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Assessed Coursework Cover Sheet for Applied Psychology Postgraduate Courses

Module Title: Forensic Psychology Research Project

Coursework Title: The Research Portfolio

The research paper is submitted in the style of the Journal of Occupational and Organisational Psychology.

Word counts for each section are as follows:

Research Proposal: 2559

Ethics Application: 2019

Research Paper: 5832

Executive Summary: 988

Reflective Report of Research Activities: 1469

This is to confirm that I submit this piece of assessed work in the full knowledge of the published guidelines on plagiarism and its consequences

Lauren Ward

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Project Proposal

Project Title

Mental Health Staff Members' Experiences of Patient Displays of Stalking: The consequent Responses and the Impact on Burnout.

Overview of Topic

Stalking has only recently been deemed a crime. The Protection of Freedom Act 2012 recognised stalking to consist of behaviours whereby the perpetrator may: force contact, follow or spy on their victim (The Crown Prosecution Service, 2018). These behaviours have been researched among mental health care settings to assess the prevalence. Healthcare professionals are at risk of being stalked due to the nature of the therapeutic relationship that is formed, this is particularly true for psychologists and psychiatrists because there exists the potential that the patient may misinterpret the relationship they form during their therapy (Galeazzi et al., 2005). A study on mental health professionals revealed that between six and 11 percent of participants had been stalked by a patient who had been in their care (Carr et al., 2014). Furthermore, in particular relation to psychologists, those who care for patients in secure hospitals have been found to be twice as likely to be stalked than psychologists in a standard mental health setting (Kivisto et al., 2015). This demonstrates that stalking is present across a variety of mental health settings, some environments have a more severe issue than others.

Stalking has been revealed to have an impact on various aspects of the victim's lives. An investigation found that 32% of individuals lost wages due to leaving a job, changing career or being on sick leave as a direct impact of stalking in their lives (Victim's Voices Survey, 2017). While there is limited research on the direct link between stalking and burnout, burnout has been

found to be related to absence from work (Salvagioni et al., 2017). Burnout is characterised by a combination of exhaustion and lack of enthusiasm for job requirements as a result of excessive emotional and relational stresses at work (Maslach et al., 2001). Research by Morse et al. (2011) revealed that across a range of studies, high levels of burnout were experienced among between 21% and 67% of staff members in mental health settings. Oddie and Ousley (2007) found that occupational therapists and nurses who work in this environment fall at the top end of the range of burnout experience, with 54% reporting high levels associated with emotional exhaustion. With over half of the sample in this particular study reporting to feel burnt out, it seems appropriate to look into potential burnout trigger incidents, such as stalking. There exists the potential that individuals working in a type of setting which facilitates the care of individuals who suffer with mental health difficulties may be burnt out as a result of stalking victimisation displayed by patients.

Stalking is a form of severe stressful event with a likelihood of inflicting a variety of harm to the victim (Noffsinger, 2015). Therefore, to overcome such an event, the individual may respond in various ways to find their sense of competence, so that this threatening situation can be reassessed and any damage to the self is repaired (Sandler et al., 2003). Victims have the potential of feeling helpless due to the lack of consistency in how successful responses to stalking can be (Geistman et al., 2012). Further, past research on mental health nurses in particular has suggested that there is a need for research to focus on how stalking impacts the victim and assess the effectiveness of individual responses in this line of work (Ashmore et al., 2006). Therefore, this research would be valuable as it allows for the potential link between stalking and the issue of workplace burnout to be studied and then how responses to stalking

alter the levels of burnout. The findings from the data has the potential of being used to advise people who work in a mental health setting on how to respond to any incidents of stalking to minimise the effects on their own mental health.

Research Questions

The aim of this research project is primarily to investigate the experiences mental health professionals have of being victims of patient associated stalking and the ways they respond to such experiences. These components of stalking will then be investigated as potential predictors for burnout. The specific research questions which will be explored are:

1. What types of stalking behaviours are commonly displayed by patients to staff members operating within mental health services?
2. What responses have been utilised by members of staff who have been a victim of stalking?
3. How do work-related stalking experiences and responses to stalking behaviours correlate with levels of burnout reported by staff members?

Method

Participants

The desired sample will be 98 individuals who work within a mental health setting and have regular contact with patients or service users on a hospital ward or in the community. This number was determined by a power analysis for a multiple regression consisting of six predictors and was based on the assumptions that there would be an alpha of .05, a power of .80 and a small effect size; the programme used was G*Power (Faul et al., 2009). The effect size was set at .15, this was based on research by Björklund et al. (2010), which investigated coping strategies for stalking. As mentioned, the only selection criteria for the sample is that they must have regular patient contact, this would

be determined as individuals who interact with patients on a daily basis, regardless of their job title. Therefore, the sample could consist of any individuals from the range of job descriptions in mental health settings, from psychiatrists to housekeepers, as long as patient contact is a regular occurrence in their daily role.

The questionnaire will be distributed on the internet via a variety of social media sites and professional forums. One social media site which will be used is LinkedIn where the study will be advertised to individuals who use the site and operate in the field of mental health care facilitation. Another website where the research will be advertised is Call for Participants, which is an online research distribution site which advertises studies to thousands of possible participants. The Institute of Mental Health Head of Communications and the Student Services Senior Administrator on the Forensic Psychology Doctorate have also recently been contacted to enquire about some other social media sites which may be able to advertise the study. It is also hoped that the study will be advertised on some other professional forums, the use of all of these can be confirmed as soon as I have further information or any confirmation. This will ensure that the research is reaching all members of staff and they all have an equal opportunity to complete the questionnaire. The sample will aim to be representative of mental health workers across a variety of settings, this may include secure settings, specialist units for disorders such as autism or general mental health.

Procedure

The research will be advertised via the avenues explained above, whereby the target sample will receive a study advert which will explain some brief information, along with a link to the questionnaire (See Appendix A). At the

point of opening the link to complete the questionnaire, the participants will be given in depth information on the general research topic and the aims which are being researched (see Appendix B). Once they have been briefed, the participants will be asked to give their formal consent to being involved in the research, prior to commencing with the questions (see Appendix C).

The online questionnaire method which will be employed in this research project will be a source of quantitative data on stalking, burnout and responses utilised. The questionnaire will firstly ask for the participant to make up a personal identification code, which will allow them to withdraw their data after they have completed the study. Next some demographic information will be collected from the participants; then there will be a selection of questions they will be asked to respond to. To begin with, the participants will be asked to identify any patient displays of intrusive behaviours which they have been subject too, from a list of predetermined behaviour categories. Following the identification of behaviours, participants will then be asked to stipulate how they responded to their experience, which is split into five types of response. All participants will then be asked to complete a set of questions which relate to their experience of burnout. To conclude the data collection with the individual, the debrief will be the last step, whereby they will have the research aims revealed to them and will also be directed towards any contacts which they may find helpful if they have been affected by any of the themes of the research (see Appendix D).

Measures

Demographic Information

In order to form a representation of each individual and their role as a mental health worker, demographic information will be collected from each person who takes part in the research (see Appendix E).

Stalking Behaviours

The first research question will be measured by the participants being asked to identify intrusive and unwanted behaviours which they have been a victim of. Clarke et al. (2016) researched a similar topic to the present study, which revealed some behaviours associated with an episode of harassment or stalking. All 14 of these behaviours were options for the participant to select, along with an 'other' category which allowed the participants to name any additional behaviours which may not have been covered by the determined categories (see Appendix F).

Stalking Responses

Responses to stalking experiences will be measured by a variety of categories which were used in research by Ngo and Paternoster (2012), participants will be asked to identify which of the responses they have used following being a victim of patient displays of stalking. The majority of the responses are identical to those used in the previous study, however, the 'get a gun' option will be removed from the present study as it is not very applicable to something which is readily available in British society. There will also be an additional option in each subcategory, to allow the participant to express any other behaviours which exist outside of the predetermined behaviours (see Appendix G).

Burnout

The final measure is on the issue of burnout. The 16-Item Oldenburg Burnout Inventory (OLBI) will be used to assess how burnt out each of the mental health workers are, by identifying their level of exhaustion and engagement with their work (Demerouti et al., 2003). This measure in particular was chosen because it is a validated measure of burnout for use on healthcare workers and it is suitable because the wording of the statements is both positive and negative (Halbesleben & Demerouti, 2005). Further, the OLBI explores burnout on the two dimensions of exhaustion and engagement, along with the use of positively and negatively worded items, which provides a thorough exploration of burnout experiences (Demerouti, Mostert et al., 2010). This, therefore, allows for the full definition mentioned previously to be explored in terms of looking into levels of engagement with work environment and associated exhaustion which may be present (Maslach et al., 2001). (see Appendix H).

Analytical Methods

A multiple linear regression will be carried out using SPSS, to assess the quantitative data gathered in the study. This will reveal the extent to which burnout can be predicted by the stalking behaviours experienced along with the methods the individual used to respond following incidents of stalking, among mental health care workers.

Online Survey Tool

Jisc Online Survey tool will be used to develop the questionnaire and each participant will complete the questionnaire online using this tool. All data from this online tool is stored in the Amazon Web Services and the data is transferred from the survey to the database via “secure, encrypted, connections” (Online

Surveys Security, 2020). This website also points out that the data is sent by SSL encrypted connections which ensures that all sensitive information is transferred securely by this encrypted link between the web server and the browser.

Estimated Timescale

Following the submission of the proposal to ethics, it is hoped that data collection will begin immediately after ethical approval has been granted. The link to the questionnaire will then be live for responses for approximately three weeks.

Ethical Considerations

Anonymity

Anonymity will firstly be ensured by not asking any participants for their names so that their responses cannot be traced back to them, personally. Further, the potentially identifiable information in the data collection process will not be connected in data analysis to any specific sets of responses to the questions. Instead, they will be used simply in averages and frequencies of the demographic information, job titles and services which the participants may operate within. Further, participants have the option to refuse to respond to any of the questions if they feel they may be too personal and invasive.

Confidentiality

Confidentiality of information will be ensured by storing all data on a password protected file meaning that any potentially identifiable information will not be accessed by anyone other than the researcher.

Voluntary Participation

Any aspects of coercion will be eliminated by making it explicit to all potential participants that they only volunteer to take part and are under no

obligation to do so. The participants will also be asked to create a personal identification code as part of first section of the questionnaire, which allows them to withdraw their data by contacting the researcher after they have completed and submitted their response. By sending their personal ID code to the researcher, all information in relation to the specific response will be removed from the analysis process. Moreover, the advert for the research project which the participants will receive will be entirely factual and explain only the necessary details of the study, with no responsibility or pressure put on them.

Risk of Emotional and Physical Harm

Physical harm in this study will be at an absolute minimum because this concept does not require the use of any physical exertion. There is a, however, a risk of emotional harm. Specifically, the exploration of intrusive stalking behaviours may trigger some people involved to think in depth about their past experiences which may be distressing to them. Therefore, it will be made clear before and after the study that they can withdraw or decline to proceed with any further questions by exiting the questionnaire. Furthermore, the data collected is all quantitative so does not require anyone to think in depth about any specific events, which will minimise any re-traumatisation about potential stalking incidents. All participants will also be given a variety of contact details for websites surrounding the concepts of stalking and burnout so that if they are affected, they can get in touch with specialist people on these sensitive topics.

Deception

Due to the nature of the research and to avoid any priming effects, the use of the word ‘stalking’ throughout the questionnaire has not been included because the concept is very loaded and is subject to interpretation. However, confirmation about the topic of interest is included in the study debrief when the

aims surrounding stalking experiences will be revealed to the participants. At this point, participants will still be able to withdraw their data from the research if they are not completely satisfied with the aims of the research and would prefer to not be involved in any analysis.

Ethics Application Form

Full Project Title

Mental Health Staff Members' Experiences of Patient Displays of Stalking: The consequent Responses and the Impact on Burnout.

Short Title

The Impacts of Patient Displays of Stalking on Mental Health Staff Members.

Names, Qualifications, Job Title, School/Divisional/Unit/Address, email of all Researchers:

Chief Academic/Supervisor

Dr Shihning Chou-Registered Practitioner Psychologist (Forensic)

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Students Name and Course

Lauren Ward-MSc (Research) Forensic and Criminological Psychology

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Type of Project

Questionnaire study collecting quantitative data.

Location of study

Online.

Description and Number of Participants to be Studied

The sample will consist of approximately 98 people over the age of 18 years old who work within a mental health setting, either on a hospital ward or in the community. The only selection criteria is that they must have regular patient or service user contact, defined by interaction on a daily basis as part of their job.

Summary of Experimental Protocol

Background

Stalking is a crime which has been researched among mental health professionals. Psychologists and psychiatrists in particular are potentially vulnerable due to the formation of therapeutic relationships with clients which may be misunderstood and lead to incidents, such as stalking (Galeazzi et al., 2005). Research on this topic has revealed that between six and 11 percent of mental health professionals had been stalked by a patient in the past (Carr et al., 2014). Due to such occurrences, it has been advised that research should look into how stalking is managed by victims in this line of work and how they respond, because it can have effects on the individuals lives (Ashmore et al., 2006). For example, nearly a third of people reported to have lost wages due stalking victimisation (Victim's Voices Survey, 2017). In relation to this, people lose wages due to work absence, which often occurs as a result of burnout (Salvagioni et al., 2017). This points out the potential of a relationship between stalking and burnout as the lost wages following stalking victimisation may occur

due to burnout. Burnout is a phenomenon experienced across a variety of settings, in particular relation to mental health staff it has been reported between 21-67% of staff members across a variety of job titles (Morse et al., 2011). Therefore, it seems appropriate to assess the relation between presence of stalking, the ways they responded, and reported burnout.

Aims

The aim of the research is to assess how staff members in mental health settings burnout levels can be predicted by patient displays of stalking and the consequent methods of response. It is hypothesised that the burnout levels would be higher among the staff members who had both been a victim of stalking and utilised fewer or less successful response methods.

Research Protocol and Methods

An online questionnaire method will be used, which will gather quantitative data. After the ethical procedures of the participants being giving information about the study and gathering consent from the participant, they will first be asked for some general demographic information and background to their job.

The first section will gather information about stalking behaviours which the staff members have been a victim of. There are 14 specific items which the participants are required to select if they have experienced them and these behaviours were taken from research by Clarke et al. (2016).

Following the identification of stalking behaviours, the staff members will be asked to identify responses they have utilised in relation to their experience of stalking. There are five different categories of behaviours, each of which have a selection of specific behaviours. The categories were: change daily activities,

take protective measures, enlist the help of others, move, and report to the police, all of which were used by Ngo and Paternoster (2012) in their research.

The final section will measure burnout levels among the participants by looking into levels of exhaustion and engagement in relation to work. The measure for this concept will be the 16-item Oldenburg Burnout Inventory (OLBI) which has been used by Halbesleben and Demerouti (2005), and was specifically chosen due to it being a validated measure of burnout which uses positively and negatively worded statements.

Measurable End Points and Statistical Power

This is a multiple linear regression study where the outcome variable will be burnout levels, which will be predicted by one measure of stalking behaviours and five measures of method of response. The sample size was determined by G*Power which decided that a suitable sample size would be 98 participants. This was calculated based on the assumptions of an alpha of .05, a power of .80 and a small effect size. This small effect size of .15 was decided up on based on research investigating responses to stalking (Björklund et al., 2010).

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Lay Summary of Project

This study will assess any experiences staff members may have of being a target of patient displays of stalking behaviours in a mental health setting, either in a hospital or in the community. These staff members will volunteer to take part in the study by responding to an online advert if they are over the age of 18 and have contact with patients on a daily basis. After the participants have identified the stalking behaviours they have been a victim of, they will then be asked to disclose how they responded to the experience of the behaviours they have pointed out. Finally, they will answer a 16-item questionnaire about their levels of workplace related exhaustion and their levels of engagement with their job. This will allow the assessment of overall burnout to be established in relation to potential stalking victimisation incidents and the success of those responses which have been utilised. The association between stalking, response method and burnout will be assessed by looking into how far each of the components statistically correlate with each other.

Extra Study Information

Will written consent be obtained from all volunteers?

Consent will be gathered as part of the online questionnaire before they continue with the questions. This section will ask participants to read a set of statements and then press 'next' if they are in agreement.

Will an inconvenience allowance be offered?

No but the study will take only approximately ten minutes to complete.

Funding

None is required.

Studies involving NHS Staff, organisations, Services

This study will not directly be recruiting through NHS organisations, however, there exists the potential that staff members within the NHS may respond to the advert on the internet.

How will the subjects be chosen?

The subjects will volunteer to take part if they are over the age of 18 years old and work in a mental health setting, this may be in the community or in a hospital environment. The other criteria is that they must have regular patient or service user contact which is defined by interaction on a daily basis as part of their job, regardless of their job title.

Describe how possible participants will be approached

Participants will be approached via social media and online adverts through a variety of avenues. This may be on LinkedIn, the Institute of Mental Health Twitter, Call for Participants and other sources which will be confirmed once they have been approved by external sources.

What sources of information will be included? i.e, pre-existing research database, student records, visits to other organisation, online resource

None.

Whose permission will be sought to access this information (eg GP, consultant Head of Organisation)?

None.

Data Storage and Data management

The questionnaire will be created and distributed online via the Jisc Online Survey tool which stores all data in the Amazon Web Services. The online survey website transfers all sensitive information by SSL encrypted connections to ensure that there is an encrypted link from the website to the browser. Data from this tool will be stored on a password protected file which can only be accessed by the researcher.

What ethical problems do you foresee in this project*?*

One of the ethical problems is that the concept of stalking is a sensitive issue which has the potential of causing distress among the participants. To limit the occurrence of this, participants will only be asked to respond with how much they agree with each of the statements so it would not require any specific reflection or elaboration on events and incidents which may have occurred which will limit any re-traumatisation.

Another ethical issue is that there is an element of deception which is taking place as the concept of 'stalking' is not mentioned until the debrief. Instead, these behaviours are referred to as intrusive and unwanted behaviours to minimise any priming effects by using stalking, because it is such a loaded term. However, the aims, including the concept of stalking, are confirmed as part of the debrief so the deception only remains through the data collection process.

What are the possible limitations of the proposed design of this study?

One of the main limitations is the previously mentioned ethical considerations, however, as much is being done as possible to limit any of the effects.

Another limitation of the design is that it requires the participants to be open and honest about both, their experiences of stalking, responses and their agreement levels with the exhaustion and engagement statements. If the participants have an element of embarrassment about incidents they have experienced, or how they responded to them, they have the potential to not tell the truth.

A final limitation is that it does not allow the participants to expand on any of their answers, however, this has been done deliberately in order to limit any distress and re-traumatisation about their potential experiences.

DECLARATION: I will inform the Medical School Ethics Committee as soon as I hear the outcome of any application for funding for the proposed project and/or if there are any significant changes to this proposal. I have read the notes to the investigators and clearly understand my obligations as to the rights, welfare and dignity of the subjects to be studied, particularly with regard to the giving of information and the obtaining of consent.

Signature of Lead Investigator: **Date:**

Student Signature:  **Date:** 17/02/2020

Name and address for correspondence with applicant:

Lauren Ward

Please submit your completed application to:

Administrative Support

Faculty of Medicine & Health Sciences Research Ethics Committee

c/o Faculty PVC Office

B Floor, Medical School (nr Bridge)

QMC Campus, Nottingham University Hospitals

Nottingham

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e-mail: louise.sabir@nottingham.ac.uk

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Ethics Approval Letter

University of Nottingham
UK | CHINA | MALAYSIA

Faculty of Medicine & Health Sciences
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29 April 2020

Ms Lauren Ward
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Associate Professor
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Dear Ms Ward

Ethics Reference No: 519-2003 **– please always quote**	
Study Title: Mental Health Staff's Experiences of Patient Displays of Stalking: The consequent Responses and the Impact on Burnout.	
Chief Investigator/Supervisor: Dr Shihning Chou, Associate Professor, Centre for Forensic and Family Psychology, Division of Psychiatry and Applied Psychology, School of Medicine	
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Thank you for submitting the above application and the following documents were received:

- FMHS REC Application form and supporting documents version 1.0: 17.02.2020

These have been reviewed and are satisfactory and the project has been given a favourable opinion.

A favourable opinion has been given on the understanding that:

1. The protocol agreed is followed and the Committee is informed of any changes using a notice of amendment form (please request a form).
2. The Chair is informed of any serious or unexpected event.
3. An End of Project Progress Report is completed and returned when the study has finished (Please request a form).

Yours sincerely

Dr John Williams, Associate Professor in Anaesthesia and Pain Medicine
Chair, Faculty of Medicine & Health Sciences Research Ethics Committee

Patient Displays of Stalking in Mental Health Settings: Staff Member Experiences, Responses and Burnout

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The study aimed to explore experiences mental health employees have of stalking by service users, the responses utilised to these incidents, and the impact this had on burnout. This research was justified by previous indications that stalking, and burnout are prevalent in mental health services. Previous research has advised that the effectiveness of stalking responses in these settings should be assessed. Stalking was was found to have separate positive correlations with burnout and emotional exhaustion, however, only the correlation with emotional exhaustion was significant. Moreover, while there was a difference in the relationship stalking had with burnout between the two responder groups, this interaction was not significant. This previously unexplored combination of concepts was valuable and recommendations for future research could be offered. The limited variance in burnout accounted for by stalking revealed that alternative precursors should be explored in future.

Key Words

Burnout, Stalking, Emotional Exhaustion, Stalking Responses

Practitioner Points

- Mental health employees are subject to various patient displays of stalking, which impacts their emotional exhaustion.

- Whilst results were not wholly significant, it is necessary for organisations to offer advice for how employees should respond to being stalked by patients.

Stalking was criminalised in the United Kingdom in 2012, whereby the Protection of Freedom Act recognised it as the perpetration of behaviours involving: forced contact, following, or spying on another person (The Crown Prosecution Service, 2018). Previously, stalking was considered under the Protection from Harassment Act (1997), whereas cases are now judged by specific behaviours, the collective experience, and impact on the victim (The Crown Prosecution Service, 2018). Legal classifications are usually used as there are disagreements surrounding the specifics of stalking behaviours (Shorey et al., 2015). Stalking is a crime characterised by persistence and eliciting anxiety or apprehension among victims (Cupach & Spitzberg, 2014). The Crime Survey for England and Wales revealed 15.5% of people had been stalked at some point since their 16th birthday (Office for National Statistics, 2019). However, stalking statistics should be considered cautiously due to the perceived underestimation and underreporting of the crime (Paladin National Stalking Advocacy Service, 2020).

One should also be mindful of healthcare statistics on stalking; despite its undoubted criminal nature, it is likely that many incidents in these environments go unreported (Pathé et al., 2002). Nonetheless, healthcare statistics demonstrate an inflation in cases which has been explored in specific mental health job roles. In a large study of psychiatrists, stalking was reported by 21% of a the sample, and in a separate study, 20% of mental health nurses disclosed victimisation (Ashmore et al., 2006; McIvor et al., 2008). Furthermore, psychologists who care for patients in secure hospitals are twice as likely to be stalked than those in standard mental health settings (Kivisto et al., 2015).

Sexual comments and threats being made are commonly perpetrated stalking behaviours which are perceived by staff members as ways in which service users aim to control employees or gain power (Clarke et al., 2016). These behaviours can impact the home and work life of mental health employees. Some report taking time off work, asking for workplace security protection, and restrict access to their personal details, as a result of stalking by patients (McIvor, Potter et al., 2008). Heightened stress and anxiety are just some of the personal consequences reported by mental health employee victims of patient displayed stalking (Jones & Sheridan, 2009). The impact stalking has on employee mental wellbeing inspired the present research to investigate the effect on burnout specifically.

Burnout is also common among mental health employees (Morse et al., 2011). It is defined as extreme and prolonged job stress, marked by emotional exhaustion, depersonalisation, and lacking feelings of personal accomplishment (Rossi et al., 2006). Rossi et al. (2006) defined emotional exhaustion as being drained of internal resources, which may lead to depersonalisation; defined as detachment and feeling cynical about the job. Burnout is commonly measured by the Maslach Burnout Inventory; a 22-item questionnaire whereby responses seek a selection on a seven-point scale of experience frequency (Maslach, Jackson et al., 1996). An alternative measure, validated for use in the healthcare sector, is the Oldenburg Burnout Inventory (OLBI) which uses positively and negatively worded items to gain a whole understanding of burnout (Demerouti & Bakker, 2008).

Precursors to burnout vary in prevalence depending on job role and environment. Maslach and Jackson (1982) acknowledged that elevated levels of involvement with service recipients, for instance employees being stalked by

mental health patients, can trigger heightened emotional exhaustion. The Job Demands-Resources Model of burnout states that exhaustion results from excessive demands, while insufficient resources lead to detachment; a combination of these may cause burnout (Demerouti, Bakker, Nachreiner et al., 2001). Stalking by patients fits into this framework; it is a demand of the job for some employees and there are limited resources, namely support and means of stopping these incidents, which leads to burnout potential.

The present study proposed service user stalking as a possible risk factor for burnout among mental health workers, whom are commonly affected by both matters (McIvor et al., 2008; Morse et al., 2011). There is limited research on this concept combination, however, both burnout and stalking separately relate to workplace absence (Salvagioni et al., 2017; Victim's Voices Survey, 2017). Further, the client-employee therapeutic relationship can separately cause stalking victimisation and burnout (Galeazzi et al., 2005; Rosenberg & Pace, 2006). Past research on mental health nurses has recommended research to focus on the impact stalking has on victims and assess the effectiveness of responses in this line of work (Ashmore et al., 2006). Thus, this research could be valuable as it allows for a potential link between stalking, responses to such incidents, and workplace burnout to be explored.

Background and Research Questions

Stalking Occurrences in Mental Health Settings

Employees in mental health services are specifically prone to stalking victimisation in their personal and work life. Approximately half of the reported work-related stalking incidents in a mental health setting were perpetrated by patients (Hughes et al., 2007). This prevalence could be attributed to the mental

state of some patients triggering this stalking presentation (Mullen et al., 2006). Additionally, the therapeutic relationship can increase the likelihood of stalking, as clients, whom might have attachment difficulties and susceptibility to loneliness, could misinterpret the rapport established (Galeazzi et al., 2005). Furthermore, stalking of mental health staff members can last for up to years, whereby they may receive telephone calls, letters or emails, be falsely accused in some way, or receive gifts, from a patient (McIvor et al., 2008; Pathé & Reid Meloy, 2013).

Consequences of stalking for the victim can manifest economically, psychologically, socially or physically (Dutton & Winstead, 2010). The victim's employment can be affected; an investigation revealed 32% of individuals lost wages due to leaving a job, changing career or being on sick leave, directly resulting due to stalking in their lives (Victim's Voices Survey, 2017). The perpetration of stalking by people unrelated to the victim's workplace, such as a former partner, is the source of workplace interruptions for some (Abrams & Robinson, 2002). Naturally, stalking originating from within one's workplace also has its consequences, specifically, when patients stalk mental health care providers, there is a personal conflict for the employee between their duty of care and their own safety (Carr et al., 2014). Mental health nurses have reported feeling fearful, stressed, helpless and uneasy following victimisation of patient-perpetrated stalking (Ashmore et al., 2006). The possibility that patients may stalk mental health staff members poses the necessity for employees to be mindful of the danger some service users may pose (Gentile et al., 2002).

Mental health employees may have difficulty responding to stalking because their means of response may not be entirely effective, resulting in a potential sense of helplessness (Geistmanet al., 2012). Nonetheless, attempts are made

to respond, some ignore the problem at hand, while others attempt to end any contact with the patient (Abrams & Robinson, 2002). Protective measures are taken by some victims, these include altering daily routines, increasing overall security, moving house or refraining from leaving their own home, and reporting to the police (Whyte et al., 2011). The necessity for victims to respond to stalking by patients indicates self-protection to limit lasting impacts on their safety and wellbeing. Clarke et al (2016) advised that the effectiveness of stalking responses should be assessed, therefore, was proposed as a potential moderator for the relationship between stalking and burnout in the present study.

Mental Health Employee Experiences of Burnout

Burnout rates seem particularly high in mental health services; there is arguably little consideration for the mental wellbeing of employees, despite their involvement in caring for others who have difficulties with their mental health (Morse et al., 2011). Research by Morse et al. (2011) revealed that, across a range of studies, between 21% and 67% of staff members in mental health settings experienced burnout. Occupational therapists and nurse's burnout rates are particularly high; 54% of employees in these job roles reported elevated levels, specifically for emotional exhaustion (Oddie & Ousley, 2007). The burnout experience could be caused by the challenging nature of staff, patient and family contact, swiftly consuming emotional resources (Rössler, 2012).

Burnout susceptibility is often higher in these settings due to a combination of features of the job, and personal employee characteristics (McCormack et al., 2018). Burnout development arguably increases with the duration in mental health service employment, which specifically impacts upon emotional exhaustion, firstly, and depersonalisation as a result of consumed emotions

(Sofology, et al., 2018). However, contrary research found that younger, less experienced mental health professionals are more susceptible to being burnt out (Lim et al., 2010). Thus, highlighting inconsistences in personal characteristics which increase vulnerability to burnout; suggesting that susceptibility may instead be due to environmental features. Job insecurities, clashes with management, struggling with the nature of the job, and violent or criminal service user characteristics are some aspects of mental health services which associate with burnout among nurses specifically (Taylor & Barling, 2004). This stresses just some potential triggers for burnout in mental health services.

Consequences of burnout occur at various levels within mental health organisations. Members of staff who are burnt out may compromise the relationship with their clients; burnout is related with having a negative outlook, meaning employees are unhelpful to those in their care or, to an extent, reject them (Holmqvist & Jeanneau, 2006). Burnout among mental health employees impacts the organisation itself; half of the employees in one study considered quitting their job, while some other outcomes include absenteeism, reduced job satisfaction and low mood (Acker, 2011; Morse et al., 2011). There is a necessity for burnout to be addressed at an organisational level, to aid the recovery from or resistance to burnout among employees within each service (Morse et al., 2011). Furthermore, specific features of these settings, which positively correlate with burnout, should be explored too.

Aims and Research Questions

The aim of this research was to investigate the experiences mental health workers have of stalking victimisation when displayed by patients, along with how they respond to these occurrences. Stalking was then assessed as a predictor of burnout generally, and in its two dimensions of emotional

exhaustion and disengagement. Finally, the involvement of responses utilised to stalking was considered in the relationship between stalking victimisation and overall burnout. There were three key research questions which were explored:

Research Question One. What types of stalking behaviours are commonly displayed by patients to staff members operating within mental health services?

Research Question Two. What responses have been utilised by members of staff who have been a victim of stalking?

Research Question Three. How do work-related stalking experiences correlate with burnout levels reported by staff members and how do responses to these incidents moderate this relationship?

Method

Participants

Recruitment

The eligibility criteria were that participants must be 18 years old or over and work in a daily patient contact role in a mental health setting. These criteria were outlined to attract potential participants via social media advertisements, the platforms utilised were: Twitter, LinkedIn and Facebook. A brief study introduction and questionnaire link were posted on both personal, and mental health focussed social media accounts, including the "Institute of Mental Health" and "DForenPsy Nottingham" Twitter profiles, and in the closed Facebook group "Assistant Psychologists UK". All social media avenues utilised assisted the study to reach the desired population as people following these pages often have an interest in mental health or are employed in job roles in the sector. This enabled a snowball sampling recruitment method; some of the audience, specifically on

LinkedIn, shared the link on their accounts, thus, increasing the number of people it reached.

Sample Characteristics

A power calculation, based on a linear regression, determined that the desired sample size was 98 participants. There were 110 questionnaire responses. Seven incomplete responses or outliers were removed as their consent was not assumed if their response was incomplete. Consequently, 103 responses, from individuals whom met the eligibility criteria, remained for analysis. There were 94 female and 9 male participants, and the mean age was 28.42 years old (SD=7.18). Participants disclosed their ethnicity as follows: 90 White, three European, two White and Black Caribbean, two Pakistani, two British Indian, one Arab, one Black African, one Asian and one person chose not to disclose. The length of service ranged from less than one year to 32 years (M=3.94, SD=4.65), 64 participants cared for a mixture of genders, while 26 worked in male patient only services and 12 worked with only female patients, one person did not disclose this information. The settings the participants operated within included: Rehabilitation, Secure Services, Adult Mental Health, Community, Child and Adolescent Mental Health Services, Supported Living and various others. There was also a selection of job title categories, namely, 37 Healthcare Support Workers, 30 Trainee or Assistant Psychologists, 12 Qualified Psychologists, five Recovery Workers and the remaining 19 were employed in several other job roles.

Measures

Stalking Behaviours

Research by Clarke et al. (2016) revealed behaviours associated with stalking or harassment episodes among mental health employees in patient contact

roles, therefore, this measure was justifiably selected for use in the present study. It was previously utilised in a similar sample, indicating its validation for use to measure stalking behaviours experienced in mental health services. Furthermore, the list of behaviours is easily understood and not open to interpretation, ensuring objectivity. All 14 behaviours from the mentioned study were options for selection, along with an 'other' category to allowed for additional behaviours outside of the determined categories to be disclosed (see Appendix F).

Stalking Responses

Stalking responses were measured by similar categories to those used in research by Ngo and Paternoster (2012). Most response options remained identical to those utilised previously, however, the 'get a gun' option was removed as it is seemingly inapplicable due to the general unavailability in British society. An 'other' response option was added to each category to allow the expression of behaviours existing outside of those predetermined, additionally there was a 'no action taken' option (see Appendix G). While not specifically validated for use among mental health employees, this measure was chosen because it covers a breadth of possible stalking responses; the necessary alterations allow for personal, workplace specific, additions.

Burnout

Burnout, and the two subcategories of emotional exhaustion and disengagement, were measured by the 16-item OLBI (Demerouti, Bakker, et al., 2003). Participants were asked to indicate their level of agreement with each item from four options: strongly agree, agree, disagree and strongly disagree. The measure was selected as it provided a holistic measure of burnout; the items used both positive and negative wording to explore the experience of

burnout generally, and on two dimensions, whilst being a validated measure for use among healthcare workers (Demerouti, Mostert et al., 2010; Halbesleben & Demerouti, 2005). It allowed for the full definition to be investigated, as disengagement and exhaustion levels were determined, in addition to total burnout (Maslach, Schaufeli et al., 2001) (see Appendix H).

Procedure

Those who responded to the social media advertisement by opening the Jisc Online Surveys link were introduced to the topic and aims of the study. Following the study brief, and prior to commencing with the questions, participants were asked for their formal consent to being involved in the research.

Firstly, the respondents were asked to create a personal identification code which allowed for anonymous data withdrawal post completion of the study. Next, some demographic information was sought, namely their: age, gender, ethnicity, job title, service they work in, length of service and gender of the service users. Next, participants were asked to select stalking behaviours which patients have displayed towards them, followed by stipulating any responses they had; both sets of questions consisted of predetermined behavioural responses. The final set of questions measured their experience of burnout. A debrief then concluded data collection; research aims were revealed, and useful contacts were given in case any of the participants were affected by any of the themes of the research.

Statistical Analysis

Three separate linear regressions were conducted using SPSS, this assessed the extent to which burnout, and the two separate dimensions of emotional exhaustion and disengagement, could individually be predicted by the

stalking behaviours experienced. Additionally, responses to these stalking behaviours was assessed as a potential moderator to this relationship.

Ethical Considerations

Various ethical concerns were explored and mitigated in the research planning process. Anonymity was ensured by not asking for participants' names and guaranteeing all potentially identifiable demographic details were used simply for frequencies and averages. Participation was entirely voluntary, and this was reinforced throughout the study, whereby they could exit the questionnaire at any time, furthermore, there was no initial pressure put on the target population to complete the study.

The main topic of stalking posed a risk of distress, as it may trigger some people to ruminate on their past experiences. There were continual reminders of voluntary withdrawal throughout, and only quantitative responses were collected, so in-depth consideration of stalking experiences was not required, this minimised risk of emotional harm or re-traumatisation. The final page of the study detailed some companies specialising in the potentially sensitive topics covered, whom participants could contact where desired.

The concept of 'stalking' is seemingly loaded and subject to interpretation; throughout the questionnaires these were instead referred to as 'intrusive behaviours', resulting in an element of deception. However, on conclusion of the study the true aims and specific concepts were confirmed to all involved; if they were not satisfied, they would still at this point be able to withdraw their responses.

Results

Descriptive Statistics

Out of the total of 15 stalking behaviours, the maximum number experienced was nine (M=3.71, SD=1.95), with 100 out of the 103 participants experiencing at least one stalking behaviour. Table 1 indicates the number of participants who disclosed victimisation of each stalking behaviour. Some behaviours reported in the 'other category' included: spitting, physical violence during clinical contact, asking personal faith-related questions, friend request sent on social media and patient exposing genitals.

Table 1

Number of Participants who Disclosed each Stalking Behaviour

Stalking Behaviour	Frequency
Made sexual comments about you	78
Made direct or indirect threats towards you or those close to you	75
Touched or grabbed you	71
Made reference to knowing where you live and/or contacted colleagues to find your whereabouts	25
Made false accusations, spread rumours about you or attacked your professional reputation	28
Asked you out	33
Hinted or boasted of information they have gained about you	27
Sent you unwanted letters/ emails/ notes without appropriate cause	17
Made unwanted phone calls, silent calls, sent unwanted text messages or left repeated messages on your answering machine	5

Followed you, repeatedly approached you outside work or loitered outside your workplace/ home	5
Left unwanted items for you to find	4
Been physically and/or sexually violent towards you outside clinical contact	5
Written graffiti about you	3
Broken into your home or workplace and/ or stolen any of your possessions	1
Other	13

There was a range from zero to ten total stalking behaviour responses utilised across the five different categories (M=2.09, SD=1.85). Table 2 depicts the descriptive statistics of each category of response. There was a selection of additional behaviours disclosed in the "other" section of each category, these included: limited or stopped patient contact, reinforced boundaries, changed social media settings and sought supervision. Additionally, 11 participants disclosed that they had reported a patient to the police for stalking behaviours they had perpetrated in the last 12 months. The median number of responses was two, this was the decided cut-off for the two groups of responders, namely "non-responders" (N=44) who utilised either one or zero response methods, and "responders" (N=59) who used two or more.

Table 2

Descriptive Statistics of the Four Stalking Response Categories

Response Category	Mean	Standard Deviation	Minimum	Maximum
Changed Daily Activities	.43	.72	0	3
Took Protective Measures	.32	.60	0	3

Enlisted Help from Others	1.22	1.08	0	5
Moved	.01	.10	0	1

The maximum potential burnout score was 64 and each of the two dimensions were scored out of a possible 32, whereby a low score indicated someone being less burnt out, and vice versa. See Table 3 for the descriptive statistics summary of the burnout scores.

Table 3

Descriptive Statistics of the Burnout Total and Different Dimensions

Burnout Dimension	Mean	Standard Deviation	Minimum	Maximum
Total	36.59	6.13	19	55
Emotional Exhaustion	20.25	3.33	11	27
Disengagement	16.34	3.69	8	28

Linear Regression

The association between the number of stalking behaviours experienced, and burnout total, exhaustion and disengagement scores were considered separately; this suggested that the assumptions of a linear regression, firstly, needed assessing. Scatterplots indicated that there was no evidence of a nonlinear relationship between stalking and the burnout total, or the two subtotals, and that the spread of the residuals stayed largely the same as the stalking behaviour total value changed. Additionally, histograms in all three cases demonstrated approximate normal distributions of the scores and the residuals of each total of stalking behaviours. The assumption of independent errors was also met because, as advised by Field (2013), the value was no less

than one or more than three (Durbin-Watson statistic=1.70). Finally, collinearity tests revealed there were no concerns surrounding multicollinearity as the tolerance was more than .1 and VIF was no higher than 10 (Tolerance=1, VIF=1). The tests of these assumptions determined that linear regressions would be suitable statistical tests.

The first linear regression was conducted to predict mental health staff members' burnout score based on the total stalking behaviours reported, which was found to have a weak positive correlation, approaching significance ($r(103)=.19$, $p=.051$). The regression equation predicted 2.8% of the variance in total burnout and this model was borderline significant ($F(1,101)=3.91$, $p=.051$). Furthermore, there was a borderline significant, positive relationship between stalking behaviours and burnout ($\beta=.61$, $p=.051$, 95% CI [-.002, 1.21]). Therefore, there is evidence to suggest a weak positive association between mental health employee experiences of patient displays of stalking and their overall burnout, however, due to the significance level, this should be approached with caution.

Next, the association stalking victimisation had with the two burnout dimensions was assessed. There was a positive significant correlation between stalking victimisation and emotional exhaustion ($r(103)=.22$, $p=.029$), but the correlation between stalking and disengagement was not significant ($r(103)=.13$, $p=.20$). The separate regression equations accounted 3.7% of the variance in emotional exhaustion and .6% of the variance in disengagement. The model for emotional exhaustion was significant ($F(1,101)=4.88$, $p=.029$) and revealed that there was a significant positive relationship between stalking experiences and emotional exhaustion ($\beta=.37$, $p=.029$, 95% CI [.037, .695]). However, the model for disengagement was not significant ($F(1,101)=1.65$,

p=.202) and it revealed a non-significant relationship between stalking experiences and disengagement (β=.24, p=.202, 95% CI [-.13, .61]).

Interaction Effects

The borderline significant association between stalking experiences and total burnout scores prompted the exploration of the difference in this relationship depending on the response group. This was done by completing separate linear regressions for the responders and non-responders. There was a stronger positive association between stalking and burnout among the responders (β=.75, p=.102, 95% CI [-.16, 1.66]) than the non-responders (β=-.26, p=.636, 95% CI [-1.34, .83]). This could be explained by the higher average number of stalking behaviours disclosed among the responders (M=4.52, SD=1.73) than the non-responders (M=2.61, SD=1.70). Admittedly, neither of the regressions were significant; this could be down to the splitting of the data set which naturally reduces the power of the relationship as the sample sizes in each group are smaller.

The final test assessed whether the observed difference in the association between stalking and burnout among the two responder groups was significant, and consequently decide whether an interaction took place between stalking and responses. This was done by running a multiple linear regression with an interaction between stalking and responses, this was found to not be significant ($F(1,99)=2.06$, p=.15). Therefore, while there was a difference in the relationship between stalking behaviours and burnout for the two responder groups, this was not a statistically significant interaction effect for this sample of mental health staff members.

Discussion

The present study revealed that some frequently experienced stalking behaviours include being the target of sexual comments or threats and being touched or grabbed by patients. Additionally, while to a lesser extent, some participants did reveal victimisation of some more serious stalking behaviours whereby patients have followed, been physically or sexually violent, stolen possessions, or broken into the home or workplace of staff members. In response to stalking, participants most often enlisted the help of others, followed by taking protective measures and changing daily activates, while some deemed their victimisation serious enough to involve the police.

The relationships between stalking and emotional exhaustion was significant and positive, while between stalking and burnout it remained positive but was only borderline significant. However, only a small variance in all burnout scores was accounted for by stalking. This indicates that other, more serious events in mental health services may trigger burnout, for example, violence, or fear thereof, has previously been identified as a cause of burnout for psychiatrists (Deahl & Turner, 1997). Finally, although the interaction effect was not significant, the response group variable appeared to somewhat moderate the relationship between stalking and burnout. However, the small sample size did not allow for a true interaction effect to be revealed so this notion cannot be wholly supported.

Theoretical Implications

The present study adds to the understanding that jobs in the mental health sector are emotionally demanding by nature (Rössler, 2012). It verifies the standpoint of the Job Demands-Resources Model of burnout, as it highlighted another demand on mental health workers (Demerouti, Bakker, Nachreiner et

al., 2001). This was acknowledged by Hughes et al. (2007) who pointed out that half of the healthcare sector stalking incidents were perpetrated by patients. The present study further amplified this trend; all except three of the mental health employees reported being a target of a minimum of one patient displayed stalking behaviour. While burnout was almost significantly related with stalking, there was a greater, more significant relationship between stalking and the emotional exhaustion. This indicates that stalking by patients, in the context of research by Rössler (2012), inflicts emotional exhaustion as it is a challenging interaction mental health workers are exposed to. Thus, linking to the mentioned Job Demands-Resources model; stalking is undoubtedly a demand of the job which somewhat contributes to levels of burnout, but more specifically, emotional exhaustion.

Seemingly relevant to the mentioned theory is also the use of responses to stalking, which may be an example of a resource in the Job Demands-Resources model of burnout (Demerouti, Bakker, Nachreiner et al., 2001). Although there was not a significant interaction effect between stalking experiences and responses, this should not be ruled out; the findings could be due to the sample being too limited to allow for significant findings to be revealed. This issue of the sample is to be addressed later in the discussion. Nonetheless, responses are hypothetically considered as a necessary resource to mental health workers. The most commonly used resource was enlisting the help of others, which may involve seeking out a workplace support system. Social support, namely having the assistance from colleagues or support in one's home life, has been acknowledged as a resource which could risk or protect from burnout (Neveu, 2006). Hence, while the present finding indicated that stalking responses did not have a significant role in burnout, alongside job demands,

they may in fact contribute (Demerouti, Bakker, Nachreiner et al., 2001). This further emphasises that, theoretically, responses could be considered as a moderator for the stalking and burnout relationship, in future research.

Practical Implications

Meaningful practical implications have arisen for the workplace of mental health employees. The present study devoted necessary consideration to the risk stalking poses to mental health staff members, which has previously received limited recognition (McIvor & Petch, 2006). More precisely, it expands on suggestions made by Taylor and Barling (2004), by highlighting stalking as a specific criminal characteristics of service users which increase burnout susceptibility among employees. Stalking by patients is not something which should be ignored as it could potentially result in burnout, or perhaps to a greater extent, emotional exhaustion. The high rate of victimisation indicates an importance of this triggering incident being addressed in the workplace.

While there could be some value in educating patients on the criminal and destructive nature of stalking, their mental state may make it difficult to alter their mindset on their urges to potentially carry out these stalking behaviours (Mullen et al., 2006). It may instead be better received for staff members to be educated on how to respond to and overcome such victimisation, to minimise any consequences. Forty-four participants in the sample either did not respond or used only one method of response to stalking behaviours, reinforcing that these workers may chose to ignore or not register their victimisation (Abrams & Robinson, 2002). This could be counterproductive because by prioritising their patient's wellbeing and rapport, they could damage their own mental wellbeing, consequently risking burnout development. This connection is proposed with caution due to the limited statistical significance in this trend; nonetheless, some

changes to addressing stalking in mental health services are necessary. It may not be straightforward but, organisations should educate staff members on the criminal nature of stalking so that it can be recognised, and response methods can be advised and encouraged.

Strengths, Limitations and Future Research Directions

There are some key strengths of the study. The sample allowed for stalking to be considered across a variety of job titles within the field of mental health, rather than in the past where single professions, such as psychiatrists or nurses, have been considered in isolation (McIvor et al., 2008; Oddie & Ousley, 2007). Whilst a sole focus on one profession is valuable, the present study allowed for stalking to be assessed in the context of different job roles. A future avenue for research could be to assess stalking based upon the dynamic of the relationship between different staff member job titles and the service user. Another strength of the sample is the gender split. Whilst the sample does slightly over emphasise the prominence of female workers in the health and social care sector, which most recently revealed that approximately 75% of employees are female (Office for National Statistics, 2020), the present study still depicted a trend in the appropriate direction. Additionally, the objective measures utilised allowed for a thorough and impartial investigation of the variables. The quantitative approach ensured ethical practice; there was limited potential for re-traumatisation, while allowing for expansions on responses in the 'other' sections, where they felt comfortable. Furthermore, the validated measure of the OLBI and its distinction between disengagement and exhaustion variables was valuable in revealing a specific relationship between stalking experiences and emotional exhaustion (Demerouti, Mostert, et al., 2010; Halbesleben & Demerouti, 2005). This combination of methodological strengths

revealed trends in the data surrounding stalking victimisation and burnout among mental health workers, even if, on this occasion, statistical power behind the findings was lacking.

Conversely, there were some limitations which should be addressed. The stalking and response interaction effect was found to not be significant, however, this could be due to the small sample size resulting from splitting the participants by responder groups. This interaction analysis was not forecast to take place in the power calculation which meant the limited sample size restricted the findings of the study. Therefore, there was not necessarily an absence of an interaction effect; instead this finding could be due to having insufficient power to detect this interaction. A larger sample size would be needed to establish this, which, due to the time constraints of the study, unfortunately was not possible on this occasion. A possible method of improving the number of people the study could reach would be to apply for ethical approval to approach specific organisations, such as NHS organisations, to directly advertise the survey to their staff, rather than simply relying on social media and word of mouth. Despite the social media recruitment method allowing for rapid data collection (King et al., 2014), it was restrictive in that is does not reach all mental health workers, so is somewhat lacks representativity of a wider population.

Another limitation was that the duration in which the stalking behaviours were endured for was not revealed. Therefore, despite the measure of stalking behaviours being validated for its content and indicated stalking had somewhat taken place (Clarke et al., 2016), whether the incident involved persistence was relatively indistinct. This consequently raises an issue surrounding construct validity because persistence is a common characteristic of stalking and was not

assessed (Cupach & Spitzberg, 2014). Therefore, future research on the topic should consider the time frame in which the stalking incidents took place; potentially allowing for an assessment of relationship between persistence of stalking and burnout.

The timing of the study was a limitation in itself as the effects of the lockdown in the United Kingdom, due to the Covid-19 pandemic, may have had confounding effects on the results. Burnout scores may have reflected the effects of lockdown or the pandemic on the employee, rather than their workplace on a whole. Recent research has proposed that burnout among mental health professionals may have been worsened at this time due to the effects of the possibility of caring for Covid-19 patients (Kim & Su, 2020). An additional concern for mental health professionals was the forecasted aftermath of isolation leading to an increase in some mental disorders, and consequent higher demand for their service (Gritti et al., 2020). Naturally, the sample in the study would have been under increased strain at this time, which could have skewed their burnout scores meaning they may not reflect their feelings during a regular period of time, before the pandemic.

Although there were some restrictions, a baseline understanding was gained surrounding patient displays of stalking towards mental health workers, how they respond and the overall relationship with burnout. It allowed for some future research recommendations to be offered.

Conclusion

To summarise, stalking and burnout have been highlighted in the present study as concerns mental health workers face as part of their job; contributing further to past research on these separately studied issues. In addition, some support, whilst not wholly significant, was established for a possible relationship

between the two mentioned variables of stalking and burnout among the 103 mental health employees. One noteworthy finding is the positive relationship between stalking experiences and the emotional exhaustion dimension of burnout among mental health workers, which was significant. Future recommendations have been proposed regarding the need for a larger sample to assist with the development of the hypothesised interaction effect responses utilised may have on the relationship between stalking and burnout. However, at present, the findings on this concept are not of significance, so conclusions cannot be made. Nonetheless, the exploration of a previously unexplored combination of issues mental health workers face revealed interesting findings and allowed for some recommendations to be made for employees in this sector. If these issues are addressed in practice, the personal and organisational consequences could be minimised.

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Executive Summary

The target audience of this summary is mental health setting employees. The aim of addressing these people is to highlight the risks patients or service users may pose both inside and outside their workplace, along with reinforce the importance of attending to their own mental wellbeing.

Background and Rationale

Stalking is a criminal act characterised by persistent following, spying on, or forcing contact with another person; imposing fear or anxiety on the victim (Cupach & Spitzberg, 2014; The Crown Prosecution Service, 2018). A survey revealed that 15.5% of respondents reported stalking victimisation (Office for National Statistics, 2019); among mental health service employees, this is higher. Approximately 20% of psychiatrists and nurses, in particular, have been stalked by patients (Ashmore et al., 2006; McIvor et al., 2008). There are some proposed reasons for this relative prevalence of patient-perpetrated stalking, namely, a misunderstanding of the therapeutic relationship, and mental illnesses triggering this stalking presentation (Galeazzi et al., 2005; Mullen et al., 2006). Research has advised that future studies should explore the impact stalking has on mental health employee victims, and the effectiveness of their responses (Ashmore et al., 2006). This prompted the exploration of how burnout is specifically impacted among the mentioned sample.

Burnout is another prominent issue among mental health employees. It is defined as prolonged job stress involving emotional exhaustion, feeling a lack of achievement, and being pessimistic about the job (Rossi et al., 2006). Research has revealed that up to 67% of staff members in mental health settings have experienced burnout (Morse et al., 2011). These environments are often marked by limited resources and high job demands; a combination of the two can be a

risk factors for burnout (Demerouti et al., 2001). By nature, jobs in mental health services are challenging; they involve interactions which deplete emotional resources (Rössler, 2012). Stalking is a type of interaction which would naturally impact its victims; therefore, burnout is proposed as an impact in mental health services.

Research Aims

The aim of this study was to explore the relationship between patient displays of stalking and burnout among staff members in mental health settings, who have regular patient contact. Additionally, responses to stalking incidents were assessed as part of the relationship between stalking and burnout, to see whether the presence or absence of responses made a difference to the association.

Data Collection

Participants were sought by responding to a social media advertisement which provided details about the study. The method of data collection was a ten-minute online survey, separated into three sections, titled: stalking behaviours experienced, methods of response, and burnout. Prior to this, participants provided some general demographic information, along with details about their place of work, job title and length of service.

Analysis and Findings

The number of participants which remained after incomplete data sets were removed was 103, the average age was 28.42 years old and the majority of the sample were female. There were a wide variety of environments in which the employees operated within, including rehabilitation, secure services, adult mental health, community and children's services. The job titles varied, there

were a selection of participants from healthcare support worker roles, qualified psychologists, trainee psychologists, and many more.

In relation to the measure of burnout, scores for emotional exhaustion were higher than those for job detachment; a higher score indicated worse burnout. All except three participants had been victims of at least one patient display of stalking. The most common stalking behaviours reported were patients making sexual comments, making threats, and touching or grabbing members of staff, all of these were reported by at least 68% of the sample. In response to stalking experiences, the participants most commonly enlisted the help of others, with 11 people reporting incidents to the police. For analysis purposes, the number of responses determined two groups of participants: "non-responders" who utilised zero or one response method, and "responders" who used two or more.

Statistical tests indicated a potential positive correlation between stalking experiences and burnout among mental health staff members. This finding neared significance meaning it should be approached with caution, nonetheless the finding should not be overlooked. A stronger relationship was revealed between stalking and emotional exhaustion (an aspect of burnout), which was found to be statistically significant and indicated a positive relationship between the two variables. Additionally, the relevance of the presence or absence of mental health staff member responses to stalking was assessed in the relationship between stalking and burnout. The finding here was not found to show a significant interaction effect, but there was a clear difference in the relationship between stalking and burnout between the responder and non-responder groups; if there was a larger sample size, a more meaningful effect may have been revealed.

Implications and Recommendations

The findings addressed a previously ignored topic of the effect stalking by patients may have on mental health staff members (McIvor & Petch, 2006); deemed valuable as its prevalence is highlighted. It also added to the previous research surrounding the separate issues of patient perpetrated stalking in mental health settings, along with the high burnout rates, particularly in the emotional exhaustion dimension (Ashmore et al., 2006; Rössler, 2012).

While additional research with larger sample sizes is undoubtedly necessary to make concrete connections between stalking, responses and burnout, the findings of the research cannot be ignored. Advice is offered tentatively, given the borderline statistical significance of the findings but there is some obvious guidance which can be proposed to those working in mental health settings. Employees should try to speak out of their victimisation, as it could minimise the negative consequences of being stalked by patients, such as those revealed previously, including being afraid, anxious and helpless (Ashmore et al., 2006). Further, in more serious circumstances, this may prevent burnout development, or more specifically emotional exhaustion. To summarise, it is important that stalking is addressed at both an individual level and an organisational level to reduce the impacts overall.

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PowerPoint Presentation Slides

Patient Displays of Stalking in Mental Health Settings: Staff Member Experiences, Responses and Burnout

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1

Aims and Rationale of Research

The main aims were to:

- Investigate mental health employee experiences of stalking by patients and how they responded to these incidents.
- Assess whether patient stalking victimisation is related with burnout.

These aims were decided on because:

- Stalking by patients and burnout are prevalent in these services so it seems fitting to assess the relation between them (Ashmore et al., 2006; Morse et al., 2011).
- Stalking and the effectiveness of responses has been a recommended area of research previously (Ashmore et al., 2006; Clarke et al., 2016).

2

Methods

Social media advertisements prompted 94 female and 9 male mental health employees in patient contact roles to fully complete the 10 minute online questionnaire, this asked participants to:

- Select stalking behaviours patients have displayed towards them from a selection of 14 different predetermined categories (Clarke et al., 2016).
- Indicate their stalking responses, from five different categories (Ngo & Paternoster, 2012).
- Respond to 16 burnout related questions from strongly disagree to strongly agree (Halbesleben & Demerouti, 2005).

3

Results

The table below shows the number of staff members who experienced the three most commonly identified stalking behaviours. The most frequent method of response overall was enlisting help from others.

Behaviour	Frequency
Made sexual comments	78
Made threats	75
Touching or grabbing	71

A small percentage of burnout variance was explained by stalking; this relationship between the two variables was positive and near significant.

However, the contribution responses to stalking had in this relationship between stalking and burnout was not significant.

4

Implications and Future Research Recommendations

The present study proposed suggestions for practice:

- People often do not respond to stalking by patients (Abrams & Robinson, 2002), given the specific connection found with emotional exhaustion, this may need addressing in practice.
- Mental health organisations should educate staff members on stalking by patients, and advise them how to respond to incidents.

Future research should address other triggers for burnout. The limited variance in burnout accounted for by patient displays of stalking suggests there may be other, more serious experiences that lead to increased burnout in mental health services.

5

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6

Reflective Report of Research Activities

Conceptualisation

The concept of investigating workplace stalking was, firstly, offered as a study looking into the experiences employees in secure services had of stalking, and steps taken to avoid this. This was offered on the 29th August 2019, alongside another idea proposing to explore the importance of reflecting on incidents among staff members in secure services. The initial conceptualisation process was somewhat challenging due to the lengthy period of time since I last conducted a literature review and produced a research idea. However, personal experiences in mental health settings were useful to channel into, in order to assist this process of idea development. The proposed study covering the topic of stalking was concretely selected on the 18th September 2019, when Doctor Kathleen Green was assigned as my majority supervisor for this specific research topic.

My first supervision occurred on the 10th October 2019 and it was highly beneficial in increasing my confidence in the overall proposed idea. It was recommended in this supervision that I considered specifically how stalking could make staff members feel; the inclusion of burnout as a construct related to stalking was developed from there. A final alteration to the initial idea was to focus on all mental health employees, rather than those specifically employed in secure services. This was definitely a valuable decision as it allowed for a simpler data collection process, as my eligibility criteria was in no way restrictive.

Preparation

With guidance from my supervisor, it was decided that an enhanced ethics application process would be necessary as it was intended that the sample would be directly recruited from Lincolnshire Partnership NHS Foundation Trust (LPFT).

The use of this Trust as the sample for the study was provisionally approved on the 29th November 2019 by Tracey McCranor (Research Clinical Lead for LPFT), subject to the study receiving NHS Health Research Authority (HRA) ethical approval. My supervisor and I were confident at this stage of the process that this ethics application would be feasible. However, after seeking approval from LPFT to use their resources to advertise the study, I was unsure how I should proceed with the process of seeking HRA ethical approval, and the study unfortunately came to a halt. Due to my unfamiliarity I sought supervision, which unfortunately was not available in a timely manner, meaning I struggled to make progress, which was naturally a frustrating time.

On the 18th December I was informed that Doctor Shihning Chou was taking over as my primary research supervisor; this change of supervision split was formally confirmed on the 9th January 2020. Admittedly, this was a concerning phase as I was aware of the strict time scale, and it felt like a setback as I was yet to receive feedback on my draft research proposal. Following my first supervision with Doctor Chou on the 29th January 2020, a four-week deadline extension was offered for my research proposal and ethics application, this was proportionate to the delays in receiving feedback on the draft. This was very well received as it gave me confidence that I could produce a comprehensive proposal in this time. Further to this, with guidance from Doctor Chou, I chose to alter my study to recruit by means of social media to avoid gaining HRA approval for my research. Upon reflection, this encouragement, along with her expert knowledge of the field, was very much appreciated, especially due to the further unforeseen delays caused by the Covid-19 pandemic later in the research process.

Design

The study was designed in a way that limited both distress and interpretation of concepts from the participants. Both stalking and burnout are terms which may be subject various interpretations of their meanings, and are somewhat loaded terms, therefore the use of them was omitted from the questionnaire until the debrief. Stalking, in particular, has many definitions and there are numerous misconceptions, due to the difficulty in defining it (Owens, 2015). Instead, the stalking section of the questionnaire was referred to as intrusive behaviours; this term is less loaded, and people may have been more likely to disclose their victimisation as a result of not mentioning stalking. Furthermore, burnout is a term which is subject to stigma (May et al., 2020); for this reason, it was also removed as a concept from the questionnaire. People may have responded more honestly to the Oldenburg Burnout Inventory due to the omission of the concept of burnout. Based on the research mentioned, the decision to exclude these concepts were well justified and I believe it allowed for the truth about stalking experiences and burnout to be revealed, without crossing any ethical barriers surrounding distress.

An aspect of the design which should have been altered slightly would be to have included the duration of the experience of stalking, as this was not sought from the participants. Upon reflection, this is something which was a necessity when considering stalking; it would have been appropriate to decipher whether there was an element of persistence, as stated in many definitions of the concept. However, it may have been difficult to do this as it would have required deeper contemplation of their experience, consequently leading to potential ethical concerns.

Data Collection

As mentioned, the Covid-19 pandemic inflicted some great delays to my data collection process, primarily because I submitted my research for ethical consideration on the 20th February 2020 which was just prior to the University moving to online teaching. Understandably this interrupted the process, meaning ethical approval was not granted until the 1st May 2020.

Therefore, this resulted in there being limited time for data collection which only lasted for just over three weeks. In better circumstances, it would have been preferred to keep the questionnaire link open to participants for a longer period of time to increase the power of the study and potentially the significance of the findings. The findings in relation to the interaction effect responses had on the relationship between staking and burnout was not significant. If more time was available for data collection, potentially there may have been an increase in the significance of the findings about responses as a moderator. Nonetheless, I was impressed that the target sample size, as proposed by the power analysis, was achieved in this short time frame.

Data Analysis

On commencement of the data analysis stage I was undoubtedly anxious that my skills were somewhat out of practice. However, as advised by my supervisor, on the 8th June 2020 I sought guidance from Andrea Venn (School of Medicine Statistics Advisor), whom greatly assisted in the analysis process. Following a video call on Microsoft Teams, the day after I initially made contact with Andrea, I had a plan for the necessary statistical tests which were to be conducted. The efficiency of this phase was reassuring, at this point I regained confidence that I could complete the research portfolio before the deadline.

Write-Up

The write-up phase was somewhat smooth; however, it was not without some necessary alterations. Initially, the Journal of Forensic Mental Health was the chosen style for the research paper, however, in supervision on the 8th June 2020 I was advised to alter this to emphasise the mental health employee sample which was utilised. As a result, the Journal of Occupational and Organisational Psychology was selected; justified by burnout being a prominent issue in organisational psychology and therefore more suitable to present the current research. The swift feedback on the draft research paper was appreciated as it allowed necessary time for additional improvements prior to the deadline.

Completing the write up of the research portfolio by the 6th July 2020 deadline has taught me not to be hasty in doubting my ability, which I was prone to doing through the research planning and data collection phase. I believe I was unsure of my ability because, the earlier phases of the research process seemed unfamiliar. However, as I approached the write up of my research report, a task I had completed multiple times before, I realised that I was more than capable. This doubtful mindset is something I aim to change and work upon in the future as I learned this about myself.

Supervision

With the obvious exception of the difficulties experienced mid-way through the course, my experience of supervision was highly beneficial to assist my entire research process. Arrangement of supervision was always available in a timely manner when required, even after online teaching began. I always ensured my supervision was utilised wisely by preparing for the meetings by developing important questions. The supervision I received assisted with any

reassurance of concerns or queries and clarified any areas of uncertainty. This guidance was always valued and taken on board and alterations made where necessary, consequently allowing for the research to be planned, carried out, and written up as efficiently as possible.

References

May, R., Terman, J., Foster, G., Seibert, G., & Fincham, F. (2020). Burnout Stigma Inventory: Initial Development and Validation in Industry and Academia. *Frontiers In Psychology*, *11*(391). https://doi.org/10.3389/fpsyg.2020.00391

Owens, J. (2015). Why Definitions Matter: Stalking Victimization in the United States. *Journal Of Interpersonal Violence*, *31*(12), 2196-2226. https://doi.org/10.1177/0886260515573577

Appendices

Appendix A: Recruitment Advert

I am currently seeking participants who would be willing to participate in my Forensic and Criminological Psychology Masters research project. The study is exploring the experiences staff members within mental health settings may have of being a target for intrusive behaviours displayed by patients or service users.

If you are aged 18 years old or over and work in a mental health setting, whereby your job involves regular patient contact, and are willing to take part then please consider following the link to the questionnaire below.

Your participation will require a maximum of 10 minutes of your time, all responses will be anonymous and kept confidential, and you are more than welcome to withdraw at any time. Should you wish to participate, it would be greatly appreciated.

Appendix B: Participant Information

Faculty of Medicine & Health Sciences

Research Ethics Committee

c/o Faculty Hub

E41, E Floor,(nr School of Life Sciences Reception)

Medical School

QMC Campus

Nottingham University Hospitals

NG7 2UH

PARTICIPANT INFORMATION

Research Project Title: Mental Health Staff Members' Experiences of Intrusive and Unwanted Behaviours Displayed by Patients.

Research Ethics Ref: 519-2003

General Information

Thank you for your interest in taking part in this online questionnaire. You have been invited to participate as you are over the age of 18 and work within a mental health setting, having regular contact with patients or service users either in hospital or in the community. Please read through this information before agreeing to participate.

This study is being carried out by Lauren Ward, a Forensic Psychology Masters Student, and supervised by Dr Shihning Chou from the University of Nottingham. We are investigating the experiences any staff members who work

within a mental health setting may have of experiencing patient displays of intrusive and unwanted behaviours.

You will firstly be asked for some demographic information about yourself, along with what your job role is and how long you have worked in this environment for. Following this, you will be asked to identify any behaviours you have experienced being a victim of in relation to a patient from your work, along with how you have dealt with it. It should take you about 10 minutes to complete with a total of four categories of questions. No background knowledge of the research area is required.

How will your data be used?

Your answers will be completely anonymous and we will use all reasonable endeavours to keep them confidential. Your participation in this study is entirely voluntary. You can withdraw at any point during the questionnaire for any reason, before submitting your answers by clicking the Exit button/closing the browser. The data will only be uploaded on completion of the questionnaire by clicking the submit button. You are free to omit any question.

Your data will be stored in a password-protected file and may be used in academic publications. Your IP address will not be stored. All questions are optional so you may miss out questions if you prefer not to answer a particular question.

Who will have access to your data?

The University of Nottingham is the data controller for the purposes of the Data Protection.

You can find out more about how we use your information and to read our privacy notice at:

https://www.nottingham.ac.uk/utilities/privacy.aspx/

We believe there are no known risks associated with this research study. However, intrusive behaviours which you may have experienced may be a sensitive topic to you, therefore, at the end of this study you will be given some useful contacts, should you have found some of the questions distressing and need further assistance. However, as with any online related activity the risk of a breach is always possible. We will do everything possible to ensure your answers in this study will remain anonymous.

This research is being carried out as part of the dissertation assessment which makes up the Master's course. Upon completion, this dissertation will become available on the University of Nottingham E-Thesis website and will be publicly accessible. In the future it may also be published in scientific journals and presented at scientific conferences. The data will be reported in an aggregated form anonymously, with any identifying information removed.

If you have any questions about this project, you may contact the Lead Researcher Lauren Ward (lauren.ward@nottingham.ac.uk) or if you have any concerns about any aspect of this study please contact the Research Supervisor Dr Shihning Chou (shihning.chou@nottingham.ac.uk). If you remain unhappy and wish to complain formally, you should then contact the FMHS Research

Ethics Committee Administrator, c/o The University of Nottingham, Faculty PVC Office, E41, Medical School, Queen's Medical Centre Campus, Nottingham University Hospitals, Nottingham, NG7 2UH. E-mail: FMHS-ResearchEthics@nottingham.ac.uk .

This study has been reviewed and given a favourable opinion by the University of Nottingham, Faculty of Medicine & Health Sciences Research Ethics Committee (Ethics Reference-519-2003).

I have read and understood the above information, I confirm that I am 18 years old or older and by clicking the next button to begin the online questionnaire, I indicate my willingness to voluntarily take part in the study.

NEXT – I consent to take part EXIT - I do not give consent

Appendix C: Informed Consent

Faculty of Medicine & Health Sciences

Research Ethics Committee

c/o Faculty Hub

E41, E Floor,(nr School of Life Sciences Reception)

Medical School

QMC Campus

Nottingham University Hospitals

NG7 2UH

Informed Consent

Research Project Title: Mental Health Staff Members' Experiences of Intrusive and Unwanted Behaviours Displayed by Patients.

Researchers: Lauren Ward supervised by Dr Shihning Chou

Research Ethics Ref: 519-2003

Thank you for participating!

Please, tick each box to continue:

- ○ I confirm that I have read and understood the information on the previous page

- ○ I am 18 years old and/or older

- ○ I understand that my participation is voluntary and I can end the study at any time and withdraw my data by clicking the EXIT button .

- ○ I understand that my answers will be anonymous.

- ○ I understand the overall anonymized data from this study may be used in the future for research (with research ethics approval) and teaching purposes.

NEXT – to be taken to the survey.

Appendix D: Debrief

Faculty of Medicine & Health Sciences

Research Ethics Committee

c/o Faculty Hub

E41, E Floor,(nr School of Life Sciences Reception)

Medical School

QMC Campus

Nottingham University Hospitals

NG7 2UH

Debrief

Research Project Title: Mental Health Staff Members' Experiences of Intrusive and Unwanted Behaviours Displayed by Patients.

Researchers: Lauren Ward (lauren.ward@nottingham.ac.uk) supervised by Dr Shihning Chou (shihning.chou@nottingham.ac.uk)

Research Ethics Ref: 519-2003

Thank you for participating in this study. I would like to now take this time to explain to you the aims of the study which you just participated in. The intrusive behaviours which you were asked to indicate whether you had experienced are all examples of stalking behaviours which was the key concept being explored in this study. To summarise, this study aims to investigate the possibility of burnout being predicted by occurrences of being a victim of stalking and the method of response after being subject to stalking.

If you have any further questions about the study, please do not hesitate to contact Lauren.Ward@nottingham.ac.uk (Lauren Ward-Student Researcher) or the project supervisor, Dr Shihning Chou, on shihning.chou@nottingham.ac.uk.

If you have any ethical concerns regarding the current study please contact the project supervisor primarily but if you feel you need more assistance, contact the Faculty of Medicine and Health Sciences Research Ethics Committee via email (fmhs-researchethics@nottingham.ac.uk).

Finally, following the debrief on the aims of the research project, if you would like to opt out and withdraw your responses you still have the opportunity to by exiting the screen now.

If this study has raised any issues for you may find some of the websites below helpful:

- Paladin National Stalking Advocacy Service https://paladinservice.co.uk/contact-links/
- National Stalking Helpline www.stalkinghelpline.org
- SupportLine https://www.supportline.org.uk/problems/stalking-and-harassment/
- NHS Mental Health and Wellbeing https://www.nhs.uk/conditions/stress-anxiety-depression/
- HelpGuide https://www.helpguide.org/articles/stress/burnout-prevention-and-recovery.htm

Thank you again for taking the time to participate in our study.

Appendix E: Personal Identification Code and Demographic Information

Create a personal identification code which can be used in relation to your responses. Should you wish to withdraw from the research after you have submitted your responses, you will need to contact the researcher with this personal code:

_____

State the following:

Age _____

Gender _____

Job title _____

Type of service that you work within _____

Gender of patients that you care for _____

Length of service within a mental health setting _____

Ethnicity _____

Appendix F: Stalking Behaviours (title not included in formal online questionnaire)

Please identify which behaviours you have been a victim of whereby a patient was the perpetrator:

☐ Made sexual comments about you.

☐ Made direct or indirect threats towards you or those close to you.

☐ Touched or grabbed you.

☐ Made reference to knowing where you live and/or contacted colleagues to find out your whereabouts.

☐ Made false accusations, spread rumours about you or attacked your professional reputation.

☐ Asked you out.

☐ Hinted or boasted of information they have gained about you.

☐ Sent you unwanted letters/emails/notes without appropriate cause.

☐ Made unwanted phone calls, silent calls, sent unwanted text messages or left repeated messages on your answering machine.

☐ Followed you, repeatedly approached you outside work or loitered outside your workplace/ home.

☐ Left unwanted items for you to find.

☐ Been physically and/ or sexually violent towards you outside clinical contact.

☐ Written graffiti about you.

☐ Broken into your home or workplace and/ or stolen any of your possessions.

☐ Other, please specify_____

Appendix G: Response Method (title not included in formal online questionnaire)

Please identify any actions you have taken following the experience of any unwanted and intrusive behaviours which were displayed by a patient or service user.

Changed daily activities

☐ Taken time off work

☐ Changed or quitted job

☐ Changed the way you went to work

☐ Change usual activities outside of work

☐ Stayed with friends or relatives

☐ No action taken

☐ Changed daily activities in other ways, please specify_____.

Take protective measures

☐Alter your appearance to be unrecognisable

☐Take self-defence or martial arts classes

☐Get pepper spray

☐Get any other kind of weapon

☐Change your email address

☐Change your telephone number

☐Install caller ID or call blocking systems

☐Change or install new locks or a security system

☐ No action taken

☐Took protective measures in other ways, please specify_____.

Enlist the help of others

☐Enlist the help of friends and family

☐Ask people not to release information about them

☐Hire a private investigator

☐Talk to an attorney

☐Contact victim services, a shelter or helpline

☐Obtain a restraining, protection or stay-away order

☐Talk to mental health professionals

☐Talk to a doctor or nurse

☐Talk to your clergy or faith leader

☐Talk to your boss or employer

☐Contact your building or security person.

☐ No action taken

☐Enlisted the help of someone else, please specify_____.

Move

☐Did you move to a different house/ apartment but in the same area?

☐Did you move to a different city or state?

☐Did you move to a shelter or safe house?

☐No action taken

☐Move another aspect of your life, please specify_____.

Report to police

☐During the last 12 months, did you or someone else call or contact the police to report any of these unwanted contacts or behaviours?

Appendix H: Burnout (title not included in formal online questionnaire)

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree
I always find new and interesting aspects in my work	1	2	3	4
There are days when I feel tired before I arrive at work.	1	2	3	4
It happens more and more often that I talk about my work in a negative way.	1	2	3	4
After work, I tend to need more time than in the past in order to relax and feel better.	1	2	3	4
I can tolerate the pressure of my work very well.	1	2	3	4
Lately, I tend to think less at work and do my job almost mechanically.	1	2	3	4
I find my work to be a positive challenge.	1	2	3	4
During my work, I often feel emotionally drained.	1	2	3	4

Overtime, one can become disconnected to this type of work.	1	2	3	4
After working, I have enough energy for my leisure activities.	1	2	3	4
Sometimes, I feel sickened by my work tasks.	1	2	3	4
After my work, I usually feel worn out and weary.	1	2	3	4
This is the only type of work that I can imagine myself doing.	1	2	3	4
Usually, I can manage the amount of my work well.	1	2	3	4
I feel more and more engaged in my work.	1	2	3	4
When I work, I usually feel energised.	1	2	3	4