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Impact of Leadership Changes on Employee Engagement in a Behavioral Health Organization

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This is to certify that the doctoral study by

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2020

Abstract

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by

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MS, University of Phoenix, 2012

BS, Chestnut Hill College, 2010

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

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Abstract

The increased need for patient care at the target behavioral health organization (BHO) required greater employee engagement to provide better services. Identifying strategies that are helpful for health care leaders to engage employees is beneficial to ensuring better patient care. A case study was conducted to determine whether changes in leadership in the social work department (SWD) of the BHO had an influence on employee engagement. The Baldrige excellence framework and its criteria for performance excellence were used to examine the behaviors of leaders and the ways their performance and work processes sustained the BHO during organizational changes. Data were collected through interviews with 2 senior leaders of the BHO who worked directly with members of the SWD. In addition, archival data were obtained from organizational documents and internal sources such as the patient discharge survey. Data analysis consisted of looking for meanings in the data, categorizing the data, identifying themes, and interpreting the data. Data were coded and analyzed to identify themes. Results showed that strategies for employee engagement were affected by lack of support from leadership, communication barriers, and services offered for effective patient care due to changes in leadership. Effective communication enhanced employee engagement and aided in the effective management of operations. The results may help BHOs to improve their hiring processes for senior leadership and to develop strategies to ensure that employee engagement and quality health care are maintained during organizational change.

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Dedication

This study is dedicated to my children, Samar, Sakir, Samir, and Sanaa. You were the motivation that helped me through this process. To my loving husband, without your support, I would not have made it this far. To my parents, I thank you for your encouraging words, especially when I needed them the most; your great example of strength to keep me grounded; and your support in each way possible!

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I would like to thank my family and friends for their support, encouragement, and motivation throughout this process. I would like to extend special thanks to my best friend, Ian, for being my editor. Having a cheerleading team behind me meant everything. I would like to express special gratitude to my committee, Dr. Donna DiMatteo-Gibson, Dr. Frederica Hendricks-Noble, and Dr. John Schmidt, for their continued patience and guidance with this project. Lastly, I would like to thank the organization for giving me the opportunity to complete this wonderful project.

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Section 1a: The Behavioral Health Organization

Introduction

The target behavioral health organization (BHO) in this study was a for-profit, acute psychiatric hospital in a metropolitan area in a northeastern U.S. state. The BHO advertises that its top priority is to help children, adolescents, and adults who have psychiatric, behavioral, or addiction problems, specializing in anxiety, depression, suicidal behaviors, and drug and alcohol issues ("From Hope to Happiness," n.d.). Programs and services include acute inpatient care, substance abuse rehabilitation for adults, an all-female trauma unit, and an acute partial day program for adolescents. The BHO is known for its peaceful and therapeutic environment for patients and families, and with 239 beds, it is one of the largest freestanding behavioral health hospitals in the state ("From Hope to Happiness," n.d.). This BHO's psychiatrists, social workers, nurses, medical staff, and allied therapy services staff are involved in everyday operations ("From Hope to Happiness," n.d.).

Practice Problem

Over the years, there have been changes in leadership in the BHO's social work department (SWD). The increased need for patient care has called for employee engagement to be as prominent as possible to provide better services at the BHO. Abidin (2017) stated that "a highly engaged and well performing employee is a key factor for the growth of any organization" (p. 32). The current qualitative study was conducted to identify the most impactful strategies necessary for health care leaders to engage

employees in an effort to provide better patient care in the SWD at the BHO after several changes in leadership.

When employees are faced with challenges and cannot rely on their supervisors for support, employee engagement decreases (Schaefer, 2010). Breevaart and Bakker (2018), Schaefer (2010), and Wessel (2012) found that a lack of employee engagement could lead to low patient satisfaction and high percentages of complaints from patients. Schaefer contended that once employees feel that they are not appreciated and do not have the support of their leaders, engagement issues arise that could lead to low morale. Breevaart and Bakker found a strong relationship between engaged employees and commitment to their organizations. Discovering what makes employees passionate about their work can increase engagement and enhance employee-leader relationships (Schaefer, 2010).

Noor, Fullerton, Nophaket, and MacCallum (2010) reported that communication, support, encouragement, identification of strengths, a clear vision, and the development of employee engagement resulted in much higher employee morale when leaders built relationships with their staff. In 2010, regulations in the new Affordable Care Act (as cited in Vazquez, 2019) highlighted the importance of quality and safety in hospitals that increased accountability and pressure on social workers employed by the hospitals. Therefore, I sought to identify the strategies that the BHO used to encourage employee engagement during organizational leadership changes.

Purpose

The purpose of this case study was to identify the most impactful strategies necessary for health care leaders to engage employees in the SWD of the BHO to provide better patient care after several changes in leadership. Examining leadership through the Baldrige excellence framework allowed me to examine the ways that personal actions guided and sustained the SWD during organizational change (see National Institute of Standards and Technology [NIST], 2017). Results showed how leaders can support staff during stressful organizational change.

Significance

The study sought to determine whether changes in leadership in the SWD of the BHO had an influence on employee engagement. Results of the study may provide the BHO with valuable information and strategies that it can use when hiring new leaders. Having experience in the field, understanding the duties of the job, being able to manage time effectively, and having strong leadership skills should be requisite skills of new hires at an inpatient psychiatric hospital (Westmark, 2019).

When organizations attract qualified applicants and prepare new leaders for desired roles, they can improve leadership performance (Pavur, 2010). If new leaders do not know the role requirements, the result may be an increased workload for the social workers. To prevent staff from feeling overwhelmed, leaders should support employees to build teamwork and efficiency (Hombrados-Mendieta & Cosano-Rivas, 2013). Hombrados-Mendieta and Cosano-Rivas (2013) concluded that when human service

professionals experience high stress levels and low support, the result could be high levels of burnout and low levels of employee engagement.

Specific to the current study, the social workers need help, encouragement, and support from leaders who are effective (see Vizzuso, 2015). The findings may contribute to positive social change by providing senior leaders of the BHO with strategies that they can use in their hiring process (see Westmark, 2019). Results may be used to increase staff morale, enhance patient care, and improve recovery rates at the BHO (see Mennim & Moen, 2019). Health care organizations that promote positive social change could facilitate improvements in the well-being of individuals (Stephan, Patterson, Kelly, & Mair, 2016). When organizations stimulate and promote positive social change, this transformational process brings about societal well-being (Ramon, Grodofsky, Allegri, & Rafaelic, 2019; Stephan et al., 2016).

Nature of the Study

The Baldrige excellence framework (NIST, 2017) was used to examine the experiences of the participants related to leadership changes in the BHO's SWD. Sources of information included interviews with two senior leaders, government data related to regulations relevant to the BHO, archival data from the BHO, the organization's website, employment records of leadership and social work staff, other documentation that leadership deemed suitable to share, and patient charts. Individual interviews were conducted with both participants. Initial contact was made with the participants to plan and schedule the interviews, and the researcher conducted a preliminary review of the interview questions to ensure that they would be relevant to the practice problem and the

BHO. Data also were collected from the organization's website, meeting reports, files, and the survey completed by patients on discharge. The focus was on the most impactful strategies necessary for health care leaders to engage employees in an effort to provide better patient care in the SWD of the BHO after several changes in leadership.

The secondary process of interviewing helped me to gain a better understanding of what employees needed from their leaders to increase employee engagement (see Smollan, 2017). The Baldrige excellence framework (NIST, 2017) and its criteria for performance excellence were used to examine the strategies that the BHO used during changes in leadership in the SWD. The Baldrige excellence framework also helped the researcher to identify the effects of the organization's profile and key factors of strategic importance to the BHO, including leadership strategies, workforce, analytical strategies, and knowledge management related to leadership changes and employee engagement.

Summary

The BHO's programs encompass acute inpatient care, substance abuse rehabilitation for adults, an all-female trauma unit, and an acute partial day program for adolescents. The BHO considers patient care a priority and employs many staff members to meet its mission and vision goals. However, one issue facing this BHO has involved leadership changes in the SWD and the impact of these changes on employee engagement. The social workers are accountable for the types of services provided, the type of clientele served, and the outcomes of the services provided (Wodarski, 2014). The next section presents information about the key factors that have strategic importance to the organization, along with details about the profile, history, and evolution of the BHO.

Section 1b: Organizational Profile

Introduction

This qualitative case study was conducted to determine whether changes in leadership within a BHO influenced employee engagement. A profile of the BHO and the key factors having strategic importance are discussed in this section. Key factors are the BHO's treatment offerings and services. Evidence to support this study and details about the BHO's demographics are also included in this section.

Organizational Profile and Key Factors

Organizational Profile

Having engaged and high-performing employees is key to the success of any organization (Abidin, 2017). In the current study, the focus was on social workers at the BHO who had been impacted by the many leadership changes in the SWD. Leaders who show supportive attitudes toward followers contribute to organizational well-being (Arici, 2018). However, the social workers at the BHO had been faced with challenges and could not rely on their supervisors, thereby making employee engagement difficult (Schaefer, 2010).

The mission statement of the target BHO states that "we offer hope by providing a secure place for people to begin recovery and to *develop healthy behaviors* with dignity" ("From Hope to Happiness," n.d., p. 1). The vision statement of the BHO states the following:

We will be known as the behavioral health provider that lives by our values to ensure each patient feels empowered, develops healthy behaviors and has a

personalized treatment experience. Our employees will have such confidence in our services that they would entrust their loved ones to our care. We will be the employer of choice for staff at every level and create pride through teamwork, collaboration, fairness, and follow-through. We will have a reputation for unrivaled partnership with all our associates and guests, including patients, their families, and our community. ("From Hope to Happiness," n.d., p. 2)

The BHO's values focus on patient awareness, teamwork, and an environment of care ("From Hope to Happiness," n.d.). The BHO provides care to children and adults dealing with mental health and substance abuse issues. The BHO conducts evidence-based individual therapy, group therapy, assessments, and family sessions. It also provides a partial hospitalization program for adolescents who receive treatment during the day for a few weeks before returning to school as well as a rehabilitation program for individuals needing different levels of care for substance abuse once discharged from short-term acute inpatient care ("From Hope to Happiness," n.d.). The average length of a stay is 7 to 9 days, but each patient's treatment is different, so all patients can stay for shorter or longer periods based on their specific needs.

Resources in treatment that will help patients to recover in the community once discharged also are provided by the BHO (Hawk, Ricci, Huber, & Myers, 2015; U.S. Department of Health and Human Services [DHHS], 2019). The social workers help patients to apply for benefits such as welfare and Social Security, as well as obtain documents such as birth certificates and Social Security cards to receive other benefits.

The social workers also complete case management or peer support referrals, make

referrals for the proper level of care once patients are discharged, and more. The goal is

to teach patients healthier coping skills so that they may be successful in the community

as long as they are provided with adequate resources. The BHO promotes wellness

through medication management, mood stability, training, group therapy, treatment

planning, and collateral contacts to ensure patient safety following discharge and the

effectiveness and purpose of the programs offered ("From Hope to Happiness," n.d.).

Key Factors

Stakeholders are another key factor in the success of any organization (Wodarski,

2014). The stakeholders of the BHO are invested in the organization: They recognize the

challenges facing the social workers, and they are involved in the strategic planning

process to provide support to the social workers. Insurance companies are stakeholders

that have the power to deny payment to the BHO for services if quality service is not

being performed or if they think that patients no longer meet the requirements for

treatment. This decision is based on the BHO documentation provided by the social

workers. Other reasons for nonpayment of services include lack of follow-up by social

workers, lack of engagement by social workers, or uncooperative patients (Wodarski,

2014). If documentation is not completed by the BHO, the assumption is that the work

was not done or the services were not provided (Peters, 2017). All documentation must

be accounted for to ensure that the BHO receives payment for services provided.

Stakeholders can help BHOs improve their decision-making processes,

organizational effectiveness, and organizational legitimacy (Bryson, 2011). Stakeholders

have helped the BHO in the current study to comply with accreditation regulations by holding all staff accountable for the services that they specify they will perform and ensuring that all the necessary documentation is in patients' charts (DHHS, 2019). All of the departments at the BHO must complete specific documents, psychiatric technicians must complete rounds for all patients and take notes on their progress, social workers must complete documentation for all patients on their caseloads, nurses must complete paperwork regarding medication and patients' progress, and therapists must complete documentation for individual and group sessions with all patients (DHHS, 2019). For example, if patients' treatment plans state that they would like to work on building relationships with their significant others, then notes should be included in their charts indicating that the social workers attempted to help them to meet this goal. However, not all goals specified on treatment plans can be achieved, so documentation should indicate that patients tried to meet them or at least worked toward meeting them (Clarke & Glick, 2019). Treatment plans should be individualized and tailored to meet patients' needs (Clarke & Glick, 2019).

The BHO that was the focus of the current study is a for-profit facility that must adhere to regulatory requirements to operate. The mission of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO, 2018) is to "always improve the safety and quality of care provided through the provision of health care accreditation and related services that support performance improvement in health care organizations" (p. 1). JCAHO's (2018) process of regulatory requirements helps the BHO to identify and resolve problems to improve its safety and quality of care.

Organizational Background and Context

When supervisors adopt strategies that result in a supportive workplace environment, organizational performance improves because of employees' emotional connection to the organizations (Arici, 2018). Haudan (2011) identified the ways that issues in a BHO's SWD, along with changes in leadership, reduced the level of employee engagement and resulted in low employee morale. Hiring departmental leaders who had no experience in the field made it difficult for the BHO's social workers to receive support and assistance from them (Haudan, 2011). The potential value of the current study to the administrators of the BHO is to improve understanding of the importance of hiring leaders with experience to work in an inpatient psychiatric setting so that they can support their staff effectively.

The target BHO functions in accordance with the regulations of the U.S. Department of Public Welfare and the U.S. Department of Drug and Alcohol Programs to identify details related to funding for the organization, namely, the receipt of payments and reimbursements from insurance companies (DHHS, 2019). Government agencies help the BHO to receive payments for services offered and to be reimbursed for jobs well done, and they also help to guide the BHO to make improvements and provide resources for staff and patients (DHHS, 2019). Health and safety regulations refer to the physical components of the BHO that it must meet. The BHO has maintenance and housekeeping teams who ensure the structural integrity of the buildings and equipment ("From Hope to Happiness," n.d.).

A regulatory requirement under which the target BHO operates is the Centers for Medicare and Medicaid Services (CMS, 2019), which the Health Insurance Portability and Accountability Act (HIPAA) falls under. CMS (2019) ensures that health care settings follow guidelines when treating patients, confirming that patient care is primary and that patient privacy is protected by all staff members. HIPAA ensures that all health care settings maintaining any type of data must keep them private and take security measures to ensure the confidentiality of medical information is secured (CMS, 2019). When issues such as HIPAA violations are valid enough for complaints to be made, leadership must step in to investigate (Westmark, 2019).

The strategic context and performance improvement systems of the BHO are under the auspices of its quality assurance department ("From Hope to Happiness," n.d.). If any complaints, grievances, or issues such as noncompliance arise, the quality assurance department will handle them directly with the departments involved. A complaint can be triggered, for example, when confidentiality is alleged to have been breached. These issues could include, but are not be limited to, patient contact information, their support contacts, and paperwork related directly to or involving a patient and the patient's medical information (CMS, 2019).

The BHO has different departments for each system (e.g., clinical, therapy, human resources [HR], and medical) to ensure structure. The strategic context and performance improvement systems help the BHO to improve its performance by allowing staff members to have an active role during patients' stays. All departments have skilled staff who ensure that the BHO runs as smoothly as possible. This BHO is an acute

psychiatric facility that specializes in patient care, so the process of how patients are admitted, how patients are treated during their stays, and how patients are discharged is part of the strategic context role to ensure patient-centered treatment (CMS, 2019).

Organizational Terms

The BHO leadership team consists of the head of the BHO who leads the management team and focuses on strategic plans and organizational performance ("From Hope to Happiness," n.d.). The BHO has another leader who ensures that the social workers in the SWD follow clinical directions. Members of the board of directors are involved in supervising the organization's activities. Stakeholders are the people who have an interest in the actions and policies of the organization (Wodarski, 2014). The BHO, which provides services such as substance abuse and mental health treatment to individuals, is considered a managed care organization (JCAHO, 2018).

Organizational Structure

Figure 1 shows the BHO's management structure. The CEO is the head of the facility, and the chief financial officer (CFO) oversees the utilization review (UR) director and staff, as well as the admissions department and staff. The CFO handles all activities pertaining to funds or payments at the orgnaization: financial planning, financial management, financial risks, record keeping, data analysis, and all other budgeting. The CFO reports directly to the CEO, and together, they make major decisions about spending, improvements, and other situations regarding maintenance of the organization ("From Hope to Happiness," n.d.). The director of adult services handles all clinical and allied therapy matters, which are then broken down by clincial department.

The director of social work (DSW) is under the director of adult services and is head of all social work staff and anything dealing with patient well-being related to the assigned social workers. All admits and discharges related to how the social workers handle these duties is the responsibility of the DSW.

A protocol is followed to direct issues to leaders to be addressed. For example, if a UR staff member has issues with an admissions staff member, the UR staff member will go to the UR leader to address the issues before the leaders meet. All staff adhere to boundary issues and are directed to address problems with their direct leaders prior to going straight to Participant 1 (P1) or HR personnel.
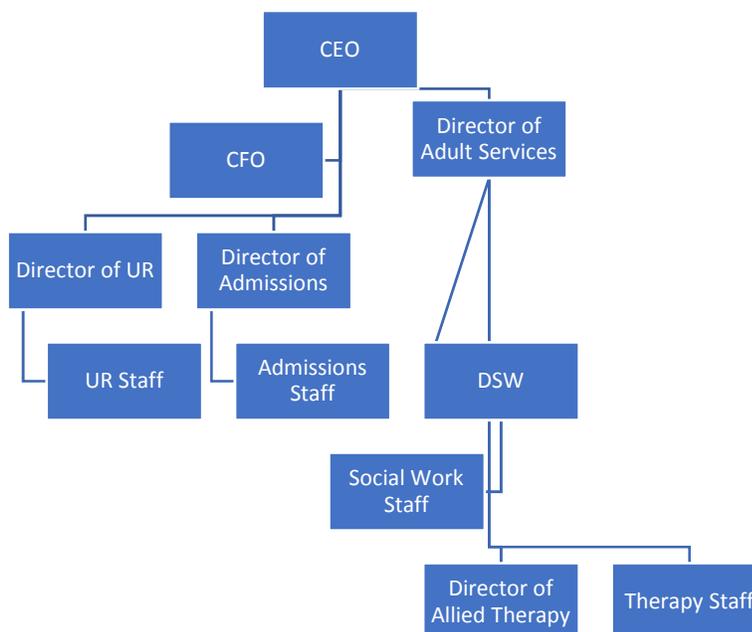
Figure 1. Organizational chart of management structure.
Source: From Hope to Happiness (n.d.).

Organization's Fiscal and Management Setup

In an average month, a total of 65 patients per unit can be admitted and discharged from the BHO ("From Hope to Happiness," n.d.). Program costs include those of staff members. Specific to the SWD, the BHO employs 24 full-time and part-time social workers. According to the BHO's meeting minutes, materials for patient care for the hospital average $2,000 per month, but not all patients use the necessities provided by the organization. Materials also include ink for printers, paper, utilities, and transportation services. On average, the BHO receives $225 per day for patients if those patients have insurance ("From Hope to Happiness," n.d.). Patients usually remain in acute psychiatric care for short-term stays of 7 to 9 days, but those stays may be longer or shorter depending on patients' commitment status, progress in treatment, and treatment team decisions ("From Hope to Happiness," n.d.).

The per diem operational costs are approximately $2,200. These costs include services such as transportation, appointment trips to doctors' offices, and so on. Other costs include the services that patients use while in treatment, including the need to attend court or print documents ("From Hope to Happiness," n.d.). All agencies must consider their costs to function so that they categorize their costs to help evaluators to recognize what is needed to support programs (Posavac, 2011). Conducting a cost analysis of salaries, space, utilities, and other expenses helps to determine how funding needs to be allocated.

Organizations should consider their businesses regarding projects, costs, or changes (Lee & Aos, 2011). Tools such as the cost-benefit model may help

administrators to determine what changes are plausible and what other options might be

available (Lee & Aos, 2011). A cost-benefit analysis helps organizational leaders

evaluate the risks and rewards of potential projects to determine what they can afford,

what they can do, and what their limitations are (Posavac, 2011).

Summary

In Section 1a, key factors relevant to the BHO were identified. Details such as the

practice problem, purpose, significance of the study, interview process, and organization

services were provided. In Section 1b, the organizational profile was described. Details

about the background and context of the organization that would determine the outcome

of the study also were presented. Identifying a crucial issue (i.e., leadership changes in

the SWD) and trying to resolve the issue were important to the BHO. Strategic planning

is essential in meeting goals (Bryson, 2011). Section 2 covers the background and

approach of the BHO toward leadership, strategy, and clients, including ways that the

components help with the strategic planning process.

Section 2: Background and Approach

Introduction

This qualitative study addressed the most impactful strategies necessary for health care leaders to engage employees in the SWD of the BHO in an effort to provide better patient care after several changes in leadership. This section includes information relevant to the supporting literature, sources of evidence, leadership, clients, and analysis of the organization. Background information and organizational contexts of the BHO are discussed by identifying the sources of evidence, including details from the interviews with two senior leaders, archival data from the BHO, government agency websites related to regulations for the BHO, details from the organization's website relevant to the way that it operates, leadership staff, departments, and services offered.

Supporting Literature

Supporting literature was obtained from several databases, including EBSCO Publishing, ProQuest, Walden University Library, Google Scholar, Academic Search, and PsycINFO. Keywords were used to search for specific published articles, book chapters, policy documents, and so on. The search terms were *leadership*, *employee engagement*, *changes in leadership*, *impact on morale*, *impact on employee engagement*, *leadership styles*, and *behavioral health*. These database searches helped to identify strategies addressing leadership and employee engagement within a BHO.

Employee engagement refers to how well staff are engaged with their employing organizations (Elwyn, Esaki, & Smith, 2017). Understanding how well leadership engaged their employees was a major factor when trying to identify reasons for the

decrease in employee engagement at the BHO (see Elwyn et al., 2017). If staff feel that the organizations employing them are in disarray, they may act by stepping in to offer support where needed (Elwyn et al., 2017). Staff in Elwyn et al.'s (2017) study felt strongly that "supervisors should take care of and promote development of their staff" (p. 117). If such development and support are not forthcoming, the results may be a change in attitude toward the organization, sick callouts, staff resignations, and poor patient care (Hombrados-Mendieta & Cosano-Rivas, 2013).

According to JCAHO (2018), organizations should provide integrated care to ensure patients' well-being. Integrated care in organizations includes fostering collaboration so that when patients have outside resources or are being discharged, it is up to the organizations, particularly the social workers assigned to the patients, to reach out to any supports or receiving facilities (JCAHO, 2018). This support can include outpatient treatment, residential placements, or agencies that patients may be working with once discharged. Social workers should provide patients with as much information as possible to ensure a smooth transition (JCAHO, 2018).

In addition, integrated care includes risk sharing because anything that may cause an issue later or could be construed as a potential problem should be communicated to anyone involved in the treatment of patients (Clarke & Glick, 2019; JCAHO, 2018). Organizations also should promote patient centeredness, meaning that any treatment involving patients should be patient centered (JCAHO, 2018). Patients should be present during the development of their treatment plans, their goals should be captured in the treatment planning process, and treatment should be individualized to meet patients'

preferences (Clarke & Glick, 2019). JCAHO (2018) ensures that patient values guide all clinical decisions while the patients are in treatment.

The current study supported the need for employee engagement because without employee engagement, patient care would not be the most important element of the organization's policy and procedures ("From Hope to Happiness," n.d.). Enactment of the Affordable Care Act, known as the Comprehensive Health Care Reform Law, in March 2010 allowed BHOs to have far more admissions (Stanhope et al., 2019). This new law gave the BHO the ability to accept, engage, treat, and manage a broader constituency of patients. As a result of insurance being more affordable and expansion of the Medicaid program, many organizations had to examine their responses to this state-level reform and prepare for major change (Stanhope et al., 2019).

According to Lloyd (2018), leaders do not always receive adequate training or have experience in the field, which can lead to discomfort when changes occur. To assist, HR personnel must ensure that candidates are acceptable and qualified, the information provided on employment applications is verified, references are checked, and work history is verified (Westmark, 2019). Williams and Huckshorn (2008) found that if leaders understand leadership principles and their role, work on personal development, and lead to improve, they may be able to improve levels of employee engagement.

Sources of Evidence

Sources of evidence included the BHO's website, which provided details about the way that the organization operates, leadership staff, departments, and services offered. Journal articles supporting the literature based on the practice problem, other

documentation that leadership felt was acceptable for viewing, and patient charts also were used as sources of data. Viewing patient charts gave me the opportunity to learn about information related to the treatment of patients, services offered by the BHO, progress made, and the discharge protocol. There were no confidentiality issues in reviewing charts because patients' names were redacted and personal details were left out when documenting notes.

All patients are asked to complete a survey on discharge so that the BHO can measure the services provided and determine whether staff are completing or not completing the tasks outlined in the guidelines ("From Hope to Happiness," n.d.). Effective leadership allow teams to run smoothly and efficiently, increase communication skills, provide adequate support, and maintain employee engagement (Proctor et al., 2019). When employees are faced with challenges and cannot rely on their supervisors to advise or support them, maintaining employee engagement becomes difficult (Schaefer, 2010).

Leadership Strategy and Assessment

The Baldrige excellence framework (NIST, 2017) addressed the ways that senior leaders' personal actions guide and sustain organizations. The governance and societal responsibilities mentioned in the Baldrige excellence framework helped to explain how ethical responsibilities should be carried out at the organization, including which staff should be responsible for what actions (NIST, 2017). This process holds senior leaders accountable for ethical behaviors in the organization's daily operations. The Baldrige excellence framework states that organizations' governance, legal and ethical behaviors,

and societal well-being are connected to the ways that organizations fulfill these responsibilities (NIST, 2017). The study site organization has a legal and ethical obligation to adhere to HIPAA guidelines by safeguarding the confidentiality of all patient and staff records.

All departments at the BHO must complete certain tasks, and failure by one department to accomplish them can be detrimental to the whole organization (Hombrados-Mendieta & Cosano-Rivas, 2013). Teamwork and strategic planning facilitate the completion of tasks. When administrators start the strategic planning process of assigning tasks, they set goals based on needs so that they can implement them. Departments must show teamwork, support, dedication, and accountability when completing tasks (Bryson, 2011). Completing a strengths, weaknesses, opportunities, and threats analysis facilitates change based on urgency (Misbah & Mahboob, 2017). This analysis allows organizations to identify internal and external factors that have an impact on them (Misbah & Mahboob, 2017).

Patients Served

The BHO that was the focus of this study is a for-profit acute psychiatric hospital in a metropolitan area in a northeastern U.S. state. The BHO treats children, adolescents, and adults who have psychiatric, behavioral, or addiction problems, specializing in anxiety, depression, suicidal behaviors, and drug and alcohol issues. Services offered are acute inpatient care, substance abuse rehabilitation for adults, an all-female trauma unit, and an acute partial day program for adolescents. The BHO, which is known for its peaceful and therapeutic environment for patients and families, has 239 beds, and it is

one of the largest freestanding behavioral health institutions in the state ("From Hope to Happiness," n.d.). Staff comprise psychiatrists, social workers, nurses, medical professionals, and allied therapy ("From Hope to Happiness," n.d.).

Records indicated that patients are asked to complete a survey at discharge that asks how the patients felt they were treated during their stays, whether their needs had been met, what services were offered during treatment, what they felt was not properly done while receiving inpatient care, and whether they would have changed anything about their stays ("From Hope to Happiness," n.d.). The BHO engages patients in service and relationship building by allowing them to be involved as much as possible in decisions about their treatment. This involvement includes allowing them to participate in the development of their initial recovery plans, treatment plan updates, aftercare services, and services offered while in treatment (Clarke & Glick, 2019). Patient-centered care gives patients a voice in their treatment, allows them to be fully engaged in choosing how treatment is completed, and helps to build trust with staff (JCAHO, 2018). Positive patient-centered communication improves adherence to treatment recommendations (Rutten et al., 2015).

Analytical Strategy

The Baldrige excellence framework (NIST, 2017) was used to analyze the findings so that the BHO could improve productivity, employee engagement, customer satisfaction, and profitability. The framework helped the researcher to identify strategies that tracked and compared data for the most accurate results. The qualitative study was conducted to identify data related to employee engagement at the BHO from interviews

with senior leadership and records (i.e., financial records and meetings) provided by the organization.

To write an effective qualitative research project, it is important to focus on asking questions that prompt thoughtful responses from the interviewees (Agee, 2009). Agee (2009) stated that "the researcher needs to communicate what needs to be delivered to the readers in unfolding and understanding the lives and perspectives of the participants" (p. 432). Data analysis consisted of looking for meanings in the data, categorizing the data, identifying themes, and interpreting the data.

To enhance the validity of their studies, researchers should ensure that the collected data can address their research problems (Posavac, 2011). The more frequently the measurement tools in qualitative research focus on objective behaviors, the more likely they are to be valid (Posavac, 2011). Member checking is a process of ensuring the validity of the data in qualitative research (Posavac, 2011). Receiving feedback from the interviewees regarding the accuracy of their transcriptions ensures the validity of the results (Posavac, 2011).

Archival and Operational Data

The BHO collects data on all patients when they are admitted and again when they are discharged. The collection of archival data on previous leaders of the SWD provided details useful to the study. When patients are discharged, they complete a variety of paperwork, including appointment sheets, an exit survey, and other necessary documentation.

Operational data are data that the organization keeps for staff files. These data files may include trainings and certifications that staff have completed to remain in compliance (Westmark, 2019). Each organizational stakeholder that allows an organization to have a license, certification, or accreditation calls for different types of trainings that are required from each staff member, including leadership ([State] Department of Human Services, 2019). It is up to the department's leaders to ensure that all staff are up to date with requirements. Even if certificates are not given for certain trainings, the organization should keep files on which staff members attended which trainings, the number of hours attended, and how often staff had to attend for operational purposes (Westmark, 2019). Meeting minutes, departmental reports, licensing, and other documentation should be kept (Westmark, 2019).

The BHO CEO (personal communication, April 4, 2019) provided information about future construction plans, progress of the BHO, and the process of shaping the organization into a more structured facility so that all clinical staff would be licensed or eligible to be licensed in the next few years. The goal for all staff to be licensed includes providing training opportunities that will help the organization to keep all employees current on the requirements of a licensed facility (Westmark, 2019). The CEO (personal communication, April 4, 2019) provided details about the operational goals as well as the mission and vision of the organization, how the business operates daily, communication, evolution of the organization, work environment; and improvements within the organization.

Participant 2 (P2) provided insight into such topics as leadership skills, communication, employee engagement, change management, morale, key strategies, and rewards for good performance. JCAHO (2018) helps the organization to improve performance, so all documentation for patients has to be completed in its entirety and on time. P2 also elaborated on his role as the leader of the department, what he wanted to see, and how he handled situations on an individual basis. He acknowledged that even though changes needed to be made, they could not happen immediately. As the department director, his goal was to ensure that employees had an adequate amount of training to remain compliant.

Participants

Walden University's Institutional Review Board (IRB approval # 03-11-19-0745412) approved the selected topic, and the BHO gave approval to conduct research at the facility. Based on the practice problem and the department involved, only two participants were interviewed (P1 and P2). The first three questions that both participants answered were the same and pertained to the BHO, namely its mission, communication throughout the organization, and leadership. The remaining questions were asked based on each participant's role in the BHO.

Procedures

The ethical role of the researcher is to gain consent from all parties prior to reviewing any documents (Avey, Wernsing, & Palanski, 2012). The researcher needed approval from P1 prior to conducting research regarding the facility and who could be interviewed. Interviews with P1 and P2 were scheduled. Avoiding conflict of interest was

another factor that was avoided by complying with IRB guidelines and the BHO regarding confidentiality. The process of identifying a practice problem, one that would not be opinionated or personal, was a task because the research was conducted at the facility employing the researcher. Evaluating the BHO, identifying weaknesses, and deciding to choose the area on which to focus the research helped me identify a practice problem that would warrant investigation.

The consent form was hand delivered to P1's office. An earlier e-mail had been sent to schedule a day and a time that would be good for P1 to read and sign the consent form. Interviews with available dates and times to choose from were scheduled by e-mail. The two interviewees confirmed their interview times via e-mail. Prior to beginning the interviews, the participants were reminded that they had agreed to be recorded. The interviewer introduced herself, gave details of the project, and started to ask the interview questions (see Appendix). The interview questions were determined based on each participant's leadership position at the organization. The first three questions asked during interviews were the same. They addressed how participants engaged their employees, whether they felt that employee engagement in the SWD was impacted by changes in leadership, and how morale could be boosted to show effective engagement.

Open-ended questions were asked to allow the interviewees to provide in-depth responses. The focus of the study was the practice problem of the impact of leadership change on employee engagement. This interview question was asked of P1 and P2 to gain a better understanding of the research problem from the perspectives of these two BHO

leaders. Based on their answers and much research, the Baldrige excellence framework can help the organization improve to become more competitive (NIST, 2017).

The researcher reviewed all interview questions multiple times prior to the interviews to finalize the list to ensure their relevance. Copies of the interview questions were made and e-mailed to the two participants prior to conducting the interviews. Notes and recordings were taken during the interviews. Analysis of the recorded interview responses helped to ensure their accuracy and credibility. After conducting the interviews; analyzing the responses; listening to the recordings multiple times; using the notes taken during the interviews; and considering other data from reports, the discharge surveys, meeting minutes, and policies, the researcher was able to prepare the results.

Summary

The target BHO had operational goals and employee performance expectations. Strategic planning helped the leadership to meet their goals; however, making too many changes can interrupt the flow of operations, have a negative impact on employee engagement, and jeopardize patient care. In this section, details about the sources of data, leadership and assessment strategies, and clients served by the BHO were discussed. Finally, the procedures for conducting the participant interviews were explained. Section 3 includes information about the BHO's operation, an analysis of the ways that it ensured the effective management of operations, and explanations of knowledge management systems of the BHO.

Section 3: Workforce, Operations, Measurement, Analysis, and Knowledge Management

Introduction

An analysis of the BHO's workforce and operations was conducted. Knowledge

management, another key component of the analytical framework, is discussed in this

section. The strategies that helped to engage employees in the SWD so that they could

provide better patient care after several changes in leadership were addressed (see

Haudan, 2011). One source of data was the BHO's website, which contains information

about its operations, leadership, departments, and services offered. Journal articles

supporting the literature relevant to the practice problem, other documentation that

leadership felt was appropriate for me to view (e.g., meeting minutes), and patient charts

were reviewed. Viewing patient charts gave the reseracher the opportunity to identify

information related to patient treatment, services offered, progress made, and discharge.

All patients were asked to complete a survey at discharge so that the organization could

measure the services provided to patients and determine whether staff were doing the

work outlined in the guidelines ("From Hope to Happiness," n.d.).

Components of the Organization

Workforce and Operations

The workforce of the BHO comprises the CEO, CFO, departmental directors,

supervisors, board members, and HR personnel. Operations of the BHO look at the

services offered to patients and whether the BHO is providing these services adequately.

For example, if patients need community support, their social workers carry out the steps

necessary to ensure that they get this support.

When patients or families have any complaints, they reach out to the Bureau of Community and Hospital Operations, which is under the Office of Mental Health and Substance Abuse Services. Here, patients and families are able to report any incidents, complaints of neglect, unfair services, and lack of services. It is the responsibility of the Office of Mental Health and Substance Abuse Services to monitor and investigate major unusual incidents and complaints, promote consumer and family involvement in decision making about what services and supports are needed, and maintain licensure of mental health services (as cited in [State] Department of Human Services, 2019).

Policies and Procedures

Internal policies and procedures extend from the day of admission to the day of discharge for all patients ("From Hope to Happiness," n.d.). Social workers are required to complete paperwork for all patients: biopsychosocial, which includes all demographic information; past and present goals; trauma; childhood upbringing; legal, educational, and family histories. Initial treatment plans are due within the first 72 hours of treatment, and treatment plan updates are due every 7 days thereafter. If issues arise while patients are in treatment, case consults must be completed to document the occurrences. Aftercare plans, including addresses, appointment information, crisis plans, emergency numbers, and warning signs, must be completed, and notes about any progress made, or lack thereof, should be documented at a minimum of every 7 days while patients are in treatment ("From Hope to Happiness," n.d.). This is the clinical aspect of charting, and documentation should be completed within the requirements of the organization to remain in compliance ([State] Department of Human Services, 2019).

Analysis of the Organization

Effective and Supportive Workforce

The responses to the interview questions indicated that the BHO has built an effective and supportive workplace environment by providing clear communication and support. P1 and P2 reported that staff, daily treatment teams, and meetings with supervisors allow the leaders to assess staff needs and offer support in any way possible to obtain high performance and employee engagement (see "From Hope to Happiness," n.d.). Lewis (2016) stated that "a practical approach for optimizing engagement and performance emphasizes the importance of effective supervision as a key component of quality leadership" (p. 1).

The BHO had built an effective and supportive workforce by supporting its employees ("From Hope to Happiness," n.d.). Sometimes, chart audits can offer support in allowing staff members to recognize in sessions with supervisors what areas they need to improve. Support includes listening actively, supervising appropriately, engaging employees to ensure high performance, and being understanding in times of need if staff reach out for assistance (Lewis, 2016). Assessing the strengths and weaknesses of the social workers helps to identify areas that may need improvement or remediation. This process may make the workplace environment more conducive to high performance by employees (NIST, 2017).

Designs, Manages, and Improves Key Services

The BHO designs, manages, and improves its key services and work processes by allowing all departments to collaborate to provide excellent patient care ("From Hope to

Happiness," n.d.). The BHO has a marketing department that conducts research to

determine where and how expansion may happen to keep the organization competitive.

Many organizations offer similar psychiatric services, but not many have dedicated units

for members of the lesbian, gay, bisexual, transgender, and questioning (LGBTQ)

community.

Planning services strategically will ensure the effective management of operations

(Bryson, 2011). Leadership should be knowledgeable of the services provided by the

different departments, support their staff, be resourceful, use resources effectively,

improve the quality of care as well as the quality of the facilities, and manage effectively

(NIST, 2017). The BHO leaders should ensure that operations are efficient and effective

by following through with commitments or promises, holding staff accountable, and

recognizing staff who do exemplary work.

Effective Management of Operations

HR personnel should keep all employees' databases current to track when

trainings, certifications, and licensing are due for renewal (Westmark, 2019). Such

tracking will help to keep the organization in compliance and give employees up-to-date

tools to perform their duties effectively. Hingley-Jones and Mandin (2007) commented

that "trainings helps social workers develop interpersonal skills in working with

individuals, an ethical perspective on their work, an understanding of anti☐

discriminatory practice, and some knowledge of the law and research☐based on their

chosen area of work" (p. 179). According to the DHHS (2019), integrated care requires

strong leadership to ensure the development of a workforce central to the future of effective and efficient health care.

Knowledge Management

The BHO measures, analyzes, and improves performance first by identifying goals and strategies and then having staff sign off that they agree to carry out these wishes. If social workers are unable to do their jobs effectively, they should ask for help. Staff meetings, daily treatment team meetings, and supervision help to facilitate obtaining knowledge of the tasks at hand, deadlines, goals, and ways to perform the tasks; asking questions; and receiving feedback (Arici, 2018).

Staff should be able to rely on their leaders to guide their staff efficiently and effectively as well as help them to find ways to improve (Leidner & Becerra-Fernandez, 2008). Integrating community services and resources into a support system for patients may result in a more effective knowledge management system at the BHO. According to the Substance Abuse and Mental Health Services Administration (as cited in DHHS, 2019), individuals with mental and/or substance use disorders frequently face challenges in building and maintaining social connections because of the lack of resources.

Organizational knowledge assets include training, online tests, and manuals that help the workforce by providing them with information, ideas, learning, understanding, memory, insight, cognitive and technical skills, and capabilities (NIST, 2017). When systems are down, the social workers are unable to complete such duties as checking e-mail, making and returning phone calls, completing referrals, and so on. Issues with technology and software may result in inconveniences and downtime (Arici, 2018).

Midas is the electronic software that the BHO uses to track patients' health care records (Gillingham, 2016). Midas, which allows organizations to monitor health care transactions and schedules, is the system that only the admissions, utilization reviewers, nursing, and leadership departments can use. This system helps health care organizations use patient-centric data to manage, measure, and monitor clinical outcomes (Gillingham, 2016). This system includes personal information about the patients, previous hospital admissions, emergency contact information, insurance information, and more details that might help to determine treatment plans ("From Hope to Happiness," n.d.).

Most staff have access to the medication system to identify the medications that patients are on and when medication changes happened. The social workers are able to provide this information to support referral services inquiring about patients' medications. Communication systems include e-mails, phone calls, memos, and so on, so that staff can reach each other within as well as outside of the BHO when necessary (Gillingham, 2016). The online training that staff complete quarterly is known as health stream, an online training system created by the BHO's HR personnel ("From Hope to Happiness," n.d.). Health stream training must be completed by all staff within a certain time frame. Consequences for noncompliance include write-ups, removal from the schedule, and no annual raises.

Technology plays an important role in improving the delivery of services provided by human service professionals (Gillingham, 2016). The BHO's information technology (IT) department handles anything having to do with technology. Information infrastructures, software, updates, and management systems all go through IT. If IT

issues cannot be addressed internally, the BHO calls on contractors to deal with them. All systems are information sensitive, so all parties must have clearance to handle confidential patient information (Gillingham, 2016).

Organizations that are resourceful have supportive leaders whom staff can trust and who are familiar with the work so that they can accomplish organizational goals (Leidner & Becerra-Fernandez, 2008). When systems fail, interruptions in daily operations occur, frustration builds up, and work-related stress leads to high staff turnover (Breevaart & Bakker, 2018). Successful leaders are skillful in providing and setting the organizational culture and work environment, and they do whatever is necessary to prevent wok-related stress (Avey, Wernsing, & Palanski, 2012). Successful leaders take the time to support employees, and they are skillful in knowing when help is needed to prevent as much stress and frustration as possible.

Summary

Section 3 addressed the ways that the BHO has built a supportive workplace environment for its employees. Organizations have numerous ways of collecting, combining, analyzing, measuring, and strategically using data to produce real-time results. Having an effective and supportive workforce, improving services, managing operations, and providing knowledge assets will help the process to move forward (NIST, 2017).

Included in Section 4 are details of the organization's client programs, services, and effectiveness of new initiatives based on the collected data. The organization's client-focused results, workforce-focused results, and leadership and governance results are

discussed. Lastly, an evaluation of the organization's financial and marketplace

performance results is included.

Section 4: Results–Analysis, Implications, and Preparation of Findings

Introduction

The purpose of this case study was to identify the most impactful strategies necessary for health care leaders to engage employees in the SWD of a BHO to provide better patient care after several changes in leadership. Employee engagement can become difficult when numerous leadership changes occur (Schaefer, 2010). In this section, the analysis, implications, and preparations of the study, which required examining the data, organizing the data, and identifying patterns and common themes. Sources of evidence included details from the company's website regarding the operation of the BHO, leadership staff, departments in the BHO, and services offered.

Interviews with two senior leaders of the BHO regarding the SWD were conducted and recorded on an electronic device. The first three interview questions were asked of both participants and pertained to the BHO, its mission, communication throughout the organization, and leadership. The remaining questions were asked based on each participant's role in the BHO. Based on the analysis of the interview transcripts, four themes emerged: communication, supportive work environment, employee resistance, and low morale. After conducting the interviews, the researcher listened to each recording multiple times to ensure the accuracy of the transcripts. Member checking was conducted by sending P1 and P2 their individual transcriptions to review for accuracy.

Analysis, Results, and Implications

Four themes were identified. Each theme is discussed in the following sections.

Theme 1: Communication

P1 explained how senior leaders in the BHO communicated with staff and felt that "communication is key." P1 stated, "The BHO has multiple communication techniques, which include communication through e-mail, face-to-face conversations, phone conversations, memos, and meetings."

P1 and P2 reported that effective communication is a good way to maintain working relationships and employee engagement. According to both participants, ineffective communication had been happening often and that the lack of communication within the BHO was affecting daily operations. P1 and P2 identified meetings as the most effective form of communication because they allowed more than one person to share information and help to solve problems.

Theme 2: Supportive Work Environment

P1 and P2 agreed that there was a supportive work environment at the BHO. Supportive work environments can include in-house support such as training opportunities, workshops, supervisions, and meetings. Outside support can include support networks such as therapy sessions, conferences, or groups that help employees outside of work (Butt, 2017). Examples of how the BHO provided a supportive work environment were the offering of trainings on and off site, grief counseling for employees who were dealing with the deaths of family or friends, and an employee assistance program for staff members in need of any type of therapeutic services. The BHO also

offered employees outside support for learning and development opportunities that included helping with costs to attend training sessions or conferences.

Theme 3: Employee Resistance

Regarding employee resistance, P2 thought that the practice problem warranted further investigation because of constant changes at the BHO, noting that "employees feel attached, staff is constantly leaving, change has shaken things up, and new staff turnover is happening too often."

If employees do not have a clear vision regarding where their careers are headed, do not feel supported, or do not have a clear understanding of their duties, they become resistant and look for more positive work experiences (Noor et al., 2010). Employee resistance in the SWD at the BHO also was affiliated with the lack of leadership resulting from constant changes. The social workers were frustrated not having an effective leader or a leader to report to when needed.

Theme 4: Low Morale

Low staff morale was another theme that emerged from the analysis of the interview responses based on the discharge survey completed by patients. A high percentage of patients were dissatisfied with their stay and the lack of services available to them during their stay ("From Hope to Happiness, n.d."). According to Sheedy (2018), employees want to be valued for the skills that they contribute. Specific to the BHO, when employees in the SWD did not feel valued, they tended to lose sight of their duties, an outcome that affected patient care**.** Morale can increase by encouraging independence and acknowledging what employees can offer in the workplace (Butt, 2017).

P1 felt that even though morale had improved over the last year, there was still room for growth. Some of the tools that the BHO had introduced to improve the level of morale included reeducating employees about the expectations of their duties, encouraging independence, and allowing flexibility in terms of schedules and attendance. By allowing employees to have more ownership of their workloads, employees became empowered to identify and prioritize program needs while maintaining control over their daily schedules.

P2 acknowledged that morale was lower than preferred. P2, who noted that previous stern disciplinary measures had reduced the morale of the social workers, stated, "Leaders should not be so quick to discipline. They should listen, find out what the barriers are, and strategize how burdens can be eased."

Accountability was essential to the development of SWD staff. However, staff also needed to feel supported when dealing with obstacles. Once obstacles are identified and dealt with, then morale in the SWD will improve (Sheedy, 2018).

Organization's Programs

P1 said that the goals of the BHO were written "to take advantage of the opportunity to stabilize and teach healthier coping skills for each patient so that they may be successful in the community with adequate resources." Evaluating the appropriateness of the BHO's strategies and implementation of its methods may help to evaluate the factors having an impact on the outcomes (Reupert, Mchugh, Maybery, & Mitchell, 2012). P1 mentioned that even though the BHO's next project will be the addition of a unit in the facility that caters to the needs of the LGBTQ community, the board first must

meet to vote, a business plan must be written and approved, financing must be accessed, and remodeling must be completed. Adding a unit for members of the LGBTQ community will give the hospital a feature that other facilities do not have.

Expanding the organization by adding a unit for the LGBTQ community will give the clients more resources, the organization more competition, and the community more to engage with. The new unit at the facility will call for more staff, which means that leadership will have added responsibilities. There needs to be strong and consistent leadership in place to deal with any new stresses that may manifest (see Saad, Sudin, & Shamsuddin, 2018).

Mohanna, Nicol, and Cowpe (2013) asserted that leadership should be trained to support staff in the workplace, facilitate the development of social workers to be as knowledgeable and effective as possible, and support the development of high-performing clinical teams. Saad et al. (2018) found that leadership style, personality traits, and employee communication are strongly connected to employee engagement. Leaders should engage with and motivate their employees.

Clients' Focus Results

Based on the responses to the surveys completed by patients at discharge, there needed to be more engagement from social workers employed at the BHO, and patients needed to receive more resources, including case management, primary care doctors, and support groups in the community postdischarge. Organizations should use any research available that supports improvement to move forward (Bell et al., 2017). Linking with community resources may include connecting patients to services to address the social

determinants of their lives (Fraher, Richman, Zerden, & Lombardi, 2018). Johnson (2019) found that when communities make patients' processes easier by introducing patients to social care resources that help with referrals and service outcomes, patients tend to stay compliant. Based on the survey responses in the current study, resources identified by patients as being needed included having more informational groups that would focus on real-life events, such as how to respond to or cope with different scenarios that might happen postdischarge.

Results of the current study indicated that many leadership changes have had an impact on employee engagement. The lack of engagement, low morale, exit survey responses, and interviews with senior leaders indicated that although the BHO could run smoothly, processes did not always go as planned because of changes and disruptions ("From Hope to Happiness," n.d.). Sow, Murphy, and Osuoha (2017) concluded that agencies often fail to act on the results of employee engagement surveys and do not act when needed. If data are available indicating that organizations need to improve in certain aspects, such as having stronger leadership, then organizations should act (Sow, Murphy, and Osuoha, 2017). Sow et al. provided data indicating that a high percentage of employees in units that took steps to improve their performances based on surveys showed more engagement in those organizations than in organizations that did not act on survey responses.

Leaders can change their employees' experiences and facilitate engagement by helping to influence positivity in the workplace and by valuing the work of staff. Data obtained from the BHO indicated that more support, supervisions, and encouragement

were needed for employee engagement to increase. Changing the organizational culture will change each employee's experience (Psichogios, 2013). The BHO has plans for new programs, but work is needed to add them. If the same staff feel underappreciated or need more support, there is no sense adding to their stress by developing new programs. Training sessions and strong leadership that can guide effectively will have to come first (Mohanna et al., 2013).

Workforce Results

Coding was used to analyze the responses to the interview questions. The themes of communication, supportive work environment, employee resistance, and low morale that emerged were related to the SWD and were based on the analysis of the interview responses given by P1 and P2. All SWD staff fall under the auspices of the clinical department.

P1 and P2 answered interview questions related to their perspectives as leaders regarding their expectations of their employees and the ways that employee engagement and morale were maintained throughout the BHO. Other questions were asked about the culture of the organization and the participants' individual roles, the ways that the social workers engaged with one another and their patients, and any challenges that staff were facing to gain a better understanding of the SWD and the interviewees' backgrounds. The interview questions were developed in alignment with the practice problem and were based on the participants' roles at the BHO and what they expected from their staff.

The Baldrige excellence framework has been used to create a workplace environment that engenders success. Performance of the SWD, the focus of this study,

should be based on the organizational mission and willingness of staff to learn new things and take risks (NIST, 2017). Leaders should participate in successful planning and patient safety. Leaders should do what is necessary to increase organizational performance by identifying needs; addressing them; setting expectations; and holding everyone accountable if they cannot meet the expectations as long, as they are within reason (NIST, 2017).

The participants were asked about the BHO work environment, and specifically that of the SWD. P1 and P2 were asked how the vision of the organization was carried out and how they provided excellent patient care. Senior leaders should install the vision and values through the leadership system to the workforce; key suppliers and partners; patients and other customers, such as families of patients; and stakeholders, such as insurance companies, as appropriate (NIST, 2017). Senior leaders' personal actions should reflect a commitment to the values of the organization.

The Baldrige excellence framework helps organizations to engage, manage, and develop their workforce to full potential (NIST, 2017). Information about the workforce, including what the jobs entail, who does what jobs, the hiring process, and the selection of appropriate departments, is developed under the workforce results in the framework. These results are used to identify how an organization performs and what can be done or needs to be done when auditing (Mohanna et al., 2013).

During the interviews, P1 and P2 often mentioned that morale at the BHO was low.

P1 said, "Morale is low, it needs work, but over the last year I have been here, it has greatly improved. I want to hold everyone accountable and know that staff are doing their jobs to the best of their ability."

P2 remarked, "Morale is low because of the many changes in leadership that had been happening and that the social workers were getting used to the changes at their own pace."

This information provided insight into the practice problem by expanding on the issue and acknowledging that concerns needed to be addressed. Change can disrupt the status quo and lead to stress, discomfort, and possible dislocation (Lussier & Achua, 2015).

The constant change happening in the SWD at the BHO affected the delivery of services to key stakeholders, who provide a large amount of income for organizations and whose interests should be considered (Kröckel, Bendig, & Brettel, 2018). Without the proper leadership team in place, many responsibilities were not being handled properly or in a timely manner, which had a negative influence on the daily operations of the BHO and the SWD. For example, when social workers did not complete the paperwork needed for utilization reviews, insurance companies could issue quality improvement warnings against the BHO, which could be fined if they did not comply.

Sources of data for this study were the BHO's website, employee records, interviews with senior leadership, and journal articles supporting the literature on the practice problem related to the organization's leadership and governance results. When leaders understand the principles of effective leadership and work on personal

development, they can improve engagement with employees (Williams & Huckshorn, 2008). Pavur (2010) reported that improvements to organizational leadership can happen by attracting qualified applicants and by preparing new leaders to meet the responsibilities of their new role.

Leaders should be a valuable resource to staff (Breevaart & Bakker, 2018). Leaders should support and encourage their employees to facilitate the development of employee engagement and high morale. At the time of the study, the BHO had been having difficulty maintaining employee engagement because of the many leadership changes. Organizations that have strong and effective leadership have the capacity to adjust and be responsive to market changes as required (Witmer & Mellinger, 2016). The BHO's SWD has been equipped to produce high-quality work, but the social workers have struggled because of the lack of support from leadership ("From Hope to Happiness," n.d.). The BHO has had many state audits showing that although the SWD can be efficient, work well, and produce excellent patient care, it has strayed from those attributes because of ongoing issues relevant to engagement with the organization.

Financial and Performance Results

The BHO has developed a financial plan that must be followed when considering strategic goals and objectives. This plan describes the resources, equipment, materials, and time frame necessary to achieve these objectives. As mentioned earlier, the BHO has plans to add another unit to the facility. P1 explained that a plan must start with an idea or possible improvements and then proceed to a meeting of the CFO, himself, and board members to propose a formal business plan. Then a blueprint must be drawn up, costs

must be calculated, construction schedules must be set up, and an analysis must be conducted to determine how this process will give the organization an advantage over competitors ("From Hope to Happiness," n.d.). Incorporating business processes into financial management is critical to maintain a competitive position in the marketplace (Devenger, 2019).

During the interview, P1 discussed a vision for expansion:

It starts at the top, which includes many meetings, many complain that we are in meetings often, but it is not for nothing. We are meeting to focus on the organization, how can we make us better, what can we do different that our competitors are not doing. Oh, I have it, there are many hospitals nearby, many offer the same or similar services we do. We need to stand out, this is where marketing comes into play. We did our research, we made visits, we asked questions, and came up with this… in the near future we plan to open a unit that is dedicated to the LGBTQ community. No hospital has a unit solely for the community, and I feel strongly about it. We have to set a goal, punch numbers, take this to the board, identify where we can expand, hire more staff, train them, on and on, and on. Adding, subtracting, changing is not always smooth, but it can happen. Stakeholders love the idea, the community needs this, we just have to be careful and not rush.

The expansion will focus on serving the needs of the LGBTQ community, something that no other hospital in the community had done. Building such a unit would give the BHO a clear advantage in providing services to the LGBTQ community. With

this project in mind, senior leadership must prepare a budget based on the organization's revenue, expenses, and financial standing and submit it to the board. JCAHO (2018) includes financial resources in its safety and quality of care guidelines that treatment providers should adhere to. JCAHO supports expansions if they meet the standards of providing care and resources for those whom the BHO serves. Before any projects can be considered or even started, however, the board of the BHO must examine the budget and the availability of funds. Many social workers at the BHO are already behind in their work because they are overwhelmed and understaffed, so adding a specialized unit to the BHO without the funding necessary to hire more social workers will only add to their stress.

Witmer and Mellinger (2016) commented:

Health care reform and managed care requirements made it more difficult to receive financial reimbursement for services and increased the competition for resources between agencies, faced with this changing environment, many behavioral healthcare organizations responded by downsizing their workforce, restructuring, and forming alliances and mergers as strategies to increase their economic viability. (p. 2)

Identifying the BHO's performance results requires looking at the budget, any progress that the BHO has made, and customers' satisfaction based on results. If the budget calls for a cut in the SWD, it will not be able to hire more social workers. The full-time social workers need help, but they cannot receive adequate assistance because there is no budget to hire more social workers. The results are frustration, stressed

feelings, ineffective or poor patient care, and low morale. Financial metrics are increasingly clear to stakeholders because they offer a healthy way to monitor fiscal accountability and account for all expenditures; however, staff sometimes are not included (Devenger, 2019). Many times, fiscal accountability affects productivity (Devenger, 2019).

Implications of Findings

The purpose of this case study was to identify the most impactful strategies necessary for health care leaders to engage employees in the SWD of a BHO to provide better patient care after several changes in leadership. The impact of employee engagement was identified by obtaining data from the two interviews, government websites, and the BHO website that supported the need for stability within the SWD at the BHO. Results identified the need for strategies to engage employees after several changes in leadership in the SWD. Implications relevant to individuals, the organization, and the community have the potential for positive social change.

Individual Implications

Results showed that leadership should improve employees' opportunities for professional development and encourage their work ethic. Leadership needs to encourage personnel to work toward common goals (Al-Sawai, 2013; Scholar & Shah, 2017). The BHO can offer professional development and trainings to increase employee engagement and make improvements in the organization (Scholar & Shah, 2017). Trainings can include ways to engage employees, exercises on culture sensitivity, examples of

teamwork building, and more. The BHO depends on leadership to ensure the success and development of the organization.

Organizational Implications

The BHO should consider identifying the ways that leaders can organize interviews, complete detailed reference checks, and ensure that potential candidates for leadership roles have experience (Westmark, 2019). When discussing the hiring process, leaders of the BHO should look at the ways that past leaders have affected the SWD and then move in a direction that will have a positive, not a negative, influence (Reupert et al., 2012, Scholar & Shah, 2017). After acknowledging that the social workers have not been supported, progress could be made to promote wellness as well as ensure the safety, effectiveness, and purpose of programs being offered to make the workplace more supportive. Leaders should know their staff well enough to be aware when to lend a hand, when to step in, and when to offer support, all while encouraging the staff.

Social workers sometimes lose focus regarding their role to advocate for their patients because of stress, so leaders should step in to identify and address any issues to find the best way possible to ensure employee engagement and effective patient care (Mohanna et al., 2013). Sometimes, when change happens too often, attention is rarely given to its effect on behavioral health service providers and patient care (Aarons, Sommerfeld, & Willging, 2019). Aarons et al. (2019) found a positive association between mental health program leadership and higher client satisfaction. Positive leadership in human service organizations is related to higher organizational commitment and engagement of staff members (Aarons et al., 2019).

Community Implications

Consumer-centered treatment is the focus when treating individuals in the community (Kelly et al., 2019)**.** The community will benefit by the BHO assisting clients to reach their full potential. This outcome can be achieved by having staff who can perform their duties effectively, follow policies and procedures, and help clients succeed (Makoni, 2019). Individuals discharging from the BHO should have developed coping skills, be prepared to advocate for themselves outside of treatment, and have the knowledge needed to maintain their recovery while in the community (Kelly et al., 2019). Education should have been provided to patients while in treatment on ways to identify their medications, take their medications as prescribed, and what services they need to move forward in their individual recoveries.

Implications of Positive Social Change

With effective programs, employee engagement, support from leadership, and overall productivity, the BHO has the potential to drive positive social change by collaborating to improve social conditions (Stephan et al., 2016). The BHO must identify and hire the best leaders who are willing to carry out the mission and vision of the organization. The leaders of the BHO can promote positive social change by allowing staff to be effective in the work that they perform, follow policies and procedures, and help the community in the process (Makoni, 2019).

Strengths and Limitations of the Study

Strengths

To ensure the validity of the data, triangulation of the different sources of data was used. Posavac (2011) recommended using multiple kinds and sources of information. To enhance the validity of their data, researchers should ensure that they have collected data relevant to the topics under investigation. The sources of evidence that supported the validity of the study included the company's website, which held details of the organization's operations, leadership staff, departments, and services offered. Employee records included leadership and social work staff information. Journal articles supporting the topic were reviewed, and other documentation that leadership felt fit for viewing was included in the sources of evidence.

One strength of this qualitative study was the use of data from multiple sources. Triangulating data from the BHO's website, government agency websites, public websites, policies and procedures, and interviews gave the sources credibility (Flick, Horseland, & Hans, 2019). Another strength of the study was the opportunity to obtain information from top leadership (i.e., P1 and P2) about the operations of the BHO at the time of the study. Collecting qualitative data allowed the researcher to identify the factors relevant to leadership changes that affected the engagement of employees in the SWD. Obtaining data related to the practice problem was a strength in showing that the problem warranted further investigation. The results will allow the BHO to reexamine its hiring protocol and devise a more effective process to hire future leaders.

Limitations

As with all studies, there were limitations resulting from the nature of the study. First, only two senior leaders of the BHO were interviewed. Being able to interview individuals who were not leaders of the BHO might have made more data available from multiple perspectives; for example, more in-depth details specific to the challenges facing the SWD would have been identified.

Another limitation of the study was the lack of information provided on the financial reports of the BHO. Such information was considered confidential, so the organization was not willing to share it with the researcher. Another expected limitation was the BHO's reluctance to provide the researcher with client files. The first responsibility of any organization, especially when handling sensitive information, is to protect its clients from harm (Posavac, 2011). When discussing ethics in a program, confidentiality is the first component that must be considered.

Any organization that maintains medical files and personal information must be cautious in not violating clients' privacy. Organizations must ensure that clients' names are not revealed or shared, keep records in a secure area, and not allow other clients or unauthorized individuals to view clients' records or other data (DHHS, 2019). To minimize any risk of unintentional identification, the discharge surveys at the BHO was answered anonymously (Ateudjieu et al., 2010) as another way to ensure confidentiality. To overcome such challenges, researchers must appropriately know how to secure documents, be discreet with certain information, obtain proper consents, and know what ethical behavior entails.

Summary

Section 4 presented the results of the study based on the analysis of the data. Conclusions were based on evidence the researcher gained from the findings. Also included were the strengths and limitations of the study. Section 5 includes recommendations for future studies addressing similar topics.

Section 5: Recommendations and Conclusions

Recommendations

The purpose of this case study was to identify the most impactful strategies necessary for health care leaders to engage employees in the SWD of the BHO to provide better patient care after several changes in leadership. When employees are faced with challenges and cannot rely on their supervisors for support, employee engagement decreases (Schaefer, 2010). Results indicated that the social workers in the SWD needed a supportive and effective leader to do their jobs effectively. Some recommendations are made in this section about ways to identify barriers and work on corrections. Other recommendations are made to provide the best plan of action for development to be beneficial for the BHO.

Recommendation 1: Technology and Communication

One contribution of this study was to assist administrators, social workers, and other staff at the BHO in recognizing that change can occur without affecting employee engagement negatively. When technology systems at the BHO failed, it often left social workers unable to perform their duties (Arici, 2018). Because the BHO still maintains paper-based records, one recommendation is to record and maintain all documents in an electronic format. Another recommendation is to provide staff with company cell phones so that the workday can be as productive as possible. Posavac (2011) stated that "in order to know how well we have achieved our goals, we need to know what we wanted to achieve" (p. 57). The BHO leadership should set realistic goals and develop plans to

allow staff to meet goals for improvement. An improvement-focused model identifies ways in which a program can be more efficacious (Snyder, 2009).

Recommendation 2: Utilize Survey Feedback Recommendation

To determine the effectiveness of interventions for the BHO, another recommendation is to collect data from the exit surveys completed by patients at discharge and have staff review the results, implement agreed-upon activities, meet the vision and strategic needs of the organization, and develop an action plan (see Bell et al., 2017; Bryson, 2011). Improvements based on feedback may help the BHO engage employees and drive high performance (see Sheedy, 2018). Such an action plan could involve the monthly supervisions of all staff and their managers, ongoing communication with patients, and meetings to address issues or concerns to ensure that work is being completed in a timely fashion. Involvement from P1 in decisions and follow-up issues as required will ensure productivity in the BHO.

Recommendation 3: Marketing and Recruitment

The BHO has a marketing department that promotes the organization in the community. Another recommendation is for the marketing team to build relationships with potential employees to attract qualified leadership applicants. Leary et al. (2013) posited that dysfunctional characteristics are less about lacking the right traits and more about possessing the wrong traits. The hiring process should include recruiting qualified candidates and then selecting the best individuals for leadership positions.

When employees start their positions in hectic and dysfunctional workplaces, negativity takes over and affects job performance (Makoni, 2019). Effective leadership

enhances employees' engagement and promotes motivation (Makoni, 2019). Many leaders know that the pressure to fill vacancies with the right individuals is high, candidates should possess the leadership skills necessary for future business growth (Mcnamee, 2018).

Recommendation 4: Hire an Experienced Workforce

The social workers employed by the BHO were feeling stressed, overwhelmed, and burned out because they did not have support from their leaders. If potential leaders do not have experience working in a BHO psychiatric hospital setting, they should not be hired. Not having the proper experience in a fast-paced environment will lead to confusion, burnout, ineffective patient care, and problems complying with accreditors (Breevaart & Bakker, 2018). The hiring process should include candidates with extensive backgrounds and achievements in the field, leadership experience, and the credentials to demonstrate the skills needed (Mcnamee, 2018). If applicants can answer questions regarding the ways in which they may be able to demonstrate their skills, then employers may be able to determine with more accuracy how well they may perform the duties expected of them (Mcnamee, 2018).

Recommendation 5: Incentives

Another recommendation is to increase the incentives for social workers to support engagement with the BHO and promote higher morale (White, 2016). Incentives must be incorporated in the health care system that align with the goals and objectives of the BHO to engage the social workers (Efendi et al., 2012). Incentives such as luncheons, extra days off, staff parties, employee appreciation cards, public acknowledgment of jobs

well done, bonuses, or appreciation certificates can be used to facilitate employee engagement. When staff feel appreciated and valued for their work, engagement will increase, customer satisfaction will be higher, staff turnover will decrease, and the organization's ratings will increase (White, 2016). Leaders could create a process of recognition to help staff feel motivated.

Future Studies

Several limitations involving confidentiality requirements prevented the researcher from gaining access to certain files and other data. Results showed that hiring qualified leaders is critical to improving the engagement of social workers. Future researchers could examine the qualifications and experience of social work staff to identify possible differences in levels of engagement based on experience or qualifications. Future researchers also could compare effective versus noneffective communication in different SWDs to improve communication strategies. Low employee engagement affects the daily operations of the BHO and how effectively the BHO can provide services. Low employee engagement also can have a negative impact on the reputation of the BHO.

The BHO should develop an effective communication strategy that meets the needs of its social workers. Leaders should be able to strategize with their employees to facilitate organizational growth (Magwaza & Panday, 2019). Future researchers could investigate the same or a similar practice problem at another BHO. This study was qualitative in nature, but future researchers could conduct quantitative studies by collecting survey data and analyzing the data statistically.

Summary

All employees need support, motivation, encouragement, effective leadership, and training opportunities to be proficient in their jobs and stay engaged with their organizations. The social workers employed by the BHO should be able to receive the resources needed to perform their jobs as well as receive support from their leaders. This qualitative study addressed a large metropolitan BHO in the northeastern United States that was dealing with employee engagement issues that were the result of several changes in leadership. Being able to manage programs effectively, identify their strengths and weaknesses, adapt to change, and implement results that will help organizations to sustain employee engagement is indicative of effective progress and strategic planning that all leaders should possess (Vazquez, 2019).

The purpose of this case study was to identify the most impactful strategies necessary for health care leaders to engage employees. P1 and P2 provided detailed responses that aligned with the BHO's goals. These strategies included supportive leadership, effective communication, and increased resources for patients. If these strategies are employed, it will allow social work staff to provide better patient care during and after changes in leadership. Recommendations were offered to help behavioral health care leaders engage employees and improve customer satisfaction.

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Appendix: Interview Questions

Questions relate to a leader's perspective and expectations of their employees and maintaining employee engagement and morale throughout the behavioral health organization. Both participants answered Questions 1 to 3, P1 answered Questions 4 to 12, and P2 answered Questions 13 to 17.

1. Do changes in leadership within a behavioral health organization impact employee engagement?

2. How are the mission, values, vision, plans, and strategies communicated?

3. What types of communications are available for staff members?

4. How does communication happen between senior management and other levels?

5. How would you describe the company's culture here?

6. How is that culture evolving?

7. How does the organization conduct strategic planning, and how does the process start?

8. What strategic goals are set for the organization?

9. How does the organization build an effective and supportive work environment?

10. How does this company reward good performance?

11. How does the organization build effective management of operations?

12. How does the organization measure analyses and then improve organizational performance based on the results?

13. What leadership skills would you consider important to have when supporting employees through an organizational change?

14. As a leader, how do you communicate and engage with your employees?

15. What are your organization's key strategies, and how do you carry them out throughout your department?

16. How would you say your department is taking part in the societal responsibility for their community? Please explain.

17. As a leader, what would you do to boost morale to show effective employee engagement?