found that retention of direct care workers derives from within the worker and is subjective. This means that retention and staying in a career long-term is solely based on personal feelings. Retention is associated with internal factors such as personal satisfaction with work performance and coping strategies with stress (Wang & Yuan, 2018).

When employees feel empowered and have great leaders within the organization, then retention increases (Quek et al., 2021). Employees in the workplace want to feel valued and have a sense of accomplishment, which gives them positive feelings about the organization and increases retention (Scales, 2021). When this happens, employees feel more intrinsic motivation and are more likely to stay or grow with an agency long-term, which reduces attrition rates (Boone, 2021).

Over the last few years, direct care staff in agency settings have been experiencing higher rates of turnover, lower job satisfaction, and greater staff shortages (Schug et al., 2022). Direct care workers in agency settings have had high turnover rates and have faced challenges with retention due to caseloads, low compensation, poor work hours, and limited advancement (Kim, 2020). Part of these struggles have been associated

with the global COVID-19 pandemic, and attrition has become more prevalent throughout careers within direct care (Xiao et al., 2021).

Retention also shares an association with burnout (Martínez-López et al., 2021). Martínez-López et al. (2021) suggest that burnout and exhaustion influence retention due to heavy caseloads, limited social time, limited interpersonal relationships, and limited personal time. Retention and attrition derive from people struggling with a work-life balance and the demands of what their duties entail (Kelly, Craft Morgan et al., 2020).

Identification of the Gap

A research study conducted by Antonsdottir et al. (2022) examined moral resilience and burnout in healthcare workers. Moral resilience is the ability of a person to restore their integrity when their morals and character are questioned or challenged (Heinze et al., 2021). Antonsdottir et al. (2022) found that workers who had higher rates of moral resilience had less burnout and turnover. Antonsdottir et al. (2022) state that their research was limited to doctors, social workers, nurses, and chaplains, but that future considerations for research should examine other fields within healthcare services due to the high demands of healthcare workers and human service workers. Antonsdottir et al. (2022) suggest examining burnout and resilience in direct support professionals, psychologists, trainers, and other human service workers in large state agencies.

A research study conducted by Flinkman et al. (2023) examined individual strength, retention, grit, and organizational justice. Flinkman et al. (2023), found that resilience and grit were higher in nurses than the working general public and that a relationship between resilience, retention, and burnout exists. Another future consideration stated by Flinkman et al. (2023) is to study these variables in the post-

COVID-19 pandemic context, as other research was conducted before and during the pandemic. The researchers believe that effects after the height of COVID-19 would change due to workload, staff shortages, and post-impact.

Finally, a study conducted by Pérez-Rojo et al. (2023) assessed resilience, burnout, quality of life, the purpose of life, and the quality of care in direct care staff in nursing homes. Pérez-Rojo et al. (2023) found a relationship between resilience, quality of care, life quality, growth, and life purpose in direct care staff. The findings suggest that those who have greater resilience provided better care, had better health. and had greater outcomes within their work settings. Pérez-Rojo et al. (2023) suggest that future research should be done examining resilience and direct care staff.

Biblical Foundations of the Study

Spirituality

A study conducted by Al Eid et al. (2020) investigated the relationship between resilience and religion on mental health. The researchers examined 329 total patients with breast cancer. This study found that religion and spirituality can help people through hardships. This finding means that when people are faced with hard times or believe that what they are going through can be life-changing, they turn to faith. Al Eid et al. (2020) also found that those who had spiritual intelligence and beliefs expressed more effort and persistence during treatment and in their life than those of lower spirituality. This finding can be explained as external resilience. Those facing a challenge who were spiritual displayed more characteristics of grit through persistence and motivation. Al Eid et al. (2020) concluded that people who had higher levels of religious beliefs had greater mental health. The findings of Schweitzer et al. (2007) suggest that one of the major

influences in qualitative studies on resilience is faith and spirituality, which can be displayed through internal and external motivators related to grit. Those who incorporate a sense of spiritual well-being in terms of mindfulness and self-compassion have greater life satisfaction (Mathad et al., 2019).

A study conducted by Shinto et al. (2019) examined the variables of spirituality, happiness, and well-being. Those who are spiritual and happy have a positive sense of self, which leads to greater life satisfaction (Shinto et al., 2019). The variable spirituality plays an important role as it pertains to life satisfaction and resilience in many ways. According to Brelsford and Ciarrocchi (2013), resilient traits are derived from spiritual views. When people believe in a higher power, they often gain strength through their faith internally, which acts as a force to drive resilience. When this happens people can fall back on their faith to guide them. Spirituality and faith can be significant influencers and promote both grit and resilience in any one person. Religious and spiritual perception can form a solid foundation for ego resiliency (Brelsford & Ciarrocchi, 2013).

In Scripture, James 1: 2-4 states, “Consider it pure joy, my brothers, and sisters, whenever you face trials of many kinds because you know that the testing of your faith produces perseverance. Let perseverance finish its work so that you may be mature and complete, not lacking anything” (*New American Standard Bible*, 1977). In a biblical worldview and for those of spirituality, this scripture suggests that resilience and grit can be not only adopted but developed through God and faith.

According to the Bible, God knows everything. Revelation 2: 19 states, “I know your deeds, your love and faith, your service and perseverance, and that you are now doing more than you did at first” (*New American Standard Bible*, 1977). Resilience and

grit should start with God as the creator. If people learn to develop grit and resilient traits, then they can develop psychological resiliency and learn from experience. These same people must also learn from the scripture and understand that just like faith, grit, and resilience takes time.

A relationship with God is lifelong and never ends. Even when we are in heaven, we are with God in the holy place. It takes perseverance and an extraordinary ability to cope with the life we are given. The second we seek salvation, a relationship with God starts and never ends as long as people seek him. What we are driven by can change our path at any one given time. By not giving up, we can reach both destinations of heaven and our aspirations, without letting the negative challenges consume us.

Summary

The present study focuses on five key concepts. They are direct care workers, burnout, resilience, grit, and psychological capital. In terms of this research, direct care workers are defined as any worker who directly or indirectly impacts individuals in any health care, agency, private, community, or personal setting (Kim, 2020). This study seeks to identify if there is a relationship between direct care staff, burnout, psychological capital, resilience, and grit.

Literature states that burnout can happen to anyone and does not discriminate against just those in the workplace (Hubert & Aujoulat, 2018). While grit is perseverance, motivation, and passion to accomplish goals (Montas et al., 2021), resilience is the ability to hurdle over challenges and turn them into a positive (Vella & Pai, 2019). The current study will utilize psychological capital, which is a term composed of hope, self-efficacy, optimism, and resilience (Luthans, 2002a). All these terms can be linked with a biblical

worldview, which can enhance the quality of work direct care staff do every day. Spirituality can lead to greater grit and resilience, and less burnout in oneself.

This study will seek to identify if a relationship between burnout, psychological capital, resilience, and grit exists in direct care staff. It seeks to fill several gaps in the current research including seeking to further validate current measures used in the literature. The current research also seeks to examine burnout due to high caseloads and staff shortages due to COVID-19. The current research is needed, not only because it has never been done before, but because it enhances research by adding on to previous literature and knowledge.

CHAPTER 3: RESEARCH METHOD

Overview

The present study examined the relationship between resilience, grit, psychological capital, and burnout in direct care workers. There is little research in the field that focused on these variables together and in this context. The present study investigated these variables in direct care staff careers that have been largely ignored in the previous literature.

Research Questions and Hypotheses

Research Questions

RQ1: Will participants who have greater resilience have less burnout?

RQ2: Will participants who have greater Psychological Capital have lower burnout rates?

RQ3: Will those who have more grit display lower levels of burnout?

RQ4: Will those who are more resilient have greater Psychological Capital?

Hypotheses

Hypothesis 1: Individuals who score higher on the Resilience Scale will have less burnout than those who score lower.

Hypothesis 2: Individuals who score higher on the Psychological Capital Questionnaire – 24 (PCQ – 24) will display lower rates of burnout than those who score lower.

Hypothesis 3: Individuals who score higher on the Grit Scale – (N14) will have greater resilience and less burnout than those who score lower.

Hypothesis 4: Individuals who score higher on the Resilience Scale will have higher scores on the PCQ – (24).

Research Design

The research design used in this study was a Pearson *r* Correlation. This design was chosen because the study examined a relationship between the variables resilience, grit, psychological capital, and burnout. A MANOVA was used to examine differences among groups and gender within the scales and subscales. A One-Way ANOVA was also used to examine differences between age and resilience. These groups included years of service, agency type, highest level of education, age, and occupation. The Psychological Capital Questionnaire subscales included self-efficacy, hope, resilience, and optimism. No within groups and no pre-or post-measures were used. The proposed study on relationship between resilience, burnout, and grit in direct care staff is needed for research. The literature stated that not only is this topic limited, but definitions of direct care staff should be expanded. The research also filled a gap based on literature and research using the PCQ-24, the Resilience Scale, the Grit N-14, and the Burnout-30 instruments for validity.

Participants

Participants were recruited through Surveymonkey , an online platform that allowed the current research study to be done online. Surveymonkey gave permission to use their platform and to use participants. The present study sought to examine approximately 125 participants. This is the number needed to establish the power of the study through a G-power analysis for a medium effect size. Participants recruited were between the ages of 18-60 years old and included workers in agency settings within the direct care field. These agencies included state agencies, private agencies, non-profits, federal agencies, and home care agencies. Specific types of direct care workers that that

were recruited included trainers, psychologists, aides, direct support professionals, psychiatrists, counselors, any professional assistant, and a category of other. The other category included those who serve in a direct care position not listed and can be included in the research as a qualifying title that has not been previously included in the literature.

Study Procedures

Participants were recruited through Surveymonkey, which is an online database. There were different versions and subscriptions to Surveymonkey based on price. The researcher of the current study paid for the premium (highest) subscription. This subscription allowed the researcher to click or check off the careers that the surveys were sent to through the database. Participants were matched automatically through the qualifying criteria met by the researcher. The criteria were age, agency type, and type of direct care career. The research questions and informed consent were given together in one research survey.

Participants were first taken to the consent form with instructions to read independently. By APA ethical guidelines, the consent form explained the nature of the study and the types of questions asked with the time commitment required. Participants were informed of the research process and were told that there were no risks by participating in the research study. Participants were told that participation is voluntary, that they can leave at any time, and that there was no incentive at this time (See Appendix A Consent Form). If participants declined to give consent, the study automatically closed and was not given.

Each participant participated in the research alone. Participants were seated at their leisure and in their subjective area. Participants were given the survey virtually and

individually through their own media devices. After completing the informed consent, participants then completed the Personal Data Sheet, which collected demographic information (See Appendix B). All responses remained anonymous, participants were working alone, and they were only known by the number of received surveys. This ensured confidentially and safety among all participants. Following the completion of the Personal Data Sheet, participants moved on to each section of the survey at their own pace. All materials of the study corresponded with the participant by survey number.

Once completed, the participants submitted the entire study, which included the Personal Data Sheet along with the survey. This ensured confidentiality. Once all materials were received, the researcher evaluated and analyzed the results. If participants had questions about the study or results of the study, they were notified that they could contact the researcher. The researcher's information was on the consent form along with IRB and committee chair information. Participants were also reminded that the results are to be kept for three years after the study, and then they will be destroyed to ensure confidentiality and safety amongst them through the consent form process.

Instrumentation and Measurement

Personal Data Sheet

The following information was obtained through a personal data sheet: Age, gender, current occupation, years of service, your highest education, and agency setting type (See Appendix B for Personal Data Sheet). The personal data sheet was used to examine differences between gender and all of the categorical variables. The personal

data sheet and the categorical variables were also used to examined relationships between resilience, grit, psychological capital, and burnout.

Grit – N14

Due to copyright restrictions, limited access to scales of measurement, inconsistencies with author permission, and publication restrictions for previous measures of grit, the researcher created a new scale to measure this construct. The researcher used the 12-item Grit Scale created by Duckworth et al. (2007) as a guide to create this new measure. The researcher did not copy any language or scoring techniques from the authors, but just used it as a reference. The newly created measure is called the Grit – N14.

The Grit–N14 is a 14-item measure used to assess grit in an individual (See Appendix C). The Grit – N14 uses a 5-point Likert-type rating scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*) and has a maximum score of 70 and a lowest possible score of 14. Higher scores indicate more grit a person has. Sample questions include, “I often reach and obtain my goals”, “I am a very motivated person”, “I am a dedicated and passionate worker”, and “I have high levels of perseverance and accomplish most things”. The Grit – N14 has been field tested and analyzed (See Appendix F) as well as panel reviewed by experts to further enhance quality, reliability, and validity. During field testing, participants gave insight into the scales of

measurement, which helped eliminate possible errors or confounding variables that could pose a risk in terms of validity.

Burnout - 30

Due to copyright restrictions, limited access to scales of measurement, inconsistencies with author permission, and publication restrictions for previous measures of burnout, the researcher created a new scale to measure this construct. The researcher used the Copenhagen Burnout Inventory by Kristensen et al. (2005) as a reference and guide to create a new measure to further evaluate burnout. The researcher did not copy any language or scoring techniques from the authors, but just used it as a reference. The newly created scale to measure burnout is called the Burnout–30 Scale (See Appendix D). The Burnout–30 is a 30–item measure that uses a 5-point Likert-type rating scale ranging from 1 (*Strongly Disagree*) to 5 (*Strongly Agree*). Some questions are reversed scored. For example, a 5 in reverse scoring would mean (*Strongly Disagree*, and 1 would mean (*Strongly Agree*). Sample questions include, “I cannot work with others anymore”, “I am over working with others”, “I get angry or frustrated easily with coworkers”, “I become easily angry”, “I have little patience”, “ I am easily irritable with work”, “ I feel symptoms of burnout from work”, and “I feel physically and mentally drained”. Higher Scores indicate greater burnout.

The Burnout 30 has been field tested and analyzed (See Appendix F). The Burnout–30 has also been panel-reviewed by experts to further enhance quality, reliability, and validity. During the field test, participants and expert reviewers followed up with the researcher with any questions or concerns related to the field test. The

researcher and reviewers addressed these issues and enhanced the quality of the burnout 30.

The Resilience Scale

The Resilience Scale (RS; Wagnild & Young, 1993) measured resilience and resilient characteristics in an individual (See Appendix E). The RS is a 25-item measure that focuses on what is going right, rather than wrong in a person's life and assesses strengths over weaknesses in an individual. Responses are graded on a 7-point Likert-type rating scale ranging from 1 (*Strongly Disagree*) to 7 (*Strongly Agree*). Sample questions include, "I feel proud that I have accomplished things in life", "My belief in myself gets me through hard times", and "My life has meaning." The RS can range in scores from 25 (poor resilient qualities) to 175 (extreme resilient qualities).

The RS has been found to have high internal consistency reliability with .70 for group comparisons and .90 to .95 for individual comparisons (Wagnild, 2009). The Cronbach alpha coefficient for the resilience scale ranges from .85 to .94 which has been reported to be excellent (Wagnild, 2009).

The Psychological Capital Questionnaire – PCQ-24

The Psychological Capital Questionnaire – PCQ-24 (Luthans et al., 2007) was used to measure psychological capital within a person (See Appendix F for PCQ-24 sample questions). Psychological capital is known as internal strengths or coping mechanisms that help a person overcome challenges. The PCQ-24 has a central focus on an individual's self-efficacy, resilience, optimism, and hope (Luthans et al., 2007).

The PCQ–24 is a 24-item measure that uses a 6-point Likert-type rating scale that ranges in scores from 1 (*Strongly Disagree*) to 6 (*Strongly Agree*).

The Psychological Capital Questionnaire – 24 has been found to have high levels of validity and reliability (i.e., internal consistency). A study conducted by Cui et al. (2021) found that Cronbach's alpha for the scale was 0.886, and the test-retest reliability was 0.825. Another study conducted by Cid et al. (2020) stated that the PCQ–24 Cronbach's alpha was .92 and had a composite reliability coefficient of .95. For this study, the English version of the PCQ-24 is being used.

Operationalization of Variables

Grit – this variable is a ratio variable and will be measured by the total score on the Grit – N14.

Direct Care Staff – is a nominal variable that will be measured by the researcher-created demographic questions (Personal Data Sheet) asking participants to select the category they fall within for professional careers.

Burnout – this variable is a ratio variable and will be measured by the total score on the Burnout – 30.

Resilience – this variable is a ratio variable and will be measured by the total score on The Resilience Scale (Wagnild, 2009).

Psychological Capital – this variable is a ratio variable and will be measured by the total score on The Psychological Capital Questionnaire -PCQ -24 (Luthans & C. Youseff et al., 2007).

Data Analysis

The research design used in this study was a Pearson *r* Correlation. This design was chosen because the study examined the relationship between the variables resilience, grit, psychological capital, and burnout. A MANOVA was used to examine differences among groups. These groups included gender, years of service, agency type, highest level of education, age, and occupation. A One-Way ANOVA was also used to examine differences between age and Resilience. There are no within groups and no pre- or post-measures being used. The researcher used Surveymonkey to administer the survey. The researcher used SPSS version 29 for all data analysis.

Delimitations, Assumptions, and Limitations

The present study had limitations, as will any study. Due to the database Surveymonkey being used, the surveys were self-answered, which means that bias based on social desirability or subjective feelings could limit the study. For example, someone might be experiencing a symptom of burnout but might not be fully aware of it, therefore they answered the question less accurately. Another limitation of this study is that the original measures that were supposed to be used are not being used due to copyright and permission issues; therefore, newly developed measures were used. Due to new measures created by the researcher, reliability, and validity could pose a threat.

Another threat derives from assumptions. The entire survey was administered via an online database; therefore, the researcher had to assume that the participants were be

able to successfully read and understand the questions being asked. The researcher also had to assume that the participants had the knowledge and abilities to use the technology and have the insight needed to complete the study.

Delimitations have been placed within this study. This study focused on direct care workers; therefore, only direct care workers defined within the study were asked to participate. This study further assessed grit and resilience in direct care workers, therefore a boundary as to who can participate was made. The researcher created the boundaries by selecting only careers that are relevant to direct care staff. Age is also a delimitation. There was a restriction on age and all participants were 18 years or older who participated in the study.

Summary

This study used quantitative data analysis to determine if a relationship exists between resilience, grit, psychological capital, and burnout in direct care staff, specifically, those careers that have been largely ignored in previous literature. The present study used new scales of measurement created by the researcher to assess grit and burnout. The present study also examined these scales and the subscales of the psychological capital to determine if a relationship amongst direct care staff. The present study also determined if a relationship between resilience, grit, psychological capital, and burnout on the categorical variables within the personal data sheet exists.

CHAPTER 4: RESULTS

Overview

The purpose of this quantitative, correlational study is to examine if there was a relationship between resilience, grit, psychological capital, and burnout in direct care staff. This design was chosen because the study examined the relationship between resilience, grit, psychological capital, and burnout. The research questions examined were; Will participants who have greater resilience have less burnout? Will participants who have greater Psychological Capital have lower burnout rates? Will those who have more grit display lower levels of burnout? Will those who are more resilient have greater Psychological Capital?

The researcher used an online survey database (Surveymonkey) to host the research survey. The consent form and study information were given first. If respondents answered no on the consent form, then the survey closed. The next section included the demographic questions. Sample questions included, “What is your highest level of education?” “What is your current occupation?” and “What agency type do you work for?” Then, all four surveys were given at one single time in sequential order (i.e., the Grit N-14, Burnout-30, Resilience Scale, and Psychological Capital Questionnaire).

Once all individual surveys were completed, the participants submitted their survey. If participants have questions about the study or would like the results of the study, they can contact the researcher. The researcher's information is on the consent form along with IRB and committee chair information. Participants were also reminded that the results would be kept for three years after the study, and then they would be

destroyed to ensure confidentiality and safety amongst them through the consent form process.

After submission, the researcher went through each survey to ensure that the participants had an occupation and agency setting that qualified for the study. The qualifications for the study were that participants must be between the ages of 18-60 years old and must be workers in agency settings within the direct care field. These agencies included state agencies, private agencies, non-profits, federal agencies, clinics, home care agencies, and treatment centers. Specific types of direct care workers that were recruited included trainers, psychologists, aides, direct support professionals, psychiatrists, counselors, any professional assistant, and other direct care workers that did not fit into any of these categories. The "other" category included those who serve in a direct care position not listed and can be included in the research as a qualifying title that has not been previously included in the literature.

There were 255 total surveys sent out via Surveymonkey to participants nationwide. Out of those 255 total surveys, 17 participants stated "no" on the consent form, which disqualified participants from continuing the study. Out of the total 238 submitted surveys, 17 were omitted due to being incomplete (e.g., missing 13 or more questions). All surveys that were retained were only missing five or fewer items. An additional seven surveys were excluded due to participants not providing either their occupation or agency. Finally, there were 19 total participants who did not have a career that qualified for the study either due to the career not being in the direct care field or due to the career being one that had already been included in previous literature. Some

examples of non-qualifying occupations that were omitted were nurses, administrators, veterinarians, scientists, team mentors, firefighters, and supervisors.

There were 195 participants who met the inclusion criteria. All survey data was entered into an Excel spreadsheet, and each survey was annotated with age, gender, occupation, years of service, education level, and agency setting. Each spreadsheet was also annotated by completed survey, incomplete survey, disqualified survey, and omitted survey due to the reasons previously mentioned. Data for each measure was computed into an Excel spreadsheet the order it was given in the survey (i.e., Grit N-14, Burnout-30, The Resilience Scale, and then The PCQ-24). The researcher entered every data point into Microsoft Excel spreadsheets according to participant. Each participant had cells within the spreadsheet from 1 to 195 to match up each participant with a completed survey. All demographic information was entered corresponding with the correct participant number.

As stated previously, all surveys that were retained were only missing five or fewer items. Imputation was used to replace missing values. According to Zhang (2016), imputing missing data that focuses on single imputation can be completed by using mean, median, and mode within datasets. According to Zhang (2016), using this method of imputation works just as well as than any other method when it comes to single imputation involving a handful of missing values. According to Zakaria and Salleh (2016), using averages such as mean and median for imputation is recommended and superior to other methodologies of imputation. The researcher used mean five times, median thirty-three times, and mode one time to impute single values. This is a total of 39 surveys that had single imputations. All three of these techniques were used due to

numerical values not being whole numbers. The researcher started out using the mean to obtain a whole number and if a decimal derived from this, median was then used. If both mean and median were not whole numbers, mode was used to impute the single imputation. The imputed scores fell within the average range of the Likert-type rating scales and represented the average of the score values.

Once each survey was examined by the researcher, the researcher scored all the measures using Excel and used a calculator to double-check those scores to ensure that the score and numbers matched each time. Each measure that had reverse scoring was also double checked using excel and a calculator. Each score and data point were then computed into SPSS version 29 from Excel for data analysis. Pearson correlations were conducted to determine significant relationships among variables. Additional MANOVA analyses were used to examine differences among groups. These groups included gender, age, years of service, agency type, highest level of education, and occupation. A One-Way ANOVA was used to further explore group differences when needed. There were no within groups and no pre- or post-measures used.

Descriptive Results

All demographic and survey data were computed into SPSS version 29. Out of the total 238 surveys submitted, 195 participants met the criteria for the study and completed the survey in totality. Participant ages were between 18 and 60. Data obtained also included occupation, gender, education level, years of service, and type of agency worked in. All participants that qualified for the study were direct care staff as supported by this study's definition. Mean, median, percentages, and standard deviation were also

computed in SPSS. Refer to Table 1, Table 2, and Table 3 for descriptive statistics gathered from the personal data sheet and the four measures.

Table 1

Measures Descriptive Statistics

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Grit N-14 Scale	195	33.00	70.00	44.4051	4.70084
Burnout 30 Scale	195	32.00	118.00	76.5026	19.61547
Resilience Scale	195	100.00	175.00	139.0718	19.10754
PCQ – 24 Scale	195	72.00	143.00	110.9128	14.34758
Valid N (listwise)	195				

Table 2

Frequencies for Categorical Demographics: Age, Years of Service, Gender, and Occupation

	N	Percent
Age		
18-21	4	2.1%
22-29	33	16.9%
30-35	38	19.5%
36-40	28	14.4%
41-45	25	12.8%
46-50	22	11.3%
50+	11	5.6%
Years of Service		
1-5	46	23.6%
6-10	53	27.2%
11-15	31	15.9%
16-20	21	10.8%
21-25	20	10.3%
26 – 30	13	6.7%
30+	11	5.6%
Gender		
Male	60	30.8%
Female	133	68.2%
Other	2	1.0%
Occupation		
DSP's	60	30.8%
Clinical Specialists	6	3.1%
Counselor	25	12.8%
Psychologist	8	4.1%
Trainer	6	3.1%
Professional Assistant	47	24.1%
Psychiatrist	2	1.0%
Therapist	13	6.7%
EMT	6	3.1%
Pharmacy Professional	4	2.1%
Medical Assistant	14	7.2%
CNA	4	2.1%

Table 3

Frequencies for Categorical Demographics: Education and Agency Type

	N	Percent
Education Level		
High School	18	9.2%
Some College	34	17.4%
Associates	31	15.9%
BA Degree	42	21.5%
MA Degree	46	23.6%
Post Grad Work	9	4.6%
Doctorate	12	6.2%
Other	3	1.5%
Agency Type		
State	41	21.0%
Private	71	36.4%
Non- Profit	62	31.8%
Home Care	19	9.7%
Federal Agency	2	1.0%

Study Findings

Research Question 1

The first research question was: Will participants who have greater resilience have less burnout? The hypothesis for this research question that individuals who score higher on the Resilience Scale will have less burnout than those who score lower was accepted. As seen in Table 4, there is a significant and moderate negative relationship between resilience and burnout, r (193) = -0.488, $p < .001$ (two tailed). Those who have higher levels of resilience are less likely to experience burnout.

Research Question 2

The second research question was: Will participants who have greater Psychological Capital have lower burnout rates? The hypothesis for this research question that individuals who score higher on the Psychological Capital Questionnaire –

24 (PCQ – 24) will display lower rates of burnout than those who score lower on the PCQ-24 was accepted. As seen in Table 4, there is a significant and moderate negative relationship between psychological capital and burnout, r (193) = -0.568, p <.001 (two tailed). Those who have higher levels of psychological capital are less likely to experience burnout.

Research Question 3

The third research question was: Will those who have more grit display lower levels of burnout? The hypothesis for this research question that individuals who score higher on the Grit Scale – (N14) will have greater resilience and less burnout than those who score lower was accepted. As seen in Table 4, there is a significant and weak negative relationship between grit and burnout r (193) = -0.318, p < .001 (two-tailed). Those who have higher levels of grit have lower levels of burnout. There was also a significant and weak relationship between grit and resilience r (193) = 0.327, p < .001 (two-tailed). Those who scored higher on grit also scored higher in resilience and displayed lower burnout was also accepted.

Research Question 4

The fourth research question was: Will those who are more resilient have greater Psychological Capital? The hypothesis for this research question that individuals who score higher on the Resilience Scale will have higher scores on the PCQ – (24) was accepted. As seen in Table 4, there is a significant and strong positive relationship between resilience and psychological capital, r (193) = 0.758, p <.001 (two tailed). Those who have higher resilience have greater psychological capital.

As shown in Table 4, a Pearson's *r* correlation revealed that there is a significant relationship between grit and burnout, burnout and resilience, burnout and psychological capital, and Psychological Capital and Resilience. These relationships show significance with a p-value of .05. While these relationships were significance, the strongest relationship was between the resilience scale and the psychological capital questionnaire with .758.

Table 4

Relationship Between Grit, Burnout, Resilience, and Psychological Capital

		Correlations			
		Grit N-14 Scale	Burnout 30 Scale	Resilience Scale	PCQ - 24 Scale
Grit N-14 Scale	Pearson Correlation	1	-.318**	.327**	.274**
	Sig. (2-tailed)		<.001	<.001	<.001
	N	195	195	195	195
Burnout 30 Scale	Pearson Correlation	-.318**	1	-.488**	-.568**
	Sig. (2-tailed)	<.001		<.001	<.001
	N	195	195	195	195
Resilience Scale	Pearson Correlation	.327**	-.488**	1	.758**
	Sig. (2-tailed)	<.001	<.001		<.001
	N	195	195	195	195
PCQ - 24 Scale	Pearson Correlation	.274**	-.568**	.758**	1
	Sig. (2-tailed)	<.001	<.001	<.001	
	N	195	195	195	195

**. Correlation is significant at the 0.01 level (2-tailed).

Additional Analyses

Additional analyses were conducted to explore relationships among variables and subscales outside of the hypotheses. As shown in Table 5 and Table 6, Pearson's *r* correlations revealed that there were significant relationships between the Psychological

Capital Subscales (i.e., self-efficacy, hope, resilience, and optimism) and the study variables. Grit was found to be positively correlated with Self-Efficacy, r (193) = 0.242, p < .001 (two tailed), Hope, r (193) = 0.259, p < .001 (two tailed), Subscale Resilience, r (193) = 0.159, p = .027 (two tailed), and Optimism, r (193) = 0.34, p = .001 (two tailed). Burnout was found to be negatively correlated with Self-Efficacy, r (193) = -.315, p < .001 (two tailed), Hope, r (193) = -0.489, p < .001 (two tailed), Subscale Resilience, r (193) = -.417, p < .001 (two tailed), and Optimism, r (193) = -.616, p < .001 (two tailed). Resilience (as measured by the Resilience Scale) was found to be positively correlated with Self-Efficacy, r (193) = .613, p < .001 (two tailed), Hope, r (193) = 0.692, p < .001 (two tailed), Subscale Resilience, r (193) = .607, p < .001 (two tailed), and Optimism, r (193) = .569, p < .001 (two tailed). Finally, Psychological Capital was found to be positively correlated with Self-Efficacy, r (193) = .804, p < .001 (two tailed), Hope, r (193) = 0.863, p < .001 (two tailed), Subscale Resilience, r (193) = .819, p < .001 (two tailed), and Optimism, r (193) = .789, p < .001 (two tailed). There is also a significant relationship between Grit and Psychological Capital, r (193) = 0.274, p <.001 (two tailed).

Table 5

Relationship Between Grit, Burnout, Resilience, Psychological Capital, and Psychological Capital Subscale

Correlations

		Grit N-14 Scale	Burnout 30 Scale	Resilience Scale	PCQ - 24 Scale	Self - Efficacy	Hope	Resilience	Optimism
Grit N-14 Scale	Pearson Correlation	1	-.318**	.327**	.274**	.242**	.259**	.159*	.234**
	Sig. (2-tailed)		<.001	<.001	<.001	<.001	<.001	.027	.001
	N	195	195	195	195	195	195	195	195
Burnout 30 Scale	Pearson Correlation	-.318**	1	-.488**	-.568**	-.315**	-.489**	-.417**	-.616**
	Sig. (2-tailed)	<.001		<.001	<.001	<.001	<.001	<.001	<.001
	N	195	195	195	195	195	195	195	195
Resilience Scale	Pearson Correlation	.327**	-.488**	1	.758**	.613**	.692**	.607**	.569**
	Sig. (2-tailed)	<.001	<.001		<.001	<.001	<.001	<.001	<.001
	N	195	195	195	195	195	195	195	195
PCQ - 24 Scale	Pearson Correlation	.274**	-.568**	.758**	1	.804**	.863**	.819**	.789**
	Sig. (2-tailed)	<.001	<.001	<.001		<.001	<.001	<.001	<.001

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Table 6

Relationship Between Grit, Burnout, Resilience, Psychological Capital, and Psychological Capital Subscale

Correlations									
		Grit N-14 Scale	Burnout 30 Scale	Resilience Scale	PCQ - 24 Scale	Self - Efficacy	Hope	Resilience	Optimism
Self - Efficacy	N	195	195	195	195	195	195	195	195
	Pearson Correlation	.242**	-.315**	.613**	.804**	1	.653**	.565**	.398**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001		<.001	<.001	<.001
Hope	N	195	195	195	195	195	195	195	195
	Pearson Correlation	.259**	-.489**	.692**	.863**	.653**	1	.593**	.598**
	Sig. (2-tailed)	<.001	<.001	<.001	<.001	<.001		<.001	<.001
Resilience	N	195	195	195	195	195	195	195	195
	Pearson Correlation	.159*	-.417**	.607**	.819**	.565**	.593**	1	.569**
	Sig. (2-tailed)	.027	<.001	<.001	<.001	<.001	<.001		<.001
Optimism	N	195	195	195	195	195	195	195	195
	Pearson Correlation	.234**	-.616**	.569**	.789**	.398**	.598**	.569**	1
	Sig. (2-tailed)	.001	<.001	<.001	<.001	<.001	<.001	<.001	
	N	195	195	195	195	195	195	195	195

**. Correlation is significant at the 0.01 level (2-tailed).

*. Correlation is significant at the 0.05 level (2-tailed).

Additional MANOVA analyses were run to explore differences in the study variables according to various demographics. Within Table 7 a MANOVA analysis did not find a relationship between Gender (*Male, Female, Other*) and Grit, PsyCap,

Burnout, or Resilience, $p = .777$. The p value is greater than .05, which is not significant. Therefore, there appears to be no significant differences in grit, PsyCap, burnout, resilience, or the psychological capital subscales based on gender. This suggests that gender does not significantly influence these variables.

Table 7

Relationship Between Gender on Grit, Resilience, and Psychological Capital

Multivariate Tests						
	Effect	Value	F	Hypothesis df	Error df	Sig.
Intercept	Pillai's Trace	.964	615.208[b]	8.000	185.000	<.001
	Wilks' Lambda	.036	615.208[b]	8.000	185.000	<.001
	Hotelling's Trace	26.604	615.208[b]	8.000	185.000	<.001
	Roy's Largest Root	26.604	615.208[b]	8.000	185.000	<.001
Gender	Pillai's Trace	.060	.718	16.000	372.000	.775
	Wilks' Lambda	.941	.717[b]	16.000	370.000	.777
	Hotelling's Trace	.062	.716	16.000	368.000	.778
	Roy's Largest Root	.047	1.090[c]	8.000	186.000	.372

a. Design: Intercept + Gender
b. Exact statistic
c. The statistic is an upper bound on F that yields a lower bound on the significance level.

Table 8 reflects a MANOVA that was conducted to examine if there were significant differences in Grit, PsyCap, Burnout, Resilience, and the PCQ-24 Subscales based on age. Results indicated that $p = .145$, which is not significant. While the main MANOVA displays no significance, the Bonferroni Post Hoc did find significance between the measures Resilience and Age.

Table 8

Relationship Between Age on Grit, PsyCap, Burnout, Resilience, and PCQ-24 Subscales

Multivariate Tests

Effect		Value	F	Hypothesis df	Error df	Sig.
Intercept	Pillai's Trace	.994	3725.397[b]	8.000	181.000	<.001
	Wilks' Lambda	.006	3725.397[b]	8.000	181.000	<.001
	Hotelling's Trace	164.658	3725.397[b]	8.000	181.000	<.001
	Roy's Largest Root	164.658	3725.397[b]	8.000	181.000	<.001
Age	Pillai's Trace	.298	1.214	48.000	1116.000	.154
	Wilks' Lambda	.732	1.220	48.000	894.658	.149
	Hotelling's Trace	.327	1.223	48.000	1076.000	.145
	Roy's Largest Root	.148	3.445[c]	8.000	186.000	.001

a. Design: Intercept + Age

b. Exact statistic

c. The statistic is an upper bound on F that yields a lower bound on the significance level.

Within Table 9, a One-Way ANOVA was used to further assess the relationship between resilience and age. Results showed that there is a relationship between age and resilience, F (6,188) = 2.319, p = .035, n^2 = .0689. A Tukey's Post Hoc Test revealed that there were differences between those in the age group 18 - 21 and 41 – 45 with a p value of .024, and a main difference between the 18 – 21 age group and the 51+ group with a p value of .022. Those in the 51+ group had more resilience than both the 18 – 21 and 41 – 45-year-old groups.

Table 9

The Relationship Between Resilience and Age

ANOVA

Resilience Scale	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	4880.145	6	813.358	2.319	.035
Within Groups	65948.850	188	350.792		
Total	70828.995	194			

As shown in Table 10, a MANOVA was conducted to examine if there were significant differences in Grit, PsyCap, Burnout, Resilience, and the PCQ-24 Subscales

based on occupation. Results indicated that $p = .191$, which suggests they are not significant. Therefore, there is no relationship between Occupation, grit, PsyCap, burnout, resilience, and the PCQ-24 Subscales. This suggest that Occupation does not significantly impact these variables.

Table 10

Relationship Between Occupation on Grit, PsyCap, Burnout, Resilience, and PCQ-24 Subscales

Multivariate Tests						
Effect		Value	F	Hypothesis df	Error df	Sig.
Intercept	Pillai's Trace	.992	2689.594[b]	8.000	176.000	<.001
	Wilks' Lambda	.008	2689.594[b]	8.000	176.000	<.001
	Hotelling's Trace	122.254	2689.594[b]	8.000	176.000	<.001
	Roy's Largest Root	122.254	2689.594[b]	8.000	176.000	<.001
Occupation	Pillai's Trace	.511	1.135	88.000	1464.000	.191
	Wilks' Lambda	.583	1.136	88.000	1163.569	.191
	Hotelling's Trace	.573	1.134	88.000	1394.000	.193
	Roy's Largest Root	.174	2.891[c]	11.000	183.000	.002

a. Design: Intercept + Occupation

b. Exact statistic

c. The statistic is an upper bound on F that yields a lower bound on the significance level.

Table 11 reflects a MANOVA that was conducted to examine if there were significant differences in Grit, PsyCap, Burnout, Resilience, and the PCQ-24 Subscales based on years of service. Results indicated that $p = .010$, which suggests there are significant differences. Therefore, there is relationship between Years of Service, grit, PsyCap, burnout, resilience, and the PCQ-24 Subscales. This suggests that Years of Service does play a role within direct care and these variables. A Bonferroni Post Hoc Test was used to examine where the significance between groups was, and it was

determined that the main difference involved the Subscale Hope and occurred between those who had 1-5 years and 6-10 years of service, $p = .016$. Those who had 6-10 years of service showed greater levels of hope than those who had 1-5 years of service. There was also a significant difference between the 1–5-year group and 16 – 20 years of service group, $p = .010$. Those who had 16 – 20 years of service had greater hope than those who had 1-5 years of service.

Table 11

Relationship Between Years of Service on Grit, PsyCap, Burnout, Resilience, and PCQ-24 Subscales

Multivariate Tests

Effect		Value	F	Hypothesis df	Error df	Sig.
Intercept	Pillai's Trace	.996	5216.806[b]	8.000	181.000	<.001
	Wilks' Lambda	.004	5216.806[b]	8.000	181.000	<.001
	Hotelling's Trace	230.577	5216.806[b]	8.000	181.000	<.001
	Roy's Largest Root	230.577	5216.806[b]	8.000	181.000	<.001
Years Service	Pillai's Trace	.365	1.507	48.000	1116.000	.015
	Wilks' Lambda	.673	1.564	48.000	894.658	.010
	Hotelling's Trace	.432	1.615	48.000	1076.000	.006
	Roy's Largest Root	.263	6.104[c]	8.000	186.000	<.001

a. Design: Intercept + Years Service

b. Exact statistic

c. The statistic is an upper bound on F that yields a lower bound on the significance level.

As shown within Table 12, a MANOVA was conducted to examine if there were significant differences in Grit, PsyCap, Burnout, Resilience, and the PCQ-24 Subscales based on education level. Results indicated that $p = .326$, which suggests no significant differences. This suggests that education does not significantly impact these variables in direct care staff.

Table 12

Relationship Between Education on Grit, PsyCap, Burnout, Resilience, and PCQ-24 Subscales

Multivariate Tests						
Effect		Value	F	Hypothesis df	Error df	Sig.
Intercept	Pillai's Trace	.993	3216.244[b]	8.000	180.000	<.001
	Wilks' Lambda	.007	3216.244[b]	8.000	180.000	<.001
	Hotelling's Trace	142.944	3216.244[b]	8.000	180.000	<.001
	Roy's Largest Root	142.944	3216.244[b]	8.000	180.000	<.001
Education Level	Pillai's Trace	.312	1.084	56.000	1302.000	.314
	Wilks' Lambda	.723	1.079	56.000	974.641	.326
	Hotelling's Trace	.336	1.071	56.000	1248.000	.339
	Roy's Largest Root	.109	2.524[c]	8.000	186.000	.013

a. Design: Intercept + Education Level

b. Exact statistic

c. The statistic is an upper bound on F that yields a lower bound on the significance level.

Table 13 reflects a MANOVA was conducted to examine if there were significant differences in Grit, PsyCap, Burnout, Resilience, and the PCQ-24 Subscales based on agency type. Results indicated that $p = .455$, which is not significant. Therefore, there is no relationship between Agency Type, grit, PsyCap, burnout, resilience, and the PCQ-24 Subscales. This suggests that Agency Type does not significantly impact these variables.

Table 13

Relationship Between Agency Type on Grit, PsyCap, Burnout, Resilience, and PCQ-24 Subscales

Multivariate Tests						
Effect		Value	F	Hypothesis df	Error df	Sig.
Intercept	Pillai's Trace	.984	1440.253[b]	8.000	183.000	<.001
	Wilks' Lambda	.016	1440.253[b]	8.000	183.000	<.001
	Hotelling's Trace	62.962	1440.253[b]	8.000	183.000	<.001
	Roy's Largest Root	62.962	1440.253[b]	8.000	183.000	<.001
Agency Type	Pillai's Trace	.167	1.013	32.000	744.000	.449
	Wilks' Lambda	.842	1.009	32.000	676.466	.455
	Hotelling's Trace	.177	1.005	32.000	726.000	.462
	Roy's Largest Root	.087	2.023[c]	8.000	186.000	.046

a. Design: Intercept + Agency Type
b. Exact statistic
c. The statistic is an upper bound on F that yields a lower bound on the significance level.

Summary

This study found relationships between resilience, grit, psychological capital, and burnout in direct care staff. The current study also found differences within certain age groups and years of service contributed within the direct care field. The results suggest that burnout and direct care have a relationship in terms of how much grit, resilience, and psychological capital, including hope a person has. Higher rates of grit, resilience, and PsyCap can influence the severity of burnout within any individual. Those who are older have more resilience than those of younger ages, and those that have more years of service have more hope than those with fewer years.

CHAPTER 5: DISCUSSION

Overview

The purpose of this quantitative, correlational study was to examine if there was a relationship between resilience, grit, psychological capital, and burnout in direct care staff. Results indicated significant relationships between resilience, grit, psychological capital, and burnout in direct care staff. The current study also found differences within certain age groups and years of service contributed within the direct care field.

Summary of Findings

The findings suggest that there is a relationship between grit, resilience, psychological capital, and burnout in direct care staff. In support of hypotheses 1 and 2, those who have higher resilience and psychological capital are less likely to experience burnout than those who have low levels of resilience and psychological capital. In support of hypothesis 3, those who have higher levels of grit are more likely to experience lower levels of burnout and higher levels of resilience. In support of hypothesis 4, those who have higher rates of resilience also had higher levels of psychological capital than those who had lower rates of resilience.

Additional analyses indicated that there were no differences between males or females in terms of burnout, grit, resilience, or psychological capital. There were also no differences in these variables based on occupation, education, or agency type. However, the current study found that there is a relationship between resilience and age. Those who were in the older age group (51+) had more resilience when compared to those aged between 18 and 21. Those who were in the 51+ category did have higher mean scores than any of the other age groups. This may suggest that as people age, they adapt and

develop traits that can help them become more resilient. Similarly, there were significant differences in levels of hope depending on years of service. Those who have been working for longer (16 – 20 years) displayed more hope than any other years of service group. Those who worked for 1- 5 years had the lowest rates of hope.

Discussion of Findings

These findings suggest that there is a relationship between grit, resilience, psychological capital, psychological capital subscales, and burnout in direct care staff. The results suggest that these direct care staff in home care agencies, state agencies, private agencies, federal agencies, and non-profit agencies could be experiencing burnout as it is related to lower rates of grit, resilience, and psychological capital. Research states that direct care staff are responsible for the care and tending of others (Hewitt & Larson, 2007). If direct care staff are experiencing symptoms of burnout, they could potentially display due lower rates of grit, resilience, and psychological capital. If this happens, then the level of care could decrease. The direct care workers would be so physically and mentally tired that they could not care for others. If they cannot care for others, then they will most likely lose their careers. If they lose their careers, then other crises such as mental health and personal finances start to appear (Anastasiou & Anagnostou, 2020). If these direct care staff are so tired every day, they are most likely not taking care of themselves either, which could lead to other medical issues.

The current study found relationships between grit, resilience, psychological capital, and the psychological capital subscales in direct care staff. Direct care staff work long hours, have high demands, and there are staff shortages in the field (Klaver et al., 2021). The direct care workers that have low resilience, grit, and psychological capital

may experience symptoms of burnout and face challenges in their careers or personal life. Such direct care staff may experience depersonalization and lack the psychological capacity to work through the short and long challenges (Maslach, 1998). This will also influence retention rates within organizations and personal goal attainment in people.

When it comes to healthcare workers, burnout rates could influence work environments. Workers experiencing burnout may not do their job to their full potential, which can cause poor work performance and unhealthy environments. (Luthans & Broad, 2022). There may be an increase in death rates and medication errors, while a decrease in cleanliness. Attitudes due to low self-efficacy, resilience, grit, and psychological capital would hinder motivation and well-being (Salanova & Ortega-Maldonado, 2019). When people are experiencing burnout, they are not their ideal self. They can become angry easier and faster, upset or frustrated, and even depressed. The traits of resilience, grit, and psychological capital can take time to develop within a person. Agencies could host trainings, give incentives, and facilitate opportunities for people to have better working conditions. People are more likely to stay when they feel they individually matter, are paid what the work entails, have benefits, and work in a good environment (Bhardwaj et al., 2021). Having awareness, training, and workshops on burnout, resilience, grit, or psychological capital could make a significant difference in the work and lives of the individual people.

The constructs of grit and burnout can be examined through the theory of Duckworth et al. (2007) who believe that grit is involved with stamina and the emotional capacity to keep pushing through in efforts to reach a goal. Duckworth et al. (2007) theorized that grit can be explained as a trait consisting of stamina, interest, and effort.

Those who have higher rates of grit have greater levels of motivation, perseverance, and healthier mindsets. If people develop grittiness, then burnout rates should be less prevalent. This study validated this theory through the result that those of higher age have higher rates of resilience. The age group (51+) had higher rates of resilience than any other age group when it came to mean scores, and these resilience rates were significantly higher than certain younger age groups (i.e., 18–21-year-olds). This establishes a connection between stamina, effort, perseverance, emotional capacity, and mindset through age. This theory is also supported through the relationship between grit and burnout. Those who had greater levels of grit, had lower burnout rates. Burnout and grit are both variables that are associated with motivation, mindset, stamina, interest, and perseverance. Those who display greater levels of grit can display perseverance, motivation, passion, and positive mindsets (Montas et al., 2021).

The construct of burnout is associated with theories such as the social cognitive theory, the social exchange theory, and the organizational theory (Edú-Valsania et al., 2022). The social cognitive theory of burnout derives from a person's self-esteem, self-concept, self-efficacy, and self-confidence (Edú-Valsania et al., 2022). How a person internally feels about themselves makes a difference in how they conduct themselves and do things. This means that if a person feels negatively about themselves, then they may struggle with many challenges as it pertains to personal and professional achievement. Within this theory, if a person feels like a failure, then they will fail.

The social exchange theory of burnout is when an employee does not feel reciprocity within the workplace (Edú-Valsania et al., 2022). This means that an employee wants to feel valued when they work hard. An employee wants to feel that they

will receive positive benefits in return for the great work they do. For example, if an employee does favors for another employee to help them out with their job, that helping employee also expects help when they ask for it. When any person, not just an employee, keeps helping others and the exchange of help is one-sided, the person will feel emotionally consumed. This can lead to burnout.

The organizational theory of burnout is associated with risk factors and environmental stressors within an organization (Golembiewski et al., 1983). These risk factors consist of heavy workloads, decreases in organizational commitments to employees, low work fulfillment, and higher rates of depersonalization due to work. These factors contribute to burnout due to the challenges faced and projected within and by the organization.

All three of these theories related to burnout (Social cognitive theory, Social Exchange theory, and Organizational theory) have been validated through the current study. If people have less psychological capital, which encompasses self-efficacy, hope, resilience, and optimism, then they are more likely to experience higher rates of burnout within the workplace. How people feel about their careers may either enhance or hinder grit, which will influence retention. If the mindset of people is negative and they have no hope, optimism, self-efficacy, or sense of self, then they will leave the workplace or have poor job performance. This influences how people feel about themselves.

The present study found a relationship between resilience and age and years of service and hope. This study found that those in the oldest age group (51 and older) had more resilience than any other age group when it came to mean scores. There was a significant difference between the oldest group, those aged 51 and older, and the

youngest group, 18 – 21-year-olds. It is likely that those who are older have developed resilience throughout the course of their lifespan. Those who are 51 and older have more life experiences and have had more opportunity to develop traits of resilience than younger generations. This does not mean that younger age groups do not face challenges and have no resilience, but those who are older have more time to develop, learn, and grow throughout the longevity of their life. It is also possible that those who are older have faced more challenging situations, inevitably due to years of living. Those who are older could potentially look back in retrospect and have comparisons in situations, while younger age groups have nothing to compare to (Denckla et al., 2020). Those of older age groups grew up in a different time. Both the world and time are dynamic. They are always changing; therefore, the way things were done ten, fifteen, twenty, and thirty years ago are different than they are now. It is likely that if you examine an individual who is 18 years old in modern society and compare them to a 50-year-old, there are many differences in terms of traits and mindset. There are so many variables as to why there could be a difference between older age groups and younger groups in terms of resilience. Life is subjective, no two lives are the same throughout the lifespan, and people have different lifespan experiences.

Similarly, another relationship was found between years of service and hope Those who worked for 16 – 20 years had more hope than any other years of service group. Those who worked for 1- 5 years had the lowest rates of hope. It is possible that those who are employed for longer periods of time have a stronger mindset and greater psychological capital, especially hope within their choice of work. Those who work longer potentially have a more positive mindset about future ideology. Someone who

puts in more years of service might be closer to retirement, receiving a decent wage, and have a different perception about job security than those who just start a career. When it comes to being a direct care professional in certain job titles, it becomes a career, which means greater longevity. Those who work for longer years might have greater hope due to the life they are working towards having. As previously stated, the mindset that comes with age is potentially similar with years of service. The more service years a person has, they also age within their career. Perception of work, work engagement, job influence, and psychological capital contribute to how long a person will work (Grover et al., 2018). According to Snyder (2000), hope is associated with goal attainment, motivation, and persistence. Those who have hope can have more perseverance to achieve their personal goals. This does not mean that those who just started a career have no hope or goal attainment, but those who have longer years of service have greater psychological capital overall in terms of hope and achieving what they have worked so long to possibly achieve. Hope is associated with grit and those who have more grit, had greater hope. The grittier a person is, the more hope they are likely to have.

Interestingly, the results displayed by the MANOVA found no differences between grit, resilience, psychological capital, or burnout based on gender, occupation, education, or agency type. It is possible that in this study, these relationships are not significant because these variables are not related to such demographics and external workplace characteristics but are rather based on the internal qualities that a person has. In this study the variables gender, education, occupation, or agency type did not influence how a person feels or relates to having grit, resilience, psychological capital, and feeling burnout.

A study conducted by Schweitzer et al. (2007) suggests that resilience was adopted by utilizing coping skills which derive from religion. Those that prayed and searched for happiness or strength to overcome a challenge were able to do so through spirituality. This means that resilience was displayed through internal and external motivators related to grit. It is possible that those who have higher levels of grit, resilience, and psychological capital are spiritual in terms of faith. A similar study conducted by Brelsford and Ciarrocchi (2013), suggests that resilient traits derive from spiritual views. Future research could examine religious and spiritual views alongside these variables and the newly created measures to see if there are more relationships between the variables.

In Scripture, James 1: 2-4 states, “Consider it pure joy, my brothers, and sisters, whenever you face trials of many kinds because you know that the testing of your faith produces perseverance.” It is possible that certain direct care staff in the occupations that were examined in this study were spiritual and religious. It is also likely that these participants who seek spirituality or religiosity have more grit and resilience than those who do not seek spirituality or religiosity. Those who have faith to guide them may use their faith to face their challenges and overcome the situation through their beliefs, hence developing both resilience and psychological capital through their use of their beliefs (Schweitzer et al., 2007). This ideology also relates to the other findings of age associated with resilience. Those who were in the oldest age group displayed more resilience than the younger age group. Similar findings involved those who had more years of service in the field of direct care having higher levels of hope. More years of service means that people age inevitably through the years as they work. Those of older ages who displayed

more resilience possibly have more faith than younger ages. In psychology, this is not uncommon. As people age, they often turn to faith and have an increase in religiosity (Bengtson et al., 2015).

"Let perseverance finish its work so that you may be mature and complete, not lacking anything" (*New American Standard Bible*, 1977). In a biblical worldview and for those of spirituality, this scripture suggests that resilience and grit can be not only adopted but developed through God and faith. Those who have more hope might be more spiritual or religious than those who have less hope. Hope is related to psychological capital and resilience; therefore, there is a possibility that those had more hope have faith or spirituality in some way, which helps them overcome the struggles they are faced with. Corinthians 1: 13-13 states, "And now these three remain: faith, hope and love. But the greatest of these is love." Hope is a key component in psychological capital and influences how people think and move on. If people have hope and faith, there is a possibility that they might be grittier, have more resilience, have greater psychological capital, and be better equipped to succeed in a challenging time.

According to the Bible, God knows everything. Revelation 2: 19 states, "I know your deeds, your love and faith, your service and perseverance, and that you are now doing more than you did at first" (*New American Standard Bible*, 1977). Resilience, psychological capital, and grit should start with God as the creator. If people learn to develop grit and resilient traits, then they can develop psychological resiliency and learn from experience. These same people must also learn from the scripture and understand that just like faith, grit, psychological capital, and resilience takes time.

A relationship with God is lifelong and never ends. Even when we are in heaven, we are with God in the holy place. It takes perseverance and an extraordinary ability to cope with the life we are given. The second we seek salvation, a relationship with God starts and never ends as long as people seek him. What we are driven by can change our path at any one given time. By not giving up, we can reach both destinations of heaven and our aspirations without letting the negative challenges consume us.

Implications

This study found associations between grit, resilience, psychological capital, and burnout in direct care staff, providing a foundation for future research. Agencies should have awareness training and workshops on burnout, resilience, grit, or psychological capital, which could make a significant difference in the work and lives of the individual people. These trainings could include workshops that provide counseling to staff, teaching mindfulness, teaching how to use coping skills and manage stress levels, and helping awareness within staff. Trainings should also educate employees that feeling burnout is normal and create a sense of normalcy within the staff, so they don't feel targeted or stigmatized. Trainings should define burnout and teach staff members positive ways to overcome these challenges. Providing employees with the tools to be successful and giving them resources and flexibility to help them work through their negative emotional state could help them achieve a work life balance. Special trainings should be offered to supervisors, so they can better assist their employees when they are struggling, and they can make changes to help.

Compensation and benefits should also be further assessed as it pertains to direct care staff and all that these occupations encompass. Direct care staff have many duties,

and they are responsible for so many different things that involve direct or indirect care of other people and special populations that need a certain level of care. Employers should seek help for their employees by offering incentives such as assistance programs or accommodating them more. For example, employers could seek out assistance to help their employees with a life coach, help those that are parents, and help employees with time management skills. Employers could offer monetary benefits and environments of higher quality for both staff and the populations they serve. Employers could seek to obtain the needs of their employees by asking employees through surveys, evaluations, or at random how they can help them achieve a work life balance, which may lead to greater retention and job satisfaction. Employees would be able to state what their needs are and the employers should try to accommodate as much as possible due to the challenging needs of the job duties. This can help lower burnout rates and promote grit, resilience, and psychological capital. Finally, agencies could foster resilience, grit, and PsyCap in their employees by educating them on what these constructs are and facilitating ways for them to be successful. Agencies could seek other avenues that help with high caseloads, hours, and shift schedules.

This research further supports what is already known about the topics of resilience, grit, and burnout. It further explained these relationships in a sample of direct care staff that has been previously overlooked in the literature. This research further supports that burnout should be examined through a different perspective. Burnout should be examined and assessed seriously. Employers need to examine burnout as a diagnosis that can lead to serious complications for both staff and their served populations. Both literature and this research suggest that more research on the topic needs to be done so

that employees receive the help they may need. Research should further examine these variables by conducting in-person studies, qualitative studies of these variables, and studies amongst the different agency types. Burnout can lead to major mental and physical health challenges in a person. This research also bridged a gap from Covid-19 until now. We now know more about the relationships these variables share. This research also contributes to the literature by creating new measures, such as the Grit N-14 and Burnout 30 scales, that can be further validated and used by the scientific community.

Limitations

This current study has limitations and assumptions. The current study used Surveymonkey, which is an online platform. The study had a total of 238 respondents and only 195 were able to participate. There were surveys that were omitted by the researcher because the participants' occupations did not match eligibility criteria or because the surveys were incomplete. Because participants answered questions independently and online, the research outcome could have been influenced by social desirability and not answering truthfully, which not only affects the results, but external validity and internal validity. Additionally, online platforms do not elicit the same reactions as face-to-face studies because there is a barrier between the researcher and the participant. This may also have led to social desirability and false answers. Using online platforms also takes away the connection between researcher and participant. Participants could rush and click through the survey without the researcher asking questions or the participants seeing other people in the study with them. Because of this, different results may be obtained compared to an in-person study. Finally, two of the measures used in the study are

researcher created (the Grit N-14 and the Burnout – 30), so there is no previous research data available to confirm these measures correctly assess the intended constructs, other than the pilot sample study. This could cause a potential risk in the outcomes of the study and a type I or type II error.

Another threat derives from assumptions. The entire survey was administered via an online database; therefore, the researcher had to assume that the participants were able to successfully read and understand the questions being asked. The researcher also had to assume that the participants had the knowledge and ability to use the technology and had the insight needed to complete the study. The researcher also did not administer the surveys all over the world, as it was limited to just the United States. This could influence external validity and how results relate to other people, places, and time.

Recommendations for Future Research

There are several future recommendations based on the findings of this research. Future research should examine direct care workers in agency-specific locations that have staff shortages, low retention rates, and high burnout rates. Future research should also examine direct care staff and build on this research utilizing the newly created scales (i.e., Grit N-14 and Burnout – 30) for purposes of validity. In addition, future research should seek to implement programs for those agencies or locations found to have high rates of burnout and attrition. While implementing programs, longitudinal studies should be done to see the effects and rates of retention. While doing all this, all agencies should establish trainings on resilience, grit, and burnout. These trainings should include group counseling and resources for those struggling within the domain of burnout and include coursework on educating people on what it takes to develop resilience, grit, and psychological capital.

Research should further examine these variables through in person studies, qualitative studies of these variables, and doing in person studies amongst the different agency types. This research study did not find a relationship between grit, resilience, psychological capital, and burnout as it relates to occupation, gender, agency type, and education. This does not mean that a relationship does not exist if a different study type was to be redone.

If trainings or programs are implemented within the work locations of direct care staff, burnout rates might decrease. People could live better, richer, and more fulfilled lives. Staff shortages might decrease, mental health within workers might increase, and organizational success could potentially increase. People want and need to feel like they matter. Holding these seminars with incentives and giving employees the resources to be successful could be the catalyst for change.

As previously stated, future research could examine religious and spiritual views alongside the variables of grit, resilience, psychological capital, and the subscales of psychological capital to see if more relationships exist. This topic should also be further examined using the newly created measures to see if there are more relationships between the variables. Research suggests that resilience and grit share a relationship with faith, religion, and spirituality. Therefore, the frameworks within this research could be largely expanded by adding in additional variables of religion, faith, and spirituality to further support literature and build upon it.

Summary

The current study examined if there were significant relationships between resilience, grit, psychological capital, and burnout in direct care staff. The current study did find relationships amongst these variables. Specifically, resilience, grit, and

psychological capital were all positively related, whereas burnout was negatively related to each of these constructs. This study also found relationships between age and resilience, and years of service and hope. All of these variables influence direct care workers and are related to mental health functioning by definition of terms.

The researcher of the current study developed two new scales that other researchers will be able to use. The current study also examined direct care workers from a different perspective by assessing direct care careers that have been overlooked by past literature. The direct care field is composed of so many different occupations that more should be explored.

The current research was composed to be a catalyst for change within the direct care field and to change the lives of not only workers, but the populations that are cared for by these workers. If agencies and the work environment can be improved, then the lives of the staff and demographic populations served could also be enhanced. Direct care workers are facing high rates of burnout, and trainings programs, or education could make a difference for the mental and physical health of these types of employees.

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Appendix A

Consent Form

You are being asked to volunteer to participate in a research project to fulfill a dissertation. It is important that you thoroughly read through the following information and ask any related questions you have to understand what you are being asked to do.

Investigator:
My name is Nicholas Stoia. I am a Doctoral student at Liberty University fulfilling a dissertation with the Psychology Department. My faculty chair is Dr. Danisha Keating can be reached via email at (dkeating1@liberty.edu**)** if there are any questions.

Purpose of the Research
This research is designed to investigate the relationship between grit, resilience, psychological capital, and burnout on direct care staff. This research will also satisfy the dissertation research requirement set forth by Liberty University and aid in my research experience.

Procedures
If you volunteer, you will be asked to report your demographic information such as your gender, career, education, and age. There are four measures in this research resilience, burnout, grit, and psychological capital. The entire survey is expected to take approximately 30 minutes.

Potential Risk or Discomfort
There are no foreseeable risks or discomfort expected with this research. Findings of this research could be of value in determining how grit, resilience, psychological capital, and burnout influence direct care staff. As a participant, there is no incentive and participation is completely optional. As a participant you will also gain experience with the research process.

Confidentiality and Data Storage
Your individual responses are completely anonymous and questions that cause discomfort do not have to be answered. I will keep the data collected for 3 years after completion. Access to data will be limited to myself and my committee members.

Participation and Withdrawal
You may refuse to participate in this research without penalty as well as withdraw at any time. To withdraw, you can answer no on the consent form and the study will automatically close or you can choose not to proceed by not answering any questions. However, once completed and collected data cannot be withdrawn from the study.

Ethical Review

The ethics of this research project was reviewed and approved by the Institutional Review Board (IRB) of Liberty University. If you believe there has been an infringement of your rights, you should contact the IRB chairperson.

Participants should keep consent forms for their records.

Participation Agreement
I have read the information provided and my signature below indicates my voluntary consent to participate in this research. (If you click No for an answer under agreement for consent, then the research survey will automatically close and end).

_____

Participants Signature

Appendix B

Personal Data Sheet

We are interested in some basic background information to contribute to our research. Please answer each question honestly. All answers are confidential.

Your Age: Please select from the following.

_____ 18 – 21

_____ 22 – 29

_____ 30 – 35

_____ 36 – 40

_____ 41 – 45

_____ 45 – 49

_____ 51+

_____ Prefer not to Answer

Your Gender: __Male __Female. __Other _____ Prefer not to Answer

Your Current Occupation: Please select from the following.

_____Trainer

_____Psychologist

_____Aide

_____Direct Support Professional

_____Psychiatrist

_____Counselor

_____A Professional Assistant to include (Psychology, Social Work, Counselor, or another profession).

_____Other (Please Specify) If you prefer not to answer, please write (Prefer not to Answer)

Years of Service: Please select from the following.

_____ 1-5

_____ 6-10

_____ 11-15

_____ 16-20

_____ 21-25

_____ 26-30

_____ 31+

_____ Prefer not to Answer

Your Highest Level of Education: Please select from the following.

_____ High School

_____ Some College

_____ Associates

_____ Bachelor's

_____ Masters

_____ Doctorate

_____ Post Graduate Work

_____ Other

_____ Prefer not to Answer

Type of Agency:

____State _____ Non-Profit _____Private Agency _____Home Care ____ Other

If you prefer not to answer, please write (Prefer not to Answer)_____

Appendix C

Grit N-14 Scale

Below is the Grit – N14 Scale. Please ensure that you read the following statements. Under each statement, there are five ratings ranging from **1 (Strongly Disagree) to 5 (Strongly Agree).** Circle the number and rating that most closely describes you. For example, if you do not feel any strong relations to the statement, circle **1 indicating (Strongly Disagree).** If you strongly feel a relation to the statement, circle **5 indicating (Strongly Agree).**

1.) I have the ability to overcome obstacles and accomplish what my mind is focused on.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

2.) My mind tends to wander, and I often forget what I was doing.

5. Strongly Disagree
4. Disagree
3. Neutral
2. Agree
1. Strongly Agree

3.) My interests and goals change more frequently than I would like.

5. Strongly Disagree
4. Disagree
3. Neutral
2. Agree
1. Strongly Agree

4.) Problems and difficulties stop me from achieving what I want.

5. Strongly Disagree
4. Disagree
3. Neutral

2. Agree
1. Strongly Agree

5.) I easily lose interest in things I am most passionate about.

5. Strongly Disagree
4. Disagree
3. Neutral
2. Agree
1. Strongly Agree

6.) I am a dedicated and passionate worker.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

7.) When I start a goal or task, it often changes into something new.

5. Strongly Disagree
4. Disagree
3. Neutral
2. Agree
1. Strongly Agree

8.) I do not have the ability to remain attentive for long periods of time.

5. Strongly Disagree
4. Disagree
3. Neutral
2. Agree
1. Strongly Agree

9.) I tend to complete whatever I start.

1. Strongly Disagree
2. Disagree
3. Neutral

4. Agree
5. Strongly Agree

10.) I become interested in new things easily.

5. Strongly Disagree
4. Disagree
3. Neutral
2. Agree
1. Strongly Agree

11.) I have high levels of perseverance and accomplish most things I attempt.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

12.) I am a very motivated person.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

13.) I tend to see the bright future that lies ahead, rather than the hard struggles I currently have.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

14.) I often reach and obtain my goals.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

Appendix D

Burnout-30 Scale

Below is the Burnout – 30 Scale. Please ensure that you correctly read the following 30 statements. Under each statement, there are five ratings ranging from **1 (Strongly Disagree) to 5 (Strongly Agree)**. Circle the number and rating that most closely describes you. For example, if you do not feel any strong relations to the statement, circle **1 indicating (Strongly Disagree).** If you strongly feel a relation to the statement, circle **5 indicating (Strongly Agree).**

1. I always feel tired or fatigued.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

2. I always feel physically drained.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

3. I always feel mentally drained.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

4. I feel like I cannot do this anymore.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

5. I become angry easily.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

6. I am an easy-going person.

5. Strongly Disagree
4. Disagree
3. Neutral
2. Agree
1. Strongly Agree

7. I feel like my work is overwhelming.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

8. I feel symptoms of burnout from work.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

9. I hate my job.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

10. I am easily irritable with work.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

11. I have little patience.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

12. I feel that after a full work shift I have no energy to do other things.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

13. Every morning I wake up tired.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

14. Just the thought of work every morning makes me feel so tired.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

15. I feel emotionally and physically tired.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

16. When I get home after work, I am exhausted.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

17. I am tired of being tired.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

18. It does not take much to make me mad or angry.
1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

19. I cannot work with others anymore.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

20. I like my job.

5. Strongly Disagree
4. Disagree

3. Neutral
2. Agree
1. Strongly Agree

21. I love coming in to work every morning.

5. Strongly Disagree
4. Disagree
3. Neutral
2. Agree
1. Strongly Agree

22. Going to work does not bother me.

5. Strongly Disagree
4. Disagree
3. Neutral
2. Agree
1. Strongly Agree

23. People would say I am easy to get along with.

5. Strongly Disagree
4. Disagree
3. Neutral
2. Agree
1. Strongly Agree

24. I get along with my co-workers.

5. Strongly Disagree
4. Disagree
3. Neutral
2. Agree
1. Strongly Agree

25. I love working in the human service field.

5. Strongly Disagree
4. Disagree

3. Neutral
2. Agree
1. Strongly Agree

26. Others would say I am easy to work with.

5. Strongly Disagree
4. Disagree
3. Neutral
2. Agree
1. Strongly Agree

27. I get angry or frustrated easily with coworkers.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

28. I get angry or easily frustrated with the population I work with.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

29. I want to feel like I matter at work because I work so hard.

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

30. I am tired of working with other people.

1. Strongly Disagree
2. Disagree
3. Neutral

4. Agree
5. Strongly Agree

Appendix E

Resilience Scale

Due to copyright and legalities, the only content regarding the Resilience Scale that can be expressed are some sample questions, statements, and instrument items.

The RS is a 25-item measure that focuses on what is going right, rather than wrong in your life and assesses strengths over weakness in an individual. Responses are graded on a 7-point Likert type rating scale ranging from 1 (*Strongly disagree*) to 7 (*Strongly Agree*). Sample questions include, “I feel proud that I have accomplished things in life”, “My belief in myself gets me through hard times”, and “My life has meaning.” The RS can range in scores from 25 (poor resilient qualities) to 175 (extreme resilient qualities).

Appendix F

Psychological Capital Questionnaire (PCQ-24)

Citation of the instrument must include the applicable copyright statement listed below.

Sample items:

Self-Rater Form :

I feel confident analyzing a long-term problem to find a solution.

If I should find myself in a jam at work, I could think of many ways to get out of it.

When I have a setback at work, I have trouble recovering from it, moving on.

Appendix G

Grit-N13 and Burnout 30 Field Test Results

The Grit – N14 Scale and Burnout – 30 were field tested with four participants who are in the direct care field. Each participant has been working in the direct care field for at least eight years. Each participant holds a professional title with at least a master's degree in the human services field. The field test was conducted the same exact way as the actual research will be conducted. Each participant used the online platform Surveymonkey and were given a consent form with instructions. Each participant answered all 14 questions on the Grit – N14 and all 30 questions on the Burnout – 30.

When it came to the instructions, there were a few things that were brought to the researcher's attention. The first thing is that if participants answer no on the consent form, then the research questions and survey in totality should end. Once feedback was given, the consent form was fixed accordingly. Three out of the four participants had no issues with the language or the way each measure was written. One participant stated, "the language should be simpler and was confused on if it was measuring burnout just in work or in totality." This was explained that it is burnout in totality and that burnout was being assessed through two different domains, work and self. This was done with intent to focus on burnout through what previous literature has stated and what is needed to accurately assess burnout in an individual. The Grit N-14 Scale was also reported by one participant to not have a choice of strongly agree, which was corrected to ensure all choices were given correctly.

Results

The results indicated that all participants understood and agreed to the consent form. All four participants answered yes to the consent form and answered both scales in entirety. Participant 1 scored a 57 on the Grit N-14 Scale and a 63 on the Burnout – 30 Scale. Participant 2 scored a 58 on the Grit N-14 Scale and a 74 on the Burnout 30 - Scale. Participant 3 scored a 58 on the Grit N-14 Scale and a 53 on the Burnout 30 - Scale. Participant 4 scored a 52 on the Grit N-14 Scale and 86 on the Burnout – 30 Scale. Participants 2 and 4 are experiencing more burnout in both work and personal life.

As shown in Table 14, Descriptive Statistics display results from the field test of the newly created measures. The field test consisted of 4 people who took the survey. The field test was successful with creating output and receiving input from those that participated.

Table G14

Field Test Descriptive Statistics

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviation
Consent Form	4	1.00	1.00	1.0000	.00000
Grit N-14 Scale	4	52.00	58.00	56.2500	2.87228
Burnout - 30 Scale	4	53.00	86.00	69.0000	14.21267
Valid N (listwise)	4				

Table 15 reflects a Pearson's r correlation revealed that there was no relationship between grit and Burnout on the Field Test, r (2) = -.784, p = .216 (two-tailed). This suggests that Grit does not influences Burnout in direct care staff. This was a field test to establish statistics and a small direct care sample.

Table G15

Relationship Between Grit and Burnout Field Test

The Relationship Between Grit and Burnout Field Test			
		Grit N-14 Scale	Burnout - 30 Scale
Grit N-14 Scale	Pearson Correlation	1	-.784
	Sig. (2-tailed)		.216
	N	4	4
Burnout - 30 Scale	Pearson Correlation	-.784	1
	Sig. (2-tailed)	.216	
	N	4	4