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Leadership Behavior on Burnout Among African-American Licensed Professional Counselors

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Walden University

College of Social and Behavioral Sciences

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Chinedu Akubudike

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

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Walden University
2021

Abstract

Leadership Behavior on Burnout Among African-American Licensed Professional

Counselors

by

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MA, Bowie State University, 2008

BA, State University of New York, Empire State College, 2006

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

November 2021

Abstract

The impact of leadership behavior on burnout among mental health workers has been an area of study for several decades. For example, poor leadership behavior has been found to impact burnout among licensed professional counselors (LPCs), and leadership strategy has been found to be essential in addressing a clinician's burnout. However, the existing research suggests that some U.S. behavioral health organizations leaders lack the qualities that would facilitate a decrease in burnout among mental health providers. .

Using the Baldrige Framework for Excellence, I examined the impact of leadership behavior on burnout among LPCs at XYZB behavioral health clinic in northeastern Washington, DC, and its approaches for remediating burnout among LPCs. In addition, I reviewed the organization's performance across seven categories: leadership, strategic planning and customer focus, measurement, analysis and knowledge management, operational focus, workforce, and results. The study used a qualitative case study design to gather and analyze data from semistructured interviews with six senior leaders of the organization and archival and operational data. Results suggest that ineffective leadership impacts burnout, reduces productivity and performance, excessive workload, caseload mismanagement, the resignation of clinicians, and burnout among LPCs. Thus, this study may contribute to positive social change by improving behavioral health organizational leadership quality, strengthening workforce engagement, and providing better community services while building sustainable community-based programs.

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Dedication

To my late grandmother, Ugodiya Agnes Akubudike, a leader who instilled in me the value of education. To my late father, Chief H.O Akubudike, who was a wonderful God-fearing father, and to my late uncle, Dr. C.C. Chukwukaodinaka, an embodiment of versatile knowledge, I dedicate this study.

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First of all, I give thanks and praises to Almighty God for his mercies and grace in this academic journey. I want to thank my mother, Mrs. Patricia Akubudike, for praying for me. To my chair, Dr. Mark A. Arcuri, committee member, Dr. Frederica Hendricks-Noble, and URR member Dr. Rich C. Thompson, I say thank you. Your support demonstrates that academic viability and moral integrity are the pillars of success. Finally, I must not fail to acknowledge the help of the leadership of XYZB Behavioral Health organization. I say thank you.

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Section 1a: The Behavioral Health Organization

Introduction

XYZB Behavioral Health is a private, local, for-profit behavioral health organization established in 2016. The organization serves people with behavioral and mental health problems in a large metropolitan area located in the northeastern United States. XYZB provides mental health treatment for clients ages 6 years to adult suffering from addiction and mental or emotional illnesses, such as schizophrenia, bipolar disorder, depression, and anxiety disorders.

The organization's clinicians are licensed and board certified and treat mental health issues in individual, family, and group settings. According to the human resources director at the study site, the clinicians are a culturally competent group of individuals who use diverse behavioral health techniques, which allow flexibility in engaging and providing effective client services. These techniques also facilitate treating entire disorders, not just one symptom (Akdoğan, 2016).

XYZB's leadership determines staff roles and responsibilities in developing and implementing strategies. The leaders' roles and responsibilities include setting goals and objectives, developing strategies, ensuring performance, and evaluating performance. They also include ensuring efficient organizational operations and staff employment. XYZB has clinical and administrative leaders who deal with clinical management, and the administrative leaders focus on the organization's organizational leadership. Both departments collaborate, coordinate, and cooperate in the organization's leadership.

XYZB's customer service staff are the organization's faces who work at the front desk and focus on assisting clients in securing the services best matched to their behavioral/mental health needs. These staff members ensure efficient client services, including scheduling client intake into treatment, answering calls, and following up on patient appointments. The XYZB customer service representatives offer prompt and convenient appointments for their clients. They put their customers first and ensure quality coordination of services between customers and clinicians. This strategy contributes towards XYZB customer satisfaction.

XYZB's management is hierarchical in structure, with three levels: (a) senior leadership, (b) top managers, and (c) middle managers. The senior leadership consists of the chief executive officer (CEO), chief operating officer (COO), and chief financial officer (CFO). The top managers are the clinical director (CD), the director of human resources (HR), and the program director (PD). The middle managers are the three clinical managers. All are subordinate to the CEO, who is also the organization's owner. Further, XYZB has three departments: (a) medication, (b) administrative, and (c) counseling. Each department connects to the other and shares operational processes.

XYZB's mission is to improve the lives of the people in the community it serves by providing behavioral health services that meet their needs and encourage active staff roles in its organizational operations. The organization's vision is to be a global leader in behavioral health care through providing exemplary services. XYZB's value system focuses on integrity, professionalism, and ethical practice.

XYZB has stakeholders who are actively involved in running the organization. The stakeholders consist of the board of directors, executives, managers, and customers. XYZB's stakeholders ensure that the organization's leadership aligns with the organization's vision, mission, and values. The stakeholders play important roles in the organization's strategic planning process through collaboration, cooperation, and coordination.

Practice Problem

Leadership in behavioral health is responsible for meeting the organization's needs by advocating and implementing strategies for the organization, clients, and staff (Ebrahim, 2018). Clinical leadership promotes links between organization priorities, teams, and patient care to foster distributed leadership in practice. Quality leadership is essential for organizational growth and for fostering staff well-being (Ebrahim, 2018).

XYZB's administration faces workforce challenges resulting from case overload among the organization's licensed clinicians. Case overload among community therapists is associated with burnout, poorer therapist health, high agency turnover, poorer client outcomes, and compromised quality of care (Kim et al., 2018). XYZB is a bustling behavioral health organization that assigns high caseloads to reliable and experienced LPCs. Case and work overloads can stem from various circumstances, such as lack of attention to all perspectives of the working relationships in the team or to poor leadership, and may also result from poor case distribution among the LPCs.

At the time of this study, XYZB did not employ a leadership strategy such as tracking and managing caseloads to prevent burnout among LPCs. This lack of strategy

has impacted morale, contributed to staff burnout, and caused resignations among LPCs in the organization, all issues identified by Kim et al. (2018) as resulting from case overload.

Burnout

Burnout is a state of emotional, mental, and physical exhaustion brought on by prolonged or repeated stress (M. Smith et al., 2019). Though most often caused by problems at work, burnout can also appear in parenting, caretaking, or romantic relationships (Kim et al., 2018). Burnout poses health risks among working populations, primarily mental health staff (Kohnavard et al., 2015). It is often neglected in behavioral health organizations due to increasing workloads and rapidly growing demands (Kohnavard et al., 2015).

Burnout negatively influences the quality of one's work and the standard of care provided to clients. Nash (2020) placed the economic cost of burnout in the United States at approximately \$4.6 billion. Burnout is known to have a negative effect on productivity, job satisfaction, and well-being.

In 2018, XYZB had 29 African-American LPCs. In 2019, the number of counselors dropped to 14, and these counselors took on the caseload of resigned clinicians. The high number of clinician exits is a problem for the organization. Harati et al. (2020) posited that having 25 clients was an acceptable standard caseload for an LPC. However, each XYZB counselor has 30 to 35 clients. The high number of clinician caseload is a problem because it has created an unequal caseload distribution and has had a negative impact on counselors and voluntary turnover. Consequently, lower caseloads

help counselors' mental health and make a real difference in their ability to engage clients, deliver quality services, stay with the organization, and achieve a positive outcome (Harati et al., 2020). Equitable caseload distribution may put XYZB in a position to provide the best possible behavioral health services to its community.

Strategic Leadership

Strategic leadership is essential for distributing caseloads equally and decreasing burnout. Laschinger et al. (2015) posited that leadership has a relationship to burnout and suggested that organizations should promote authentic leadership behavior and limit passive behavior by encouraging leaders to be active in their roles and use their positions to encourage qualified leadership. Dyrbye et al. (2020) contended that immediate supervisors' leadership qualities relate to burnout and satisfaction of non healthcare employees working in an organization.

Quality strategic leadership, including paying attention to employee well-being, is essential for decreasing burnout and for distributing caseloads equally among LPCs at XYZB. Rupert et al. (2015) stated that some U.S. behavioral health organizations lack leadership qualities that would facilitate a decrease in burnout among mental health providers

I built this study on a prior review of the impact of burnout on LPCs and the role of leadership in addressing burnout in employees, and I incorporated key issues and findings from empirical studies in the general field of leadership and burnout. The goal for this study was to help behavioral health leaders identify areas essential for further research and intervention before making conclusions and recommendations for research

and practice. There has been limited extant literature closely connected to the practice problem. Examining the issues associated with XYZB's leadership and approaches for remediating burnout among LPCs may address this research gap.

Purpose

The purpose of this case study was to understand how the leadership behavior and management style among XYZB senior executives have impacted burnout among African-American LPCs. I examined this concept through the lens of the Baldrige performance excellence program (National Institute of Standards and Technology [NIST], 2017). I also explored policies and regulations governing leadership, funding streams, and operational processes. Study findings have resulted in a better understanding of the sources of burnout and a possible solution to some of the challenges facing XYZB's leadership and administration.

The study of the practice problem included interviews with XYZB leadership. In this study, I also reviewed redacted staff employment letters, employee exit interviews, resignation letters, and termination letters from XYZB's director of HR to aid in understanding the organization's leadership plans, goals, policies, procedures, and interventions. A file review included redacted performance improvement plans, training, and policy and procedure documents from XYZB's quality assurance (QA) office.

The primary data sources were interviews with six senior XYZB leaders. Secondary data came from preexisting sources—performance and grievances reports from the QA office, which were valuable data sources concerning leadership behavior and burnout among African American LPCs. Through the interviews with the six clinical

managers, I examined clinicians' concerns, leadership styles, and XYZB administrative policies toward clinicians. The practice problems focus on understanding how behavioral health leadership has impacted burnout among African-American LPCs, reflecting a nearly voluntary 60% attrition rate.

Significance

This case study has significance for the behavioral health field because understanding strategic leadership may facilitate a decrease in burnout among LPCs and improve clinicians' working environments in behavioral health settings (see Jiménez et al., 2016). Study findings may enhance client services and further the understanding of the type of leadership skills needed in mental health programs. The findings may also help to ensure that XYZB clients receive quality care. Further, the findings may contribute to XYZB progress by demonstrating that quality leadership is crucial to reducing burnout and increasing African-American LPC engagement in the organization's services. Finally, the findings may help to identify ways that other behavioral health leaders might better support their clinical staff to reduce burnout and attrition.

A possible contribution to social change may include a better understanding of how effective and efficient leadership influences mental health in LPCs, bringing about an increase in productivity/performance levels and improving LPCs' emotional well-being. With quality leadership intervention, XYZB may discover ways to decrease burnout among LPC staff and ensure they meet community mental health needs. Study

findings may further behavioral health care leadership policy reform and thus enhance the quality of leadership essential for mental health workers' well-being.

Summary

XYZB provides mental health treatment for individuals ranging from 6 years of age to adult. The organization provides treatment for clients suffering from addiction and mental or emotional illnesses, such as schizophrenia, bipolar disorder, depression, and anxiety disorders. XYZB also provides behavioral health treatment to children with attention-deficit/hyperactivity disorder, oppositional defiant disorder, poor emotional regulation, and depression. XYZB's mission is to coordinate efforts and offer quality mental health services. XYZB's leadership has recognized and acknowledged the value of quality leadership and the growing challenge of caseload management, a high number of clinician resignations, and burnout among LPCs. The study was an exploration of how XYZB leadership may impact burnout among African-American LPCs. Data for this qualitative study came from archival and operational data and responses to semistructured interviews with six XYZB leaders who had more than 2 years of employment with the organization.

Section 1b provides details on the organization's profile, the key factors of strategic importance, and the background and contextual factors supporting the study's need.

Section 1b: Organizational Profile

Introduction

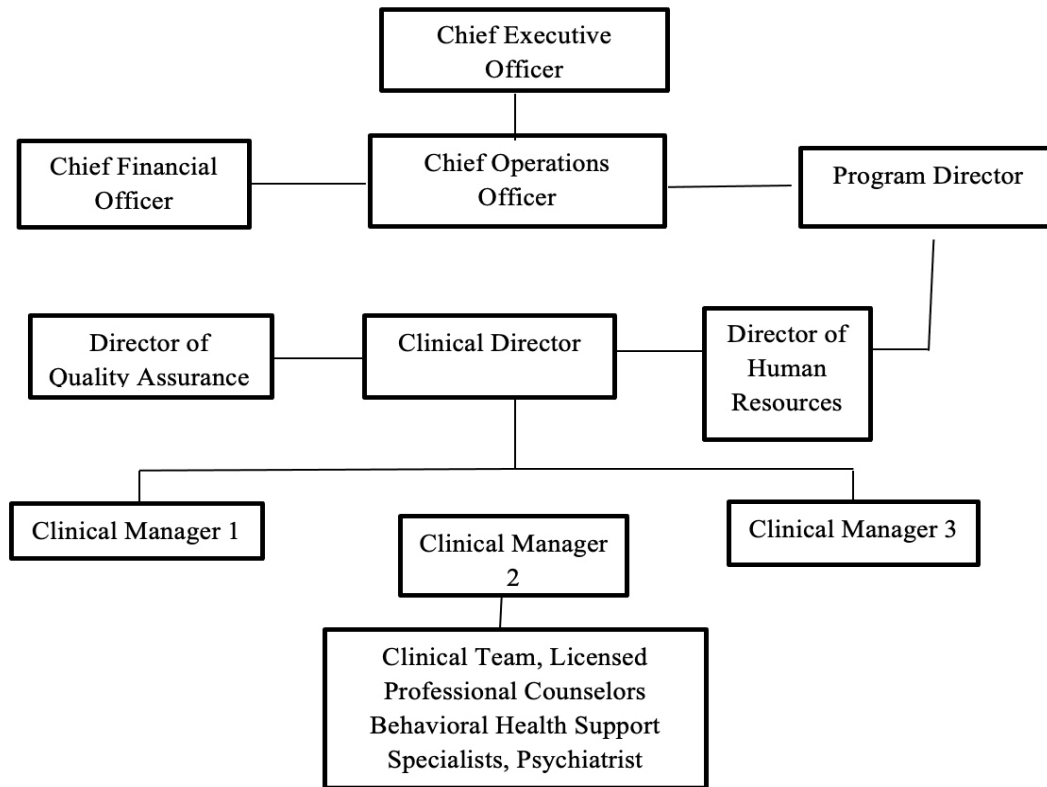
In the northeastern United States, half of the mental health professionals have reported moderate or high burnout, with common symptoms of fatigue, low self-esteem, and sadness (Fradera, 2018). Work-related factors such as workload and relationships at work have been identified as key determinants for burnout (O'Connor et al., 2018). Mental health professionals have been found to experience burnout if they lacked leadership support (Kelly & Hearld, 2020). Burnout among behavioral health care providers and employees is associated with poor patient and provider outcomes (Nash, 2020).

Organizational Profile and Key Factors

When determining the factors impacting LPC burnout at XYZB, it was essential to consider the organization's leadership, vision statement, mission, and services (NIST, 2017). Therefore, the following section begins with a profile of the organization, followed by a description of the key factors influencing the practice problem, challenges in leadership, the employee group, and services.

Organizational Profile

As stated on the organization's website, XYZB is a private, local, for-profit behavioral health organization founded in 2016. Figure 1 shows the organization's structure as of 2019.

Figure 1*2019 XYZB Organizational Chart*

Leadership and management guidance for XYZB is as follows:

- The CEO executes and develops strategies for the management team.
- The COO executes excellent leadership skills, business acumen, and the ability to manage, lead, and supervise a multidisciplinary team effectively.
- The CFO oversees accounts receivable and provides economic feedback for oversight by the board of directors.
- The PD manages all the programs and supervises a multidisciplinary team.

- The QA director manages quality improvement and oversees the accreditation process.
- The HR director manages HR and social media.
- The CD manages the mental health clinical program and substance abuse and crisis services. The CD also supervises clinical managers.

According to XYZB's 2016 policies and procedures handbook (the most recent available), medication providers report to the physicians and/or nurse practitioners, therapists and clinical staff report to clinical managers, and clinical managers report to the CD. The organization has two communication avenues between the CD, the COO, and the CEO. This structure allows for a smoother operation when implementing policies to increase quality of services. According to the organization's policies and procedures on supervision, therapists meet weekly with clinical managers for clinical supervision and policy implementations. The clinical managers meet with the CD for supervision, while the PD supervises the CD.

Clinicians

The organization has 14 highly qualified and certified clinicians from different ethnic backgrounds: Hispanic, African American, and White. Staff members understand their patients and their struggles with cultural issues and other related mental health challenges. The HR director reported that the XYZB's clinicians are culturally competent and represent diversity, are more sensitive to cultural experiences, and are more aware of cultural differences, all of which put the organization ahead of its competitors. Mental

health professionals at XYZB are trained to understand and treat mental health issues in individual, family, and group settings.

Support Staff

The HR director stated that XYZB also has a culturally diverse support staff, which helps the organization attract and retain diverse clients. The staff ensures respect to all clients without regard to race or creed and treats clients with respect. The HR director also shared that the front desk staff works collaboratively with clients to build a relationship through a sense of deep caring, involvement, attending, and positive regard.

Key Factors of Strategic Importance

The Baldrige performance excellence program (NIST, 2017) helps to identify and assess “key strategic challenges and advantages in the areas of leadership and workforce” (p. 8). The program’s framework may be used to assess the organization’s leadership by identifying how the senior leaders’ actions guide and sustain the organization and how the leaders communicate and engage the entire workforce. Using the program’s framework may also help to identify how the senior leaders might improve the organization’s performance and clinicians’ well-being.

Stakeholders

XYZB’s stakeholders are a key strategic advantage in the organization. The stakeholders include senior leaders and organization staff (employees), business partners, the local community, and regulators. They are partners who keep the organization going and help to ensure that XYZB’s projects succeed. According to XYZB documents, the stakeholders are effectively using available management tools to achieve the

organization's vision, mission, and values. Based on XYZB's 2020 report, its stakeholders demonstrate courage, passion, confidence, commitment, and ambition. The stakeholders build teams committed to achieving the organization's common goal and inspire and demonstrate purpose and justice to the organization.

Equitable Distribution of LPC Caseloads

Equitable distribution of caseloads among LPCs is a key strategic challenge for XYZB leadership. According to XYZB's 2019 clinician's evaluation report, each clinician is responsible for 35 cases and is expected to provide 35 to 40 hours of service per week. Further, each clinician is expected to complete and submit clinical progress notes on time every 2 weeks. High caseloads and insufficient time for task completion are frustrating and distressing to clinicians. Clercq et al. (2019) stated that employees experience high stress levels when they have insufficient time to complete their job tasks, resulting in counterproductive work behavior. Not having enough time to complete assigned duties can also be a barrier to achieving set objectives for staff and the organization.

Treatment Offerings and Services

XYZB provides mental health treatment for individuals 6 years of age up to adults. XYZB is eclectic in practice and uses diverse behavioral health treatment techniques in service provision. The organization provides treatment for clients suffering from addiction and emotional illnesses, such as schizophrenia, bipolar disorder, depression, and anxiety disorders. XYZB also provides mental health rehabilitation,

focusing on helping individuals recover from mental illnesses including bipolar disorder, clinical depression, anxiety disorders, schizophrenia, and more.

Services to clients are voluntary unless mandated by court order. Clients are presented with consent forms and asked to provide consent prior to treatment. They are at liberty to withdraw from services at any time. Because of state regulations, XYZB does not work with clients who do not consent to services. Consent is required as it protects clients and demonstrates their willingness to participate in treatment. At the first appointment, all clients receive written information describing the relevant service and detailing their rights as clients.

XYZB policies encourage clients to read the provided information and sign a form indicating they understand the policies and consent to service. In some situations, a potential client cannot sign a consent form; however, the staff can explain the contents of the consent form to the potential client and obtain verbal consent. In crisis situations, XYZB provides services to clients without consent pending their stabilization before signing consent forms.

XYZB provides urgent care services to clients experiencing a crisis or emotional distress and will consider giving emergency services based on the client's voice, appearance, or content of the communication. Although XYZB has a limited capacity to respond to emergencies, the staff may also involve community resources like 911 and health emergency outreach for assistance when necessary. XYZB also provides crisis intervention for adult substance abuse treatment.

XYZB partners with the district court in the county where it is located and with local 14-day inpatient drug rehabilitation programs. It is also in partnership with different health insurance organizations, local psychiatric hospitals for inpatient hospitalization and stabilization, and two inpatient drug treatment centers for inpatient substance abuse treatment. The organization links with other service providers and professionals in the community of operation to ensure that clients have access to service providers and professionals. The organization's geographical location is near the population it serves, and it maintains a good relationship with the community, according to a 2019 patient evaluation report.

XYZB uses a walk in-treatment model; the clinicians provide therapy to clients with or without appointments. They see patients as they arrive on a first-come, first-served basis. This model ensures quality and timely service delivery. However, the COVID-19 pandemic changed the organization's service delivery system, and virtual interventions are now provided via Zoom.

Strategic Direction, Mission, Vision, and Values

XYZB's mission is to provide quality and timely therapy services to its patients. XYZB's leadership helps to ensure achieving this mission by implementing strategies reflecting attainable goals and objectives to reach the desired outcomes. XYZB's walk-in treatment model is an example of one of these strategies. The leadership first identifies the strategy's goal and applies the indicated objective to achieve it.

The administration determines staff's roles and responsibilities in implementing strategies by setting the course of action and communicating expectations. The clinicians

execute the plan, while QA staff monitors progress and performance and provides feedback. The clinical managers carry out corrective actions during weekly supervisions to ensure effective and efficient outcomes.

Organizational Background and Context

XYZB depends on its culturally diverse staff to attract and retain various clients. The organization's diverse team supports the organization in building positive relationships with clients. The therapists demonstrate an understanding of their patients and their struggles with cultural issues and other related mental health challenges. The clinicians provide services to all clients without regard to race, creed, or person. According to the HR director, the clinicians treat clients with empathy, respect, and positive regard.

The organization had 29 African-American LPCs in 2018, according to the XYZB leadership report from that year. However, this number was reduced to 14 in 2019 due to clinician resignations. The HR director shared that the reasons for resignations were high workload, high caseloads, exhaustion, and having to complete too many clinical records without compensation.

Burnout concerns mental health staff who simultaneously report feeling accomplished while feeling emotionally exhausted and detached from work (O'Connor et al., 2018). Burnout is one of the causes of reduced work performance and productivity among workers who deal directly with people (Kohnavard et al., 2015), and because of case overload and burnout in LPCs, the practice of assigning more than the standard number of cases to clinicians becomes a problem. XYZB assigns a high caseload of 30 to

35 clients per counselor. Harati et al. (2020) suggested that having 25 clients was an acceptable standard caseload for a counselor.

Further, there is a need to moderate caseloads so that the counselors can more effectively work with clients while protecting their mental health (Solatiah et al., 2019). Moderate caseloads may put XYZB in a position to provide the best possible behavioral health services to its community. Burnout negatively influences the quality of one's work and the standard of care provided to clients. It is also associated with some adverse physical and psychological outcomes (Bettini et al., 2020). There is a need to pay attention to all perspectives of working relationships, including leadership strategies, in the organization.

Leadership strategies are essential for addressing clinician burnout because leadership behavior and the leaders' relationships with their subordinates are significant determinants of stress and burnout (Harms et al., 2017). For example, caseload management is essential because manageable caseloads can make a significant difference in clinicians' abilities to engage clients, deliver quality services, stay with the organization, and achieve positive outcomes. Solatiah et al. (2019) contended that leadership style has a significant effect on clinicians' performance and burnout. Quality leadership impacts quality services, provides greater innovation, and improves employee performance and behavior (Bhana & Bayat, 2020).

Leadership styles can have a positive and significant effect on clinician performance (Wisetsri, 2020). Improving XYZB's leadership strategies may improve caseload mismanagement and decrease burnout among LPCs. Quality leadership may

enhance a workforce culture that fosters client and staff engagement and well-being. Transformational leadership is a leadership style that inspires positive changes in followers (Liu et al., 2019). It may also improve the environment for achieving the organization's mission, vision, and values. Liu et al. (2019) suggested that transformational leadership could decrease the risk of burnout by promoting employees' psychological empowerment.

According to Slatten et al. (2020), burnout is a painful and lonely experience, often involving depersonalization, exhaustion, and a decreased sense of effectiveness, often with insidious onsets. Burnout is a sign of work-related stress characterized by a feeling of debility, emotional and physical distress, and a lack of interest in work. It can also result in a sense of incompetence, ineffectiveness, and weakness. Recognizing these symptoms is likely to help the organization's leadership realize organizational challenges related to staff health conditions. However, the organization has no policies for reviewing and acting on reports of burnout among LPCs.

The shortage of clinicians at XYZB constitutes a problem because deficiencies in provider staffing can affect service provision and result in distress among clinicians (see Griffin, 2016). For XYZB, meeting the challenge of decreasing burnout among LPCs requires reducing clinician exits by building an effective and supportive workforce environment, maintaining workforce capacity and ability, engaging the workforce, and improving communication between leaders and clinicians.

Financial Management

The organization's CFO manages XYZB's finances. The CFO's duties include managing the organization's finances, cash flow, and financial planning and analyzing XYZB's financial strengths and weaknesses. The CFO sends monthly reports to the CEO via email. The financial department approves all organization expenses.

According to discussions with XYZB's leadership, the senior leaders meet regularly to develop the organization's financial plan. The finance department meets with heads of departments 3 times a year for budget planning. Once the CEO develops and approves the plan, the CFO monitors the plan and reports monthly about it during senior leadership meetings.

Compliance and Ethics

XYZB complies with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a federal law that protects privacy and disclosure of sensitive patient health information (Centers for Disease Control and Prevention, 2018). XYZB's QA coordinator oversees key factors of compliance with behavioral health policy, ethics, and law. According to the Commission on Accreditation of Rehabilitation Facilities (2021), the organization is responsible for ensuring ethical, effective, and efficient management. XYZB maintains compliance through the CD and QA offices. The QA office monitors compliance and management performance weekly and reviews it monthly.

XYZB complies with the state department of behavioral health on accountability. The Centers for Medicare and Medicaid Services conduct formal audits, and as a contractor with the state, the state department of behavioral health conducts audits of

XYZB to assess federal and state compliance. The state department of behavioral health conducts third-party payer audits yearly and randomly selects clients for audit. The audit criteria are determined by medical necessity.

Summary and Transition

Lack of strategic leadership at XYZB Behavioral Health continues to affect LPCs. The organizational profile summary included details on XYZB's efforts to implement its vision and mission. Positive key factors include XYZB's treatment offerings and services, stakeholders, financial management, and ethical practices. Challenging key factors include leadership challenges, distribution of LPC caseloads, XYZB's services, and strategic goals. The organization background includes leadership structure, referral sources, its geographical location, and operational procedures. I also summarized details of the organization's strategic leadership, how it impacts burnout among LPCs, and the importance of meeting LPCs needs

Section 2 is a review of relevant current literature and details on XYZB's organizational leadership and strategy. In this section, I also provide insights into the organization's client population and analytical strategy.

Section 2: Background and Approach— Leadership Strategy and Assessment

Introduction

Mental health treatment can be challenging as it requires strategic leadership, appropriately distributed caseloads, and mentally healthy staff to serve existing and future clients. Leadership in behavioral health is responsible for meeting the organization's needs by advocating and implementing strategies for the organization, clients, and clinicians (Kelly & Hearld, 2020). Rupert et al. (2015) suggested that some U.S. behavioral health organizations lack leadership qualities that would facilitate a decrease in burnout among mental health providers.

Leadership approaches are essential for managing clinician burnout because leadership behaviors are significant determinants of stress and burnout (Harms et al., 2017). For instance, caseload management is critical because manageable caseloads can substantially improve clinicians' abilities to engage clients, deliver quality services, stay with the organization, and achieve positive outcomes.

Caseload management can be stressful because of the number of clients on a clinician's caseload, the severity of client needs, and time frames for intervention. Overload cases among LPCs have been associated with burnout, poor therapist health, high agency turnover, poor client outcomes, and compromised quality of care (Kim et al., 2018). Low production and poor performance because of burnout can have an economic impact in organizations. Girard et al. (2019) stated that burnout has cost the United States \$4.6 billion, and all of its consequences have been negative. Such costs have caught the attention of behavioral organization leaders.

Burnout is a state of emotional, mental, and physical exhaustion brought on by prolonged or repeated stress (M. Smith et al., 2019). Burnout reduces productivity, saps energy, and leaves employees feeling increasingly helpless, hopeless, and resentful (Nash, 2020). It is one cause of reduced work performance and productivity among workers who deal directly with people (Kohnavard et al., 2015). Moreover, Solatiah et al. (2019) contended that leadership styles significantly affect clinicians' performance and burnout. Thus, burnout is a substantial challenge for the mental health profession, and leadership strategies can help clinicians manage burnout (Chen et al., 2019).

XYZB Behavioral Health was the site for this study. XYZB is a private, local, for-profit behavioral health organization supporting individuals and families with behavioral and psychiatric disorders. As reported in 2020, XYZB is a bustling behavioral health organization that assigns too many clients to reliable and experienced licensed clinicians. Harati et al. (2020) stated that 25 clients make up an acceptable number of clients for counselor's standard caseload. XYZB counselors have 30 to 35 clients each. An overload of cases among clinicians are associated with burnout, poor therapist health, high agency turnover, poor client outcomes, and compromised quality of care (Kim et al., 2018). There is a need to moderate caseloads so that XYZB counselors can protect their mental health and work more effectively with clients. The frequent exit of clinicians because of high caseloads and burnout is a problem for XYZB. For example, in 2018, XYZB had 29 African-American LPCs, and in 2019 that number dropped to 14. This reduction is a practice problem because it precipitates inequities in client treatment and

burnout in LPCs, especially among African Americans. Burnout among LPCs may also negatively impact the quality of client services.

Supporting Literature

Walden University's online library search engine Thoreau and Google Scholar were used to identify peer-reviewed, full-text articles published between 2015 and 2021.

Table 1 shows the keywords and concepts searched.

Table 1

Search Engines and Terms Used to Conduct Research

Search engines and data bases	Search terms
Google Scholar	Leadership and burnout, licensed professional counselor & burnout, leadership behavior, burnout among professional counselors
EBSCOhost (all databases), PsycINFO, Sage Journals Online, Sage Research Methods	Burnout among mental health workers, burnout at work, leadership, burnout among professional counselors, qualitative research strategies, case studies, qualitative data collection and analysis
ProQuest (all databases)	Burnout at work, leadership and burnout among professional counselors
Researchgate.net	Burnout among professional counselors

The research on burnout is reviewed first. Rupert et al. (2015) indicated that some U.S. behavioral health organizations lack leadership qualities that would facilitate a decrease in burnout among mental health providers. Building on the impact of leadership and burnout among LPCs, Harms et al. (2017) stated that leadership strategies are

essential in addressing clinician burnout. Leadership behavior and the leader's relationship to subordinates are significant determinants of stress and burnout.

Nash (2020) linked burnout to rude behavior, health problems, and economic problems. In addition, Tsai et al. (2019) suggested that job burnout among mental health staff is a concern that should be closely monitored even among teams who express a sense of personal accomplishment from their work. Similarly, Solatiah et al. (2019) contended that leadership style significantly affects clinicians' performance and burnout. For instance, the higher the burnout, the more likely it is for clinicians to dislike their work, reducing productivity.

Burnout reduces productivity, saps energy, and leaves employees feeling increasingly helpless, hopeless, and resentful (Kohnavard et al., 2015; Nash, 2020). It is one of the causes of reduced work performance and productivity among workers who deal directly with people. Solatiah et al. (2019) contended that leadership style significantly affects clinicians' account and burnout. Furthermore, Chen et al. (2019) stated that burnout is a considerable challenge for the mental health profession and that agency leaders can help clinicians manage it. Along those same lines, Kim et al. (2018) wrote that overload cases among LPCs are associated with burnout and unsatisfactory service outcomes.

The impact of leadership behavior and burnout among African-American LPCs has not been a significant research focus. Among the limited existing relevant literature on the effects of leadership behavior and burnout among African-American LPCs, Jiménez et al. (2016) suggested that strategic leadership facilitates a decrease in burnout

among LPCs and improves working environments of clinicians in behavioral health settings. Strategic leadership behavior is essential for decreasing burnout among LPCs in practice.

Most of the empirical evidence has pointed toward the benefits of transformational leadership in reducing employee burnout. Liu et al. (2019) stated that transformational leadership could decrease burnout risk by promoting employees' psychological empowerment. Liu et al. (2019) analyzed the association between transformational leadership and burnout and concluded that interventions focusing on transformational leadership and psychological empowerment are important for reducing burnout among clinicians.

Burnout among behavioral health care providers and employees is associated with poor leadership and provider results. Leadership style has a relationship to reducing burnout (Harrichand et al., 2021). However, it is not clear whether some leadership styles are more effective than others.

Hildenbrand et al. (2018) set out to shed light on the relationship between transformational leadership and employee burnout and concluded that transformational leadership is vital for protecting employees from burnout and improving leadership and employee relationships. Tafvelin et al. (2019) also supported the need to apply transformational leadership to decrease burnout among clinicians in behavioral health organizations. Barling and Cloutier (2017)'s two studies on the relationship between employee well-being and their managers' transformational leadership styles revealed a positive relationship between transactional leadership and employees' psychological

well-being. Evidence from these studies has also suggested that quality leadership is essential in behavioral health organizations in that it retains employees, reduces burnout, and increases employee engagement. Barling and Cloutier (2017) also stated that transformational leadership protects employees from burnout and plays an essential role in employee health and well-being. The findings from these studies reflect the impact of leadership behavior on burnout among LPCs.

Chughtai et al. (2015) examined the impact of ethics leadership on employee well-being, work engagement, and burnout. In this study, the authors suggested that ethical leadership can play an integral role in improving employees' health and well-being. Ethical leadership also builds trust-based relationships with employees, and ethical leaders can potentially enhance work engagement and protect the employee from burnout. For instance, a moral leader is likely to create a healthy work environment where LPCs may feel valued, comfortable, and inspired to be their best selves (Ryan & Wessel, 2015). Liu et al. (2019) also found relationships between leadership and employee status to burnout. Ryan and Wessel's (2015) findings indicated that improving leadership behavior can decrease employee burnout. Vullings et al. (2020) also stated that leadership is related to burnout. They suggested promoting ethical leadership behavior and limiting passive behavior by encouraging organization leaders to be active in their roles and to use their positions to promote quality leadership

The relevant literature supported the belief that lack of leadership behavior could impact burnout among LPCs in a behavioral health organization. Findings in the following studies justified the need to improve quality leadership in behavioral health

organizations: Barling and Cloutier (2017), Chen et al. (2019), Chughtai et al. (2015), Harms et al. (2017), Hildenbrand et al. (2018), Jiménez et al. (2016), Kim et al. (2018), Harrichand et al. (2021), Kohnavard et al. (2015), M. Smith et al. (2019), Nash (2020), Rupert et al. (2015), Solatiah et al. (2019), Tafvelin et al. (2019), Tsai et al. (2019), and Vullings et al. (2020).

Sources of Evidence

Sources of evidence for this qualitative case study included semistructured interviews with six senior leaders of XYZB, a review of the organization's website, and redacted archival data. Reviewing the organization's archival documents was essential in understanding how leadership behavior impacts burnout among LPCs. The archival data came from XYZB's database, resignation letters, written staff responses to performance improvement plans, employee exit interviews, annual reports, the policy and procedures manual, and the terms of staff employment.

Face-to-face interviews were conducted with six XYZB leaders. These interviews with senior leadership consisted of six questions (see Appendix A) that allowed for an understanding of the organization's leadership policies and leadership behaviors and how they impacted burnout among LPCs. Archives were essential because they contained evidence of activities at XYZB, the organization's leadership policies, its organizational culture, and how they impacted burnout. The interviews and archives were sources of key evidence for this study. XYZB's leadership provided essential data as quickly and freely as possible.

Leadership Strategy and Assessment

Leadership Strategy

According to XYZB's policies and procedures manual, senior leadership and board members are responsible for ensuring effective, efficient, and ethical management. XYZB's leadership is teamwork based. Cooperation, collaboration, and coordination between management, both independently and in conjunction with each other, encourages organizational leaders to plan strategic goals. Collaboration among the senior leaders provides the organization opportunities to share knowledge, experience, and skills with its partners. Collaboration among the senior leaders helps XYZB in strategic planning and implementation. Collaboration among clinical managers allows XYZB's senior leaders to work with individuals in other departments or areas in the organization to develop strategic plans for the organization. XYZB's stakeholders also play an essential role through collaborating, cooperating, and coordinating with the organization's strategic planning process.

Collaborative strategic planning, specific actions, and responsibilities move the organization in a particular direction. For instance, in XYZB's management, collaboration between leaders helps them work with staff from other departments to develop and implement strategic plans. Collaboration also provides opportunities for the leaders to share knowledge, experience, and skills for organizational development. Trust and respect among XYZB's senior leadership are instrumental for effective collaboration in implementing strategic plans.

Cooperation is another governing strategy among XYZB's leadership.

Cooperation assists XYZB's leaders in the strategic implementation process and allows them to work as a team to achieve set goals and objectives. Finally, coordination helps the leaders know what is needed to succeed and enhance the flow of plans without obstruction.

XYZB's senior leadership directs employees in implementing strategic goals without employee input. Poor leadership action may make employees feel that management does not trust them to make decisions and may create a work culture based on employee overreliance on leadership guidance (Mirela, 2016). Mirela (2016) also suggested that leadership can be challenging when there is little to no employee input.

XYZB's policies and procedures require internal and external audits to ensure compliance. The QA office conducts internal audits; the state department of behavioral health conducts the external audits. The state department of behavioral health has oversight for the organization and conducts yearly audits to ensure services are medically necessary. Regarding staff wages, XYZB's behavioral support staff wages are lower than LPC service fees, and psychiatrists earn higher pay.

The clinical staff consists of contractors except for the CD and clinical managers, who are salaried. The administrative team members are full-time employees. Junior leaders in the organization, such as the clinical managers, do not include staff in the decision-making process; they determine responsibilities and supervise clinicians. Drouin (2018) indicated that leaders could influence team members in discharging their duties efficiently through the transformational leadership approach. Gigliotti and Ruben (2017)

stated that influence is essential in leadership; without influence, leadership does not exist. Leadership involves influencing a group of individuals with a common purpose. Transformational leadership may produce positive outcomes in XYZB, including motivating, empowering, and setting goals for the organization's leadership to align with its mission, vision, and values. How leadership develops and implements strategic planning is discussed next.

Strategic Planning

Strategic planning is a dynamic process that requires a safe place for discussing and prioritizing impactful issues (Bryson, 2018). It is a process that organizations use to ensure ultimate success and sustainability. Strategic planning is relevant to XYZB's governance as it helps the organization achieve its vision, mission, and values.

XYZB's leadership sets goals, establishes priorities, and allocates financial and workforce resources to accomplish its goals. During strategic planning, senior leadership discuss and agree on specific actions and responsibilities that will move the organization in a particular direction. The CEO, COO, and CFO plan financial strategies annually. The group reviews annual performance compared to the organization's goals and then reverses or develops new plans. XYZB's budget focuses on addressing staff engagement, quality management, and service delivery improvement.

Organizations need strategic plans for responding to external and internal challenges (Giffords & Calderon, 2015). According to XYZB's CD, the organization needs a strategic leadership plan that motivates and points staff toward the organization's

mission, vision, and values. It also needs funds to address external challenges such as high comorbidity and social deprivation in its community of operation.

Moderating caseloads and protecting staff from burnout are among many challenges facing the organization. Vullings et al. (2020) suggested that leadership is related to burnout, and that organizations should promote ethical leadership behavior and limit passive behavior by encouraging leaders to be active in their roles and use their positions to promote quality leadership. Quality strategic leadership is essential for decreasing burnout among LPCs in the organization. The leaders need to pay attention to their employees' well-being. XYZB needs strategic planning to ensure that its mission, vision, and values align with its leadership.

Clients/Population Served

Client Population

As published on the organization's website, XYZB's services cover individuals with behavioral and mental health problems living in a large metropolitan area in the northeastern United States. The population across the region ranges from 909,327 to 1,061,210,209 people (U.S. Census, 2020). In this population, an estimated 240,000 individuals, children, and adults have a mental illness diagnosis. The percentage of insured people under the age of 65 years ranges from 6.5% to 6.7%. The average household income ranges from \$35,321 to \$45,729, and the average household population ranges from 2.08 to 2.53 persons.

XYZB provides mental health treatment for individuals from age 6 years to adult. It provides treatment for clients suffering from addiction and from mental or emotional

illnesses like schizophrenia, bipolar disorder, depression, or anxiety disorders. According to the organization's list of community partners, referrals come from entities including the justice department, hospitals, family members, schools, and religious organizations.

Client information gathering is ongoing from intake to discharge. Intake sessions are the first meetings between therapists and clients; clients and clinicians agree on the reasons for services. Clinicians collect more information during diagnostic assessment and treatment. According to XYZB's policy and procedures manual on consumer assessment and service planning, assessment and service planning is a collaborative and continuous process at the organization. Assessments to inform diagnoses are standard practice at XYZB. The process is a mutual exploration of the client's issues and strengths, complemented by the licensed staff's professional perspectives and recommendations, resulting in a jointly created treatment plan with agreed-upon goals.

Client assessment begins in the initial interview and builds on the information gathered during intake. The assessment is used to gather necessary information, explore clients' strengths and issues, and determine their desired outcomes. The information gathered is relevant and appropriate to the nature of the issues, such as the client's presenting problem, history of the problem, the client's strengths and resources, safety issues such as abuse, the current risk of self-harm, previous suicide attempts, physical and mental health issues, social and environmental context (e.g., social supports, work situation, income, living situation, neighborhood, family background) and formulation of the problem/issue.

Individual treatment planning at the organization is client centered. In addition to presenting to the client an agreement on service goals, XYZB clinicians and clients discuss the expected length of service and potential interventions to achieve the stated purposes. Individual treatment plans (ITPs) are documented in the assessment and in the client's treatment plan portal. Licensed clinicians discuss the ITPs with their clients and summarize their findings to clients in a way that the clients can understand. The ITPs then become authentic documents for treatment after clients sign them. An unsigned treatment plan is incomplete until signed by the client according to XYZB's assessment policies.

The intake packages that clients complete before their initial appointments are another source of consumer information. The intake package includes questionnaires on demographics, medical histories, educational levels, and family histories. According to XYZB's policies and procedures, therapists use information gathered from these instruments to inform treatment. The organization's policies and procedures ensure that equity and inclusion guide all its endeavors. Individuals who believe they have experienced harassment or discrimination in the organization are encouraged in the disclosure sheet to report concerns or complaints to any of the clinical managers for a resolution. Additionally, according to XYZB's 2016 policy on harassment, if the individual is uncomfortable reporting to any of the clinical managers, the individual may reach out to the state department of behavior health consumer advocate for resolution or seek help outside the organization.

XYZB's leadership values and encourages client feedback on its policies and practices. The staff ensure that clients are familiar with the organization's privacy and procedure policies so that clients may have their questions answered and can exercise their rights regarding their records. The staff also explain that when receiving services from the organization, clients have the right to receive high-quality services and be treated with respect and courtesy

Building Relationships

Given the nature of XYZB's services, building relationships is essential for successful outcomes. The therapeutic relationship depends on building trust with the client and ensuring professionalism so that clients are willing to share personal issues. The relationships between XYZB's LPCs and clients are strictly professional. The clinicians are empathic and help clients become aware of their assets and strengths rather than deal continually with their deficits and liabilities. During the initial therapeutic phase, therapists establish positive relationships through active listening, responding, and showing respect for the client's capacity to understand the purpose of treatment and to seek change. Caring for clients is correlated with more patient-centered communication behaviors in clinical encounters (Flickinger et al., 2016).

Analytical Strategy

The analytical strategy for this study included analyzing data collected from the interviews as well as from archival and operational data. Interviews with the organization's senior leadership allowed me to understand and explore the respondents' perspectives, describe leadership methods, and develop fully detailed and contextualized

descriptions (see Ravitch, 2016). For this qualitative case study, I interviewed six senior XYZB leaders to understand how the organization's leadership behavior impacted burnout among LPCs. I conducted data analysis through thematic coding with theme identification. I coded data gathered from the initial consultation with the organization's clinical director, from the organization's Monday meetings, from the organization's website, and from interviews with the CD and the HR director. This information also reflected triangulation of data sources.

Archival and Operational Data

Organizations usually collect archival data that mirror the organizations' intents and actions (Ravitch, 2016). Archival data in this study included client intake forms, records of the organization's meetings, employee exit interviews, and resignation letters. I reviewed the organization's training materials, policy improvement records, policies and procedures, resigned clinician's records, credentialing agreements with insurance agreements, and operation licenses. XYZB's leadership collected all these documents.

The organization stores clinical and administrative data for future use. As written in the organization's policies and procedures, and under the state department of behavioral health's terms of operation, a staff handbook is mandatory so that all staff know their rights in the organization and understand the organization's policies regarding employment and employees. I also reviewed XYZB's employee handbook and explored its policies on employees, primarily licensed clinicians.

XYZB's license of operation follows regulatory guidelines established by the state department of behavioral health. The organization's credentialing agreement with

Medicaid provided regulations governing consumer claims, accountability, and reimbursements. The information technology (IT) staff provided information about advertising and operations software. Access to the organization's employee exit interviews offered insights into the organization's day-to-day processes, leadership solutions, and clinician morale. The HR director provided the resignation letters from previous XYZB clinicians. The resignation letters helped me to understand the reasons for staff resignations.

Authorization to access the organization's data started with an initial consultation with the organization's CD regarding my intention to research the practice problem identified in the organization. I explained the reason for reviewing the organization's documents in the first interview. With approval secured from Walden University's Institutional Review Board (IRB; approval # 07-08-20-0456801), the CD authorized access to XYZB documents. I also requested documents from LPCs who resigned, and the PD approved this request after my face-to-face meeting with XYZB's CD. I also conducted in-person recorded interviews with each of XYZB's three clinical managers as well as with the CD, QI, and HR director. These individuals were chosen because of their key positions in the organization.

Participants

The focus of the proposed study was on understanding the impact of leadership behavior and burnout among African-American LPCs. The interview participants included XYZB's six senior leaders, who helped me understand how the organization's leadership behavior impacted burnout among LPCs. The interviews provided information

on the organization's leadership behavior, professional relationships, and methods to decrease burnout among LPCs. I selected these participants because of their leadership roles and their relevance to practice-focused questions. They were also selected through an initial face-to-face interview based on their association with the study's focus and their willingness to participate.

Procedures

A case study is a research process to investigate life events or events over time (Ravitch, 2016). For this qualitative study, the life event involved understanding leadership behavior and burnout among African-American LPCs. Data collection included semi-structured interviews, review of archival data, and review of the XYZB website. Other data sources included the organization's policies and procedures manual, records, and the U.S. Census Bureau website.

Participants received study details before their interviews. This information included an explanation of the study and a request for the participants' voluntary participation. The study participants completed informed consent forms (see Appendix B) before the study began. The consent information consisted of the following: (a) voluntary invitation for the interview, (b) interview methods, (c) risk and advantages of the study, (d) confidentiality, and (e) questions regarding rights of participants. Accepting the request for interviews and signing the consent form indicated participants' willingness to participate in the study.

For this study, I aimed to establish trust in the interviews through respect and positive regard using open-ended questions that start with "why," "how," or "what."

Ravitch (2016) posited that thoughtful, constructed questions may result in deep and rich data. I consulted the Baldrige performance excellence program (NIST, 2017) for further guidance on selecting interview questions for research on performance excellence in health care.

In this study, I scheduled individual interview appointments in the CD and HR directors' offices, which took place on mutually agreed-upon dates convenient to the participants and me. I advised the participants that the interviews would follow an interview protocol with preset questions to ensure accurate data collection. Participants were also advised that the interviews would be recorded to ensure accurate review of the data, to determine follow-up questions for analysis, and to archive raw data as required by Walden University's IRB. In addition to recording the interview responses, I took notes while observing participants' facial reactions and nonverbal communication,

After completing the interviews, I used Transcribe by Wreally software to transcribe the interviews within 24 hours of completion. All participants received copies of their interview transcriptions via email for validation. Additionally, I used thematic coding in data analysis; the codes were labeled so that I could arrange manageable data units. Thematic coding was used for summarizing key features of the large data set, as it forced me to take a well-structured approach to handling data. It also helped me to produce a clear and organized final report (Ravitch, 2016).

Since the study's completion, I am storing the study's data on a password-protected computer and flash drive under lock and key for 5 years in compliance with Walden University's IRB requirements. I also plan to shred and burn all paper documents.

Cantrell and Runs Through (2019) stated that physical destruction is a reliable method for destroying electronic data. I will employ physical destruction to destroy all electronic data generated for this study.

Researcher's Role

As the primary data collector in this qualitative case study, I am responsible for establishing trustworthiness. Korstjens and Moser (2018) stated that trustworthiness is important for evaluating a study's worth and establishes credibility, transferability, dependability, and confirmability. In this study, I established credibility by considering all study complexities and addressing potential problems early on, as suggested by Ravitch (2016). I ensured credibility through triangulation by using multiple data sources and followed Merriam and Tisdell's (2016) guidance for cross checking multiple data sources.

Transferability refers to the degree to which qualitative research may be generalized or transferred to other settings (Korstjens & Moser, 2018). I ensured transferability by providing a complete and detailed account of the study's context and procedures so that others might understand the study setting. Further, I provided detailed descriptions and interpretations of data and situations observed in this study.

Dependability in qualitative research means that the findings are consistent and could be repeated over time (Ravitch, 2016). In this study, I established dependability through inquiry audit and by having the Walden University research reviewer, the study chair, and the assistant study chair examine the data collection, the data analysis, and the study's results.

Confirmability refers to a degree of neutrality or the degree to which other researchers could confirm research findings (Korstjens & Moser, 2018). I ensured confirmability through triangulation by using more than one method to collect data. For instance, I collected data through semistructured interviews, secondary data, and a survey. Multiple information sources also strengthened dependability and limited the risk of misinterpreting the findings.

Researchers have used reflexivity to identify and monitor signs of indirect participant coercion, tacit patterns of regularities not taken for granted, and note potential conflicts (Karagiozis & Uottawa, 2018). I implemented reflexivity by ensuring that the participants' relationships with me did not impact data collection and analysis in the study context. I avoided bias by focusing on resisting the tendency to impose my cultural influences and views during interviews and data interpretation (Karagiozis & Uottawa, 2018). In this study, I reinforced competency by exhibiting integrity, honesty, and clarity to participants in the interviews (Newell & Troxel, 2021).

Summary and Transition

Burnout among LPCs at XYZB Behavioral Health is on the rise due to the lack of transformational leadership behavior in the organization. Rupert et al. (2015) indicated that some U.S. behavioral health organizations lack leadership qualities that could facilitate a decrease in burnout among mental health providers. This study was conducted in order to understand the leadership strategies needed to decrease burnout among licensed clinicians at XYZB. Section 2 provided details regarding supporting literature, evidence sources, leadership strategies, assessments, clients/populations served, and

analytical strategies. Section 3 provides an analysis of the organization, its workforce and operations, and its knowledge management.

Section 3: Measurement, Analysis, and Knowledge Management Components of the Organization

Introduction

Leadership in behavioral health is responsible for meeting organizational needs by advocating for and implementing strategies for the organization, clients, and staff (Ebrahim, 2018). Additionally, poor leadership style has a significant effect on clinicians' performance and burnout (Solatiah et al., 2019). Burnout is a substantial challenge for the mental health profession, and leadership strategies can help clinicians manage burnout (Chen et al., 2019). Burnout is also one of the causes of reduced work performance and productivity among workers who deal directly with people (Kohnavard et al., 2015). Strategic leadership engagement in the workforce can decrease clinician burnout (Kelly & Hearld, 2020).

The impacts of leadership behavior and burnout among African-American LPCs at XYZB Behavioral Health were the focus of this study. I used the Baldrige performance excellence program's framework (NIST, 2017) to evaluate the organization and its staff. It is to be noted that XYZB has successfully operated in the community for many years and serves over 25,000 individuals annually. The organization employs over 35 staff, most of whom are clinicians (i.e., counselors, social workers, nurse practitioners, and behavioral support specialists.).

Information came from interviews with six XYZB leaders and through the review of policies and procedures, the organization's archives, employees' exit interviews, meeting minutes, and resignation letters. These data were essential to analyze as they

related to leadership behaviors that impacted burnout among LPCs. The following section begins with an analysis of the organization, followed by discussions of the workforce and operations, and the organization's knowledge management.

Analysis of the Organization

According to the documentation reviewed, XYZB has built an effective and supportive workforce environment first and foremost through effective leadership. Solatiah et al. (2019) contended that leadership style significantly affects clinicians' performance and burnout. Leadership is an essential factor in making an organization successful (Nguyen, 2015). Further, there is a compelling connection between job satisfaction and good leadership (Um, 2019). Shared values and beliefs ultimately drive employee commitments to one another and to the organization (Erben & Büyüktaş, 2020). XYZB's leadership develops strategies and strategies clarify collective action, and collective action results from a practical and supportive workforce. The leadership values and encourages employee feedback about XYZB's policies and practices.

Recognizing employees as human beings and not resources is a key emphasis in XYZB's efforts to build an effective and supportive workforce environment. XYZB treats employees with courtesy and respect and states that no person should cause or allow unfair conditions, act without dignity, or violate the human rights of any other employee of the organization.

XYZB's policies on assessment and service planning state that the organization has a walk-in policy, meaning that clients are provided services on demand without appointments, and they do not need to wait. Walk-in policies are convenient, but they run

the risk of making health care more complicated. For example, these policies require constant staffing for service provision. Determining needs and hiring new staff is the responsibility of the CD and the HR director. The CD and the HR director meet weekly on Mondays to assess the need to hire more clinical staff. According to the CD, there are, at times, high volumes of walk-in clients to assign to available clinicians. Managing these high volumes has been challenging to the organization and the clinicians. It affects the organization's policy of rapid response to consumers and distresses clinicians. It results in unpredictable client flow and complaints of waiting long hours for treatment. Some clients are turned off by the policy.

XYZB has a culture of zero tolerance to violence against employees. According to XYZB's policies and procedures, 70% of the organization's services are community based. Part of XYZB's supportive and effective work environment means implementing safety precautions for its employees. The leadership ensures that employees provide services in safe, clean, and accessible offices. XYZB regularly updates its employees on high crime areas in the community and provide safety training.

Building an effective and supportive workforce environment at XYZB also includes providing training, offering competitive benefits, and recruiting new staff through establishing professional relationships with nearby universities.

Training

According to a XYZB HR employment document, the organization engages employees by providing them with training, supervision, and benefits. It offers professional development training to employees to help empower them for success at

work. XYZB provides continuing education for licensed clinicians to help them maintain their professional licenses and enhance their practice scopes.

XYZB's employee handbook states that continuing education is required for all licensed clinicians. Continuing education gives employees the chance to attend professional education meetings if approved by the CD. This benefit begins after 6 months of employment, and the educational allowance starts with 1 year of service. Besides providing training to enhance workforce capacity, XYZB leaders motivate employees to do their work well by offering weekly supervision to staff and providing adequate supplies, materials, and equipment required for state standards.

XYZB offers professional development training to employees to help empower them for success at work. The organization also provides continuing education for licensed clinicians to help them maintain their professional licenses and enhance their practice scopes.

According to the HR manual, XYZB conducts orientations for newly hired staff, including interns, on the first Monday of each month. Staff orientation contributes to an employee's success (Matsuo, 2020). XYZB's job orientation includes an overview and history of the organization and a review of its vision, mission, and values, and structure. Most XYZB employees are contractors, but full-time employees are oriented to benefits and information related to insurance and promotion procedures. Orientation and employee rights and responsibilities are also described in the employee handbook. There is a different orientation for new-hire staff, the IT department registers new staff, takes photos for their IDs, and assigns passwords to access the organization's contracted

software TherapyNotes. New staff are introduced at the organization's staff meetings held every Monday. XYZB leaders welcome new staff with entertainment, which is part of the organization's culture.

Competitive Benefits

XYZB provides benefits for full-term employees, including paid holidays, vacation, and health benefits. The administration provides incentives by rewarding employees of the month with financial rewards and promotions. The organization has employee promotion methods based on merit, supervisor recommendations, and self-evaluations. XYZB also recognizes an employee of the year with a recognition banquet, a certificate, and money.

Relationships With Nearby Universities

XYZB has a relationship with the universities in its state, which refer nurse practitioner interns, counseling interns, social worker interns, and psychologist interns year-round. Interns are offered internship positions in the organization and remain under licensed practitioners' supervision in their respective disciplines. Interns are offered monthly stipends. Many of the interns are offered jobs in the organization upon graduation. The internship program creates an ongoing source of future full-term employees for the organization. According to XYZB's HR records, the interns bring knowledge to the organization, not just extra hands.

XYZB recruits its staff from interns upon graduation and from local career recruiting agencies. According to a XYZB supervisor, recruiting staff among interns is cost effective and efficient because the supervisors know the interns and their

competencies. XYZB also recruits professional counselors, psychologists, psychiatrists, and psychiatric nurse practitioners from area universities through Indeed.com, Career Builder, the organization's website, and personal referrals. Internet recruitment increases visibility to potential employees and targets specific skillsets (Campos et al., 2017).

Workforce and Operations

Effective and Supportive Workforce Environment

Leadership is an essential factor in making an organization successful (Nguyen, 2015). Further, there is a compelling connection between job satisfaction and good leadership (Um, 2019). Shared values and beliefs ultimately drive employee commitments to one another and to the organization (Erben & Büyüktaş, 2020). Leadership establishes strategies and clarifies collective action and collective action results from a practical and supportive workforce.

Workplace Capacity and Capability

XYZB's HR director is responsible for hiring employees, and employing new therapists requires knowledge of the workforce. Graystone (2019) reported that it is essential to distinguish future employees who are disciplined, optimistic, and hardworking. Apart from recruiting qualified practitioners, the HR director is responsible for determining ongoing needs for additional staff according to program conditions. The senior leaders work together to advertise and hire new staff. The HR director is responsible for smooth operations of XYZB's HR department. The HR director supervises and provides consultations to XYZB's management on strategic staffing plans,

benefits, training, budgets, and labor relationships. The HR director is also responsible for new staff invitations, orientations, and introductions to XYZB departments.

The respective supervisors manage the professional activities of their teams. The CD carries the responsibility of orienting staff with clinical tasks, policies, and the organization's operational procedure. As shown in Figure 1 in the Organizational Profile Section, the CD, PD, and COO report to the CEO, who is the organization's owner. The psychiatrist, psychologist, and nurse practitioners report to the CD, who also reports to the CEO.

Once a job is offered and accepted, HR staff is responsible for completing the employment paperwork and gathering references. According to the HR manual, XYZB conducts orientations for newly hired staff, including interns, on the first Monday of each month. Staff orientation contributes to an employee's success (Matsuo, 2020). XYZB's job orientation includes an overview and history of the organization and a review of its vision, mission, and values and structure. Most XYZB employees are contractors, but full-time employees are oriented to benefits and information related to insurance and promotion procedures. Orientation and employees' rights and responsibilities are also described in the employee handbook. The IT staff registers new hires, takes photos for their IDs, and assigns passwords to access TherapyNotes, the organization's contracted software. XYZB leaders welcome new staff with entertainment, which is part of the organization's culture.

Effective and efficient management of operations is the responsibility of senior leadership who oversee administrative and clinical services. Numerous policies and

procedures are accessible to all XYZB employees through the employee portal at the organization's website to ensure effective operation. Workplace health, security, and safety are managed differently according to XYZB workplace policies. XYZB has a health and safety policy in place to ensure employee compliance with safety and health measures. XYZB promotes a safe and secure environment and does not tolerate aggressive behavior involving employees, clients, or the public. Acts of aggression among employees are dealt with decisively. Any employee who committed acts of aggression is subject to disciplinary action, up to and including termination. Health care facilities can effectively improve safety through staff engagement in intervention design (Quigley et al., 2021).

XYZB has a progressive discipline policy in place for underperforming employees. The leaders first communicate the issue with an employee who is underperforming and then provide a solution such as training and a performance improvement plan. XYZB leaders first have the employee's clinical manager arrange a meeting with the HR director to discuss the issue directly to ensure it does not conflict with XYZB policy. The HR director has the CD form a specific plan of action tailored to help underperforming employees improve their work performance. XYZB leaders also follow up with underperforming employees a few weeks later for another review.

In an extreme situation, mandatory training to improve specific performance may be recommended for an underperforming employee. If the issue is not resolved, the leadership, through the clinical managers, provide a verbal warning followed by a written warning, suspension, and employee termination. Although XYZB has an at-will state

employee policy, the organization uses performance improvement plans to deter litigation.

Leadership is essential in managing workplace security because workplace safety is not the absence of conflict; instead, conflict should be effectively managed and resolved (Tufano, 2020). XYZB leadership ensures that staff does not have to tolerate such behaviors and reports them immediately. XYZB has a zero-tolerance policy regarding aggression or threatening behavior in all XYZB locations, including work in the community.

According to XYZB's employment policy, staff workload capacity is the responsibility of the CD, the PD, and the HR director. The three leaders work together to determine when to employ new staff and when further expansion of clinician caseloads may impair consumer service quality. The policy requires LPCs to manage the caseloads assigned to them and to meet with clinical managers on the 30th of every month for supervision. The CD then works with the clinical managers to evaluate caseload sizes versus the quality of care for consumers. Caseload decisions are based on this evaluation, but there is a need to track clinicians' caseloads to know who has fewer caseloads and can accommodate new clients during referral surges.

The LPCs' caseloads are challenged by walk-in and waitlist consumers, necessitating having on-call licensed clinicians to fill in during referral surges. On-call employees are a big benefit to many organizations. They help ensure that business is covered while keeping costs down. On-call employees generally cost little to nothing (N. Smith, 2018), and XYZB may benefit from using software to track caseload management

among the clinicians. XYZB contracts with TherapyNotes to improve and enhance caseload management.

Boyle et al. (2019) identified the need to monitor data on practices and measure outcomes in making clinical judgments. The state department of behavioral health where XYZB is located requires that behavioral health organizations compile and report any status changes concerning their practices and the use of services by consumers. At the time of this study, XYZB had no policy to collect data that would aid caseload management and caseload tracking. The organization also had no policy for managing a high volume of walk-in consumers for individual counseling. The state department of behavioral health also requires that all behavioral health organizations ensure that LPCs have their state license and registration and update them as recommended by the state counseling board.

XYZB's HR department tracks clinical license expirations, police records, and drug and alcohol records and is also responsible for managing workforce benefits such as health insurance and paid time off. The QA director works with HR in credentialing licensed clinicians with different health insurance providers, evaluates staff performance, and monitors employees' pay. The HR staff also introduce new employees at the all-staff meeting held every 3 months.

The work performance of the CD, HR director, QA director, and three clinical managers are evaluated by outside entities twice a year, with outcomes disseminated to the COO and CEO for implementation. Insights into staff attitude and performance are revealed through staff satisfaction surveys (Hills, 2018). Performance evaluation

outcomes are analyzed and used to confirm new employees and promote existing employees. Promotions at the leadership level are in house and based on merit and performance. According to a current HR document, XYZB promotes leaders who exemplify the following characteristics: confidence, social skills, vision, and critical thinking skills. XYZB leaders must think critically every day, and the leadership's duty is to ensure that client and employee problems are solved.

XYZB fosters a culture of engagement by hosting weekly staff meetings and monthly senior leadership meetings. The meeting dates and times are announced for the entire year on the organization's portal, followed by reminders from the clinical managers. The leadership collaborates with front desk staff to ensure all employees are reminded of these weekly meetings. The collaboration between the front desk staff and the employees ensures smooth implementation of organization's policies and procedure. The front desk staff also ensures employees are promptly provided needed support, giving employees a sense of belonging and a good relationship with the organization.

XYZB implements customer service training for all staff to enhance workforce development. The leaders work to improve all services by managing and monitoring productivity and compliance. The QA department is tasked with overseeing all programs to ensure that the requirements for standards of care are met as set forth by the state department of behavioral health, who also perform a yearly audit generated by the QA department to measure compliance. Clinical managers complete the quarterly audits to ensure that licensed clinicians meet the set clinical standards. By leading and supervising

a multidisciplinary team, the COO is responsible for effective and efficient operations management, and analyzes and makes strategic decisions for XYZB.

Effective leadership depends on communication (Fibuch & Robertson, 2019). XYZB does not have formal methods for senior leaders to communicate directly to employees, but instead, relies on clinical managers to communicate indirectly to employees for the senior leaders. Communication between the clinical managers and employees at XYZB follows a downward communication style, traveling through senior leadership to the clinical managers and then to the employees. The clinical managers use written communication in letters, reports, and oral communication with employees. Communications between the clinical managers are lateral, and communication with senior leadership is upward.

Knowledge Management

XYZB's QA department is responsible for measuring and improving XYZB's policies and procedures. According to the QA manual, the state department of behavioral health accredits and regulates XYZB practices. The QA manual states that the state department of behavioral health's policies and regulations provide management policies and operations oversight. The QA department conducts the internal audit to ensure compliance standards set by the state department of behavioral health.

According to XYZB's administrative policy, QA is responsible for information dispensation and regulations. Personal information that could be used on its own, with other information to establish employee identity, with client service providers, or with

clients' personal representatives is kept confidential. Personal data also include any additional information about a client, including information in a client record.

QA is also responsible for ensuring that quality programs and services are provided to clients, providing information to other people or organizations with client consent, such as when making a referral for service, contacting clients, donors, and stakeholders, and evaluating staff performance. Additionally, QA is responsible for conducting research to understand the kinds of issues clients face and reviewing client files to ensure high quality service and documentation.

XYZB's QA department is responsible for ensuring compliance with all state and federal regulatory policies. Review of the organization's performance improvement system is conducted weekly by clinical managers with QA office oversight. QA staff and supervisors use a performance/treatment tracking chart to track performance and compliance. Another QA focus is a yearly audit by the department of behavioral health to ensure compliance and policy regulation. This audit focuses on policy compliance and assessing the quality of practice performance. These audits have shown that XYZB lacks monitoring charts to ensure equitable distribution of caseloads among clinicians. Coordination gaps exist between the intake coordinator and the CD to ensure that walk-in clients are assigned to clinicians for treatment in a timely manner. This gap contributes to uncompleted clinical records and additional tasks for clinicians.

According to XYZB's IT manual, the IT department is responsible for managing the organization's information, including data sharing, care coordination, patient engagement, documentation, and publications. The department is also responsible for

security system management and electronic health record storage. The IT department also manages a secured server and stores all the organization's data. There are several storage drives; some are accessible to all staff; others are accessible only to the leadership. All computers, email, websites, printers, and fax machines are password protected. The IT department is under the PD's direction.

XYZB has a strict policy about dispensing information and ensures compliance to HIPAA rules and standards. XYZB has state, federal, and third-party payer oversight. While delivering its services and programs, the organization collects personal information from its clients. Client information that could be used on its own to establish a client's identity, with other agencies, with the client's service provider, or with the client's substitute decision-maker is encrypted in TherapyNote software

All computers and email accounts at XYZB are password protected. Some are accessible to all staff, and others are only accessible to management with individually assigned passwords. XYZB's IT staff manages a secure server, security firewalls, and all technological equipment.

To protect private health information, XYZB has strict policies regarding email content and how information is stored and shared. As such, XYZB uses TherapyNotes, which is a secure, web-based, HIPAA-compliant software. Staff use assigned passwords to access TherapyNotes for documenting progress notes and sending claims.

Additionally, service data and billing reports are generated biweekly by the QA department and shared with XYZB leadership to ensure all service delivery is billable per Medicaid requirements. However, there is no available information on how XYZB's IT

department resolves challenges facing IT in behavioral health care delivery systems, such as the constant updating of software to keep up with current and future behavioral health care service needs.

Summary

Section 3 addressed how XYZB has built an effective and supportive workforce environment. Recruiting and retaining qualified employees, providing training and reimbursement methods, and maintaining safety has shaped XYZB's workforce. Additionally, XYZB offers orientations, benefits, and ongoing training to employees, which contribute to employee engagement. XYZB also conducts Monday and monthly meetings throughout the year.

XYZB provides a safe work environment by putting policies and procedures in place and holding monthly health and safety meetings. The IT department manages the organization's information, including data sharing, care coordination, patient engagement, documentation, and predictive analysis. The QA department ensures information dispensation and regulations. Personal information that could be used on its own, or with other information, to establish employee identity, the client's service provider, or the client's representative is kept confidential.

The Baldrige performance excellence program's framework was used to analyze XYZB in this study, in which the focus was the impact of leadership behavior and burnout on African-American LPCs.

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

Introduction

XYZB is the behavioral health agency that served as the organizational site for this study. The XYZB organization provides behavioral and mental health services for individuals and families with mental and addiction disorders. XYZB is making steady progress and expresses an interest in achieving sustainable growth within the behavioral health organization. Although XYZB is progressing, it has experienced organizational, leadership, and workforce challenges, resulting in LPCs experiencing burnout and a high number of resignations and attrition in the organization. XYZB's leadership is aware of this and has expressed interest in examining its organizational system, leadership strategy, administrative policies, and procedures.

To address this, I examined how leadership behavior has impacted burnout among LPCs. Recommendations from this study focus on improving leadership strategy, improving the organization's workforce and management, decreasing clinician burnout and resignation, and creating sustainable progress in the organization. I used the Baldrige Excellence Framework (NIST, 2017) to analyze sources of evidence gathered during this study—leadership behavior, management, and operational procedures—to explore how these factors have impacted burnout among African-American LPCs. Furthermore, I conducted semistructured interviews with six XYZB leaders who had more than 2 years of employment within the organization. I analyzed the clinicians' exit interviews, termination letters, performance improvement plans, training, policy, and procedures from the XYZB quality assurance office.

In addition, I use a qualitative approach to analyze the responses from these six leaders to questions associated with their experiences at the XYZB organization. Finally, I established emerging themes from the analysis to formulate recommendations for this study. Recommendations from this study focus on improving leadership strategy, improving the organization's workforce and management, decreasing resignations, and creating sustainable progress in the organization. In Section 4, I review and analyze the findings and the impact of leadership behavior on burnout among LPCs.

Analysis, Results, and Implications

Client Programs and Services

XYZB's QA department is responsible for measuring and improving XYZB's policies and procedures. The QA department conducts the internal audit to ensure compliance standards set by the state department of behavioral health (DBH). XYZB services compliance standard report in 2019 by the state DBH was 90%. Using the same benchmark by the state DBH that certifies the quality standard of practice, the average score for behavioral health organizations in the area is between 90% and 100%. XYZB scored high in clinical note documentation and quality services based on medical necessity, accomplishing 90% in each criterion (see Table 2).

Table 2*2019 XYZB Services Compliance Report Compared to State DBH Set Quality Service*

Category	XYZB scores	State DBH set quality service scores
Quality standard practice	90%	90%-100%
Clinical note documentation	90%	90%-100%
Quality individual progress notes	90%	90%-100%
Client-centered treatment plan	90%	90%-100%
Progress from treatment	90%	90%-100%
Internal staff trainings	90%	90%-100%

XYZB emerged to have offered quality services in 2019. Achieving this level of certification established external authentication that XYZB has been complying with state standard practice. Therefore, I studied the organization's leadership and governance and reviewed the workforce and client services survey in the behavioral health program.

Client-Focused Results

The XYZB behavioral healthcare organization places a high value on client services. According to the IT director, the organization uses media platforms such as LinkedIn and Facebook to engage the community. The XYZB 's IT director also explained that outreach staff works with a media consultant to create awareness about its services and monitor progress with the IT director. XYZB also uses direct-mail advertising and clients' success testimonials to tell their stories. For instance, a client's success Storytime is in Monday's staff meeting called "Progress Report." The CD director explained that the senior leadership also discusses a client's progress and challenges at leadership meetings for solutions.

XYZB, through the QI director, conducts a yearly client-satisfaction survey to determine client satisfaction and dissatisfaction with services. According to the QI director, data from the survey are for service improvement. The QI director also explained that the licensed clinicians directly distribute the survey in paper form to clients after individual therapy sessions. QI staff gathers and tabulates the survey distributed through SurveyMonkey, which captures the voices and opinions of the client receiving services from the organization. XYZB uses the survey outcomes to improve customer service and mental health services.

The 2019 client-satisfaction survey addressed six domains: satisfaction with services, dissatisfaction with services, quality services, improved functioning, client-centered treatment planning, and progress from treatment. Respondents rated statements such as “I like the services from XYZB” and “Clinicians are supportive” by using a Likert scale ranging from 1.0 (*strongly disagree*) to 4.0 (*strongly agree*). A comparison of 2019 general client satisfaction and dissatisfaction is in Table 3. The results of the survey show aggregate data for each category.

Table 3

2019 XYZB Adult Client Satisfaction SurveyMonkey Compared to SurveyMonkey Client Expected Performance Score (N = 1,200)

Category	XYZB client scores (in percentages)	Client expected performance score (in percentages)
Satisfaction with services	95%	100%
Dissatisfaction with services	5%	0%
Quality services	85%	100%
Client-centered treatment plan	76%	100%
Progress from treatment	71%	100%
Improved functioning	75%	100%

XYZB served approximately 5,000 clients in 2019; the data in Table 3 represent 1,200 adult clients, about 24 % of XYZB’s client base. Ninety-five percent (1,140 clients) of the respondents gave XYZB high scores, while 5% (60 clients) gave the organization low scores. The high scores showed that respondents felt satisfied and responded that their clinicians were doing their jobs well. They were making progress toward their treatment goal and liked the services they received from the XYZB organization. In Table 3, satisfaction with services, 95% of respondents showed satisfaction with services received from the XYZB organization. XYZB appeared to provide quality services from the respondents’ perspectives. The lower scores included feeling dissatisfied about progress from treatment and improved functioning. These

respondents' scores of 2.5 or 5% expressed dissatisfaction with services they received from the organization, even though some expressed satisfaction with their treatment.

XYZB clinicians may have limited ability to effect change in some areas of their clients' lives. Some clients' dissatisfactions with their treatments might be that some clients are resistant to therapy and unconsciously or deliberately oppose the therapeutic process that they fail to accept or understand (Austin & Johnson, 2017). Regardless of the dissatisfaction, the results showed that XYZB scored above average in every category in the survey, suggesting substantial satisfactory services to their clients.

Workforce-Focused Results

XYZB workforce-focused result satisfaction surveys are collected annually. For this study, I analyzed clinician satisfaction surveys in 2019. In 2019, 35 clinicians responded to 11 survey questions. Every clinician had access to the survey, which was made available through the XYZB organization's email link. XYZB used a Likert rating scale offering four responses. The clinicians had the option to check the 11 statements from "I am satisfied with my work and balance" to "I am confident in the organization's overall success." The QI department calculated the survey results. According to the XYZB CD, the survey showed improved clinician commitment, motivation, and performance.

Table 4*Clinician Satisfaction Survey 2019 Results*

Statement	Strongly disagree	Disagree	Agree	Strongly agree
I am satisfied with my work and life balance.	40%	10%	30%	20%
I feel supported by management.	45%	5%	30%	20%
My manager lets me know what is expected of me.	5%	25%	70%	0%
When I have challenges my clinical manager is there for me.	5%	45%	10%	40%
I am able to grow within the organization.	25%	25%	25%	25%
I am able to provide feedback on policies that need to be improved within the organization.	10%	20%	60%	10%
I am able to communicate with leadership	10%	40%	40%	10%
I have the opportunity to improve my skills with regular training.	0%	0%	5%	95%
I am acknowledged for my work and job performance.	0%	0%	30%	70%
I am satisfied with the work culture.	25%	25%	40%	10%
I am confident in the overall success of the organization.	5%	25%	70%	0%

In Table 4, for the statement, “I am satisfied with my work and life balance,” 40% of the clinicians strongly disagreed, and 10% disagreed. In the same statement, 30% of the clinicians agreed, and 20% strongly agreed, demonstrating that 50% were either strongly dissatisfied or dissatisfied with work in the organization, while 50% were satisfied or strongly satisfied. For the statement, “I feel supported by management,” 45% of the clinicians strongly disagreed, and 5% disagreed. In comparison, 30% of the

clinicians agreed, and 20% strongly agreed, showing 50% of the clinicians felt either strongly supported or supported by management. For the statement, "My manager lets me know what is expected of me," 5% of the clinicians strongly disagreed, and 25% disagreed, while 70% agreed. This demonstrates that a majority of clinicians agree that the clinical managers let the clinicians know of their expectations in the organization.

For the statement, "When I have challenges, my clinical manager is there for me," 5% of the clinicians strongly disagreed, and 45% disagreed. In comparison, 10% agreed and 40% strongly agreed, which demonstrated how the low support from the clinical manager seemed to lead to low morale, job dissatisfaction, and the resignation of clinicians.

For the statement, "I am able to grow within the organization," 25% of clinicians strongly disagreed, 25% disagreed, while 25% of the clinicians agreed and 25% strongly agreed. This indicated that 50% of the clinicians either strongly disagreed or disagreed with the statement. However, 50% of clinicians felt a lack of opportunity to grow while 50% felt the opportunity for growth in the organization. These statistics represented challenges in the organization's leadership regarding the clinicians' growth.

For the statement, "I am able to provide feedback on policies that need to be improved within the organization," 10% of clinicians strongly disagreed, 20% disagreed with the statement. In comparison, 60% of the clinicians agreed, and 10% strongly agreed. For the statement, "I am able to communicate with leadership," 10% of clinicians strongly disagreed and 40% disagreed. In comparison, 40% agreed, and 10% strongly

agreed, demonstrating some communication between the clinicians and the organization's leadership (see Table 4).

In Table 4, the clinician satisfaction survey showed that 0% of clinicians strongly disagreed or disagreed with the statement, "I have opportunity to improve my skills with regular training." In comparison, 5% of the clinicians agreed, and 95% strongly agreed with the statement. Again, these responses were consistent among the respondents.

On the other hand, 0% of the clinicians strongly disagreed, while 0% disagreed with the statement, "I am acknowledged for my work and job performance." However, 30% of the clinicians agreed, and 70% strongly agreed. These statistics revealed how all the clinicians admitted that the organization acknowledged their work and job performance. For the statement, "I am satisfied with the work culture," 25% of clinicians strongly disagreed and 25% disagreed, while 40% agreed and 10% strongly agreed. The scores on satisfaction with work culture may reflect clinicians' experiences with high caseloads and burnout.

Nevertheless, for the statement, "I am confident in the overall success of the organization," 5% of the clinicians strongly disagreed, while 25% disagreed. On the other hand, 70% of the clinicians agreed, while 0% strongly agreed. Thus, the outcome demonstrates that the organization has potential for success.

The role focus is on clinicians' perceptions of their roles, growth, and organizational culture. Thirty-five licensed clinicians rated their experiences in the organization using the same Likert scale. Approximately 95% of the clinicians strongly agreed with the organization; the highest scores were from clinicians who expressed the

opportunity to improve their skills with regular training. The scores demonstrated that the reason for clinician burnout was inefficiency and overdedication to their work to meet the needs of their clients. This response was consistent among the clinicians. However, for the statements, “I am satisfied with my work-and-life balance,” and “I am able to grow in the organization,” 50% of the clinicians disagreed or strongly disagreed on each of the statements, which could be due to their experiences with the organization's leadership, work-related burnout, and the high rate of resignations.

Evaluating quality performance reported within the context of workforce satisfaction with XYZB culture, clinical managers, and roles furnished information on how clinicians in the organization performed effectively in their positions. Workforce satisfaction survey results disclosed imperfections in the clinicians' concerns on satisfaction with work-and-life balance, less support by management, and dissatisfaction with the work culture.

In the XYZB clinician satisfaction survey, most clinicians noted organizational inadequacies. Their responses to the survey showed dissatisfaction with work-and-life balance, consistent with dissatisfaction with the work culture and support from management. Sharing the performance data with clinicians from XYZB's annual clinician satisfaction surveys could help to improve workforce engagement, which may result in performance improvement and enhancing clinicians' satisfaction with working in the organization.

I also collected and reviewed 2 years' worth of staff exit interviews. The HR director reported that the exit interview rating was relatively high compared to the

number of resignations. The HR director provided 50 exit interviews for analysis; the actual number of resignations in 2019 and 2020 was 40 in 2019 and 29 in 2020.

Therefore, 80% of clinicians who resigned in 2019 and 2020 provided exit interviews.

The exit interview data offered insights into the reasons why XYZB clinicians left. By analyzing the available data, I determined that the reasons why clinicians left XYZB were because of health problem, job dissatisfaction/burnout, high caseload, and no reason provided (see Table 5). The three clinicians who left XYZB in 2019 during a significant period of resignation in the organization indicated poor leadership and high caseloads as reasons for leaving their jobs. Considering the number of staff resignations, XYZB needs a leadership strategy to address LPCs' resignation rate and burnout. This information shows a high burnout rates and leadership concerns at XYZB.

Table 5

Clinicians Reasons for Resigning (N = 40)

Reason	Responses
Health problem	5
Job dissatisfaction/burnout	20
High caseload	10
No reason provided	5

Burnout is a state of emotional, mental, and physical exhaustion brought on by prolonged or repeated stress (M. Smith et al., 2019), and is associated with case overload among community therapists, poorer therapist health, high agency turnover, more unsatisfactory client outcome, and compromised quality of care (Kim et al., 2018). For instance, case overload and poor organization leadership can influence burnout and

dissatisfaction among clinicians. XYZB does not employ a leadership strategy such as tracking and managing caseloads to prevent burnout among LPCs.

In addition, XYZB acknowledges the importance of clinicians' emotional well-being but does not have mental health programs to support their clinicians. XYZB outsources and encourages its staff to receive mental health treatment from other organizations. Outsourcing mental health treatment for staff to the different organizations could help maximize staff efficiency when well managed.

XYZB also acknowledges employee importance and uses incentives, gifts, and awards such as employee-of-the-month to recognize exceptional staff performance. According to XYZB's program director, these incentives and awards encourage and reward excellent performing staff, motivate employees, and increase productivity. XYZB also offers the following benefits: medical, dental, and vision coverage; paid time off; paid maternity leave; and 2 weeks paid holiday.

Additional analysis of the workforce environment showed that the QI director is responsible for coordinating information on XYZB's organizational performance. The QI department's focus is on improving the organization's quality of services. QI staff use information from the organization to enhance policies, progress, and outcomes. The QI department also implements a safe workforce environment by ensuring mandatory e-learning for all staff in the organization. The e-learning covers physical safety, fire safety, sexual harassment, and policy compliance. In addition, XYZB's QI provides biweekly safety inspections and fire drills to ensure fire detectors are working. The XYZB facility care manual focuses on safety management and has an emergency evacuation plan.

Leadership and Governance Results

XYZB's senior leaders and the CEO constitute its leadership and governing body. Therefore, I analyzed XYZB's leadership meetings for this study. XYZB management is goal-oriented and focuses on what has been going wrong and addresses it. For instance, according to the HR director, XYZB leadership has identified many licensed clinicians' resignations from the organization and hired a consultant to address the problem.

Financial strategy is planned annually by the chief executive officer, chief operating officer, and chief financial officer. The group reviews annual performance compared to the organization's goals and modifies and develops new plans. The XYZB budget focuses on addressing staff engagement, quality management, and service delivery improvement. XYZB leadership also focuses on improving the organization's infrastructure. For instance, the information technology department employs a cybersecurity expert to ensure adequate privacy and security protection for clients and staff information. The leadership vision to upgrade the IT department has contributed to making XYZB a leader in telehealth in this era of COVID-19.

XYZB leadership and governance successfully outlined and established the following goals in 2019 and 2020:

- develop and implement community-based programs tailored to reaching clients at their point of need,
- enhance current quality services to ensure the organization's alignment with its vision, mission, and value,
- establish a new behavioral health organization in Athens and Biafra,

- increase and improve internal and external collaboration with the community of service, and
- establish strategies to decrease resignation of licensed clinicians.

XYZB developed an additional plan in January 2021 in an annual planning meeting to create a strategic plan for the organization. According to the program director, new goals are in three domains: improvement of leadership strategy, expand programs and new location, and improve quality of services. The following goals are planned for 2021:

- improve leadership strategy,
- expand programs and new location, and
- improve quality of services.

The leadership designated strategic goals to specific leadership members to implement, track, and provide a monthly report. I analyzed the organization's leadership meeting minutes from 2019–2020 when the leadership had two meetings every month. After reviewing the leadership meetings, the researcher observed that the minutes consistently included reports from the COO, CFO, and CEO. In addition, the evaluation provided good results from a leadership and governance standpoint.

I conducted semi-structured interviews in April 2021 with six of XYZB's senior leaders. I chose these six participants based on their roles at XYZB and the length of their tenure in the organization. Their collective tenure with XYZB was six years. I assigned random numbers (1, 2, 3, 4, 5, 6) to identify each participant, asked the same questions in the same order for each participant, and audiotaped the interviews. In addition, I provided

the participants with copies of informed consent forms for their review and signatures, and the questions they would answer.

The participant sample was 65% women and 35% men. The women ranged from 45 to 60 years; the men ranged from 40 to 50 years. Ethnic/racial background for the men was White (5%) and African American (25%); for the women, it was White (10%), African American (60%), and Latino (5%). For education, 30% of the men had a master's degree, and 10% had a doctorate. For the women, 40% had a master's degree, and 30% had a doctorate. Years of experience were 6 to 10 for the men and 10 to 18 years for the women. Table 6 shows the interviewees' demographics.

Table 6*Interviewee Demographics*

Baseline characteristic	Men (35%)	Women (65%)
Age range (in years)	40–50	45–60
Racial/ethnic background		
White	5%	10%
African American	25%	60%
Hispanics	0%	5%
Education		
Master's degree	30%	40%
Doctorate	10%	30%
Experience (in years)	6–10	10–18

I designated numbers to identify participants before transcribing each respondent's information from audio to text using Transcribed, an audio to Word privacy-focused transcription software. Further, I transferred the transcribed data to NVivo coding software for coding and identifying themes. Next, I clustered and rearranged the transcribed interviews and looked for patterns of words, phrases, and sentences to identify themes. Finally, I examined a specific theme by operating a text search.

NVivo creates word clouds based on word frequency and themes. The larger words represent words used more frequently than the smaller words. For example, the words used most frequently were burnout, staff, and work, while the words overwhelming and meeting expectations were used less frequently during the interviews. Figure 2 is the word cloud showing word frequencies in the interviews.

an experience of a state of mental fatigue, prolonged stress, and exhaustion produced by overwhelming complex cases or excessive and unmanageable caseload. The worker reacts with emotions unrelated to the issues at hand. The worker could lag in session notes documentation or even missed scheduled appointments. The worker appears distracted and lacks focus on minute details that could be significant to the client.

These comments suggested that burnout reflects a hectic work environment and emotionally exhausting work with excessive caseloads.

Emerging Theme 2: Caseload Management

All respondents identified that XYZB uses approaches like employing more staff based entirely on management decisions regarding caseload management.

As Respondent 2 stated,

Six staff resigned, and staff shortage was a significant discussion in the meeting, and the clinical managers agreed to the plan to employ more staff. Staff resignation was due to case overload, and the clinical director responded that senior [management] would be meeting to address staff complaints, especially burnout and high caseload.

However, as Respondent 1 further reported, “There are issues of licensed clinicians [not participating] in personnel management and is a concern to the organization.”

Emerging Theme 3: Causes of Resignations

There were many reported cases of resignations at XYZB. Most resignations resulted from staff exhaustion caused by overwork, especially the walk-in policy. Respondent 3 stated, “Most staff seem to express concerns about feeling overwhelmed working in the walk-in service area, and they reported feeling overwhelmed.” As noted by one staff member who resigned, “Burnout was my reason for resignation from XYZB due to the overloaded work I faced at the job. I felt stressed and rushed. I was incapable of handling my feelings and managing my duty at XYZB.” Another staff member’s letter stated the following:

This is my two-week notice to inform you that I will leave at the end of the month because I feel overwhelmed with a high caseload and continuous pressure to do my job. I want to take a leave at the end of the month. I may come back when I feel better. I would not like to work in the walk-in program because it is challenging [name of respondent redacted].

This caseload situation prevents staff from having enough time with their family and friends, which results in anxiety and stress.

Some staff resign because they get better jobs. Whereas their letters do not clearly show why they looked for such jobs, the number of resignations because of burnout suggested this factor. One letter read, “This is my two weeks’ notice of resignation because I have got a full-time job position in another agency as a supervisor, and I wish you well.” Others resigned because of staff behavior and management issues. As one staff member’s resignation letter stated,

Some of the staff do not understand the vision and mission of the organization. Some are resistant to the policy of change evidenced: some groups wanted the innovative changes of the organization through the gradual process, while some groups wanted it on a slow pace, causing a rift in the organization among staff and leadership. Thank you for the opportunity to serve in your organization.

Another staff member's resignation letter stated,

To achieve the organization's objective, the CEO of XYZB brought in a consultant to help XYZB achieve their objective. The CEO is not reaching out to low leadership, and this is frustrating. This is my two weeks' notice of resignation.

This letter indicated some management failures.

Emerging Theme 4: Effects of Excessive Workload

Respondent 4 associated excessive workload with burnout and stated, "Burnout is one of the most outstanding effects of excessive caseload." Some staff resignations noted that XYZB has unresolved issues related to staff overwork. As one letter stated, "Burnout is a common thing here in the XYZB clinic due to excessive workload; most of the time, I feel exhausted without energy. It makes me feel stressed, mentally exhausted, and fatigued." Thus, most resignations were due to excessive workload.

Emerging Theme 5: Leadership Related to Burnout

In many reported cases of burnout by the clinicians, there were clear correlations between leadership and burnout (see Respondent 5). In some cases, management responded to burnout, while in others, they did not respond until staff resigned. As

Respondent 5 pointed out, “Our needs and expectations are identified individually. When there is a concern, the issues are directly addressed, and a compromise is typically sought between individual and leadership.” The same respondent acknowledged that “XYZB will try and reduce burnout symptoms by decreasing or not adding to caseload. They will also see what they can do to assist with burnout such as giving assistance or time off.”

Respondent 1 stated,

“The leadership quickly notices burnout due to the lack of performance and will immediately identify ways that they can assist, which also includes decreasing caseload until further notice. Support is achieved through the data at their disposal mainly acquired through both collection and verification of session notes, observational reports, consultations with supervisors as needed, and initiating contact with workers who may be struggling with difficulties.”

Respondent 5, noticed, “Management promptly invites such workers for debriefing and therapeutic consultations that could help support directions to relief and coaching on alternative methods on how best to proceed with management of workload, including downsizing caseload if requested by worker.” Respondent 3 stated,

XYZB prioritizes the wellbeing of LPCs, usually looks after and identifies burnouts immediately, and takes action to solve reported burnouts by listening to concerns of LPCs to determine the cause of burnouts. XYZB analyses the problem, develops alternate solutions, and starts implementing them. XYZB encourages and motivates LPCs to create a comfortable workplace.

However, in other cases (such as Respondent 5), it is reported in contrast, the leadership is aware of burnout cases: “It does not take into consideration the impact of high caseloads to the clinicians, especially African-American clinicians, and many have left.”

Emerging Theme 6: Leadership Related to Staff Performance

Respondent 6 stated that staff performance is related to burnout because of caseload: “XYZB tries to reduce burnout symptoms by decreasing or not adding to caseload and also giving staff time off.” Furthermore, Respondent 6 shared that the “leadership assists the LPC in identifying their needs and how leadership can be of assistance.” Decreasing caseloads helps clinicians to set better strategies to help the staff experiencing or about to experience burnout. Furthermore, Respondent 6 explained that XYZB ensures staff performance by tracking

data and information on daily operations and performance by providing each worker with a profile where their past performance goes in for future review.

Also, it uses a system where notes and appointments for clients are put out daily for leadership to see daily activities.

They also use questionnaires and surveys to track staff performance. Respondent 6 said, “For the new staff, the management staff facilitates ongoing refresher training and monthly meetings with all workers regularly.” Respondent 6 also shared that the decisions about LPCs’ satisfaction are made by management “through copiously worded surveys and individual meetings with each program staff.” On the other hand, Respondent 6 claimed there were also reported cases in some management meetings that

“contracted licensed clinicians do not participate in personal management and concern the organization.”

Respondent 3 said, “The leadership of XYZB organizes in-house trainings and seminars to ensure compliance and engagement. Moreover, it is important to garner team buy-in.” Communication is also essential in managing compliance. However, leadership does not hear directly from workers, and that is a problem.

However, according to Respondent 3, some policies guarantee “a safe, just, learning environments for all its employees [where] no person may cause or allow to cause conditions which are unfair, without dignity or violate human rights of any other employee of the organization.” Under the same policy of employment, XYZB personnel may not

- employ people without a position description and means of systematic evaluation,
- violate the terms of the organization’s collective agreement or any other employment contract,
- promise or imply employment that cannot be terminated with reasonable notice, deploy employees who regularly fail to demonstrate the attitude, knowledge and skills required for their position,
- allow personnel to work in an unsafe work environment,
- prevent employees from grieving in situations where a violation of policy has occurred, or

- fail to take appropriate, timely action in response to formal or informal allegations of racism, homophobia, sexual harassment or any other form of discrimination, or other contract violations.

The policy also guarantees employees' rights to

- know about any risks or dangers in the workplace,
- participate in making the workplace safe, and
- refuse unsafe work (Section 43, Occupational Health & Safety Act).

Respondent 4 said, "The XYZB organization has a cultural diversity and self-governance policy demonstrated by the employment of cultural diverse staff where the staff was organized in the group to archive the organization's objective."

Emerging Theme 7: Management of LPCs' Burnout

To manage burnout, Respondent 6 identified that

XYZB tries to reduce burnout symptoms by decreasing or not adding to caseload. [Moreover, they get to know burnout cases through] collection and verification of session notes, observational reports, and consultations with supervisors as needed and initiating contact with workers that may be struggling with difficulties (see Respondant 6)..

Also, upon knowing workers affected by burnout, Respondent 2 said,

"Management promptly invites [them] for debriefing and therapeutic consultations that could help support directions to relief and coaching on alternative methods on how best to proceed with management of workload, including downsizing caseload if requested by a worker."

Also, to manage burnout, Respondent 3 identified that the agency promotes an atmosphere where good and professional relationships are valued. Clinicians are encouraged to seek peer support as needed to address or prevent burnout symptoms. XYZB does a review of burnout by engaging staff in conversations about their levels of stress, and the leadership acts on the reports of burnout by providing different fun activities that could help staff relax.

However, as noted by a XYZB senior official,

One of the typical barriers to achieving any objective is short time frames. An example of this barrier is in the collection of clinical session notes. In my first position years ago as a clinical manager, I found myself pleading with clinicians to submit their paperwork on time. Every Friday, I made the rounds from desk-to-desk listening to the excuses for why notes had not been submitted. This was frustrating and ineffective. However, as time went on, I learned from veteran managers the importance of having self-monitoring rewards system that ensured a greater compliance with timely session notes and positively encouraged workers for their efforts.

Emerging Theme 8: Managing LPC Satisfaction

In most cases, leadership manages the satisfaction of employees through inquiry. That is, as vividly pointed out by Respondent 1, “Leadership will inquire about satisfaction and dissatisfaction of programs and will attempt to adjust or compromise to achieve satisfaction.” According to Respondent 2, it is through “copiously worded surveys and individual meetings with each program staff.”

Furthermore, Respondent 2 identified that “the leadership of XYZB regularly communicates with LPCs and other staff about how satisfied or dissatisfied they are with their caseloads and the programs.” Therefore, decisions are taken based on the feedback the leadership gets from the staff.

Respondent 5 alluded to the fact that decisions are made by addressing main concerns by first carefully listening to LPCs’ opinions and understanding the priorities and needs of XYZB and the LPCs, to make sure things are going well and convenient for both sides to provide a healthy and quality service.

Emerging Theme 9: Managing Resignations

Resignations are cared for by HR through staff presentation of their issues in the suggestion boxes. As pointed out by Respondent 5, “There is the presentation of the office suggestion box where high staff resignation was discussed.” Respondent 5 also mentioned how staff resignations and possible remedies are “discussed in the meeting, [where] clinical managers [also agree] to the plan to employ more staff.” Thus, the management discusses issues of resignation problems and causes such as burnout at the management level.

Respondent 2 stated how XYZB also creates a plan by first having a good professional relationship between each other and studying and identifying the main and prior goals and concerns of LPCs to make sure they are comfortable and fulfil their expectations and needs. Also supporting and prioritizing the well-being of the LPCs . . . no person may cause or

allow to cause conditions which are unfair, without dignity or violate human rights of any other employee of the organization.

However, despite the efforts to manage resignations, the number of resignations at XYZB is still high.

Emerging Theme 10: Recommendations for LPC Engagement and Compliance

The respondents offered several recommendations, including management of resignations, staff workload, and staff-management relations. For instance, Respondent 2 recommended that there should be regular staff meetings so that

everyone can be on the same page, and it will limit mistakes and confusion that often occurs. Things can honestly come off as unorganized, especially when it comes to the payment of employees. There is no consideration of raises or incentives to employees that have long worked with the company and provide challenging work and commitment. All these things can contribute to overall low morale. In addition, there seem to be no training opportunities that would be helpful to the growth of this organization. Overall, leadership can be flexible and caring just needs better organization at times.

Also, Respondent 5 recommended that “clinicians are encouraged to seek peer support as needed to address or prevent burnout symptoms.” Furthermore, the leadership is encouraged to “organize in-house trainings and seminars that are meant to influence staff engagement and compliance with the organization’s leadership.”

On the part of supervision, Respondent 5 recommended,

In supervising clinicians, or modeling as a supervisor or manager, it is always

necessary to consider the goal and the strategy for reaching the goal. It's not enough to know where you want to be. You must develop a realistic and achievable plan for getting there. Otherwise, it's not a SMART goal.

Financial and Marketplace Performance Results

XYZB financial and marketplace results were not analyzed in this study because they were not relevant to the practice problem. However, I reviewed the financial report and yearly financial statements included in the board of director's meeting minutes. XYZB reported good financial standing to cover annual budgets. XYZB reported yearly profits since its inception in 2016, but 2020 was a good year. However, the year 2020 operational budget was not made available at the time of this analysis.

The CFO presents the leaders with a fiscal budget annually via email. In addition, the financial department works with the COO and CEO on strategies for the economic growth of the organization. There is transparency among the leadership staff, including middle leadership, PD, and the IT director. One key finding is that the organization disclosed an operating surplus with all terms and is planning expansion.

Summary of Findings

Client-focused and workforce-focused data analysis provided valuable findings for recommendations in Section 5. In summary, XYZB uses client and staff satisfaction surveys as the tool to measure performance and engagement. After 2019, XYZB has conducted yearly organization surveys, which the QI department collects and analyzes. XYZB scored above average in the SurveyMonkey survey in every category regarding

client satisfaction, suggesting substantial progress in high performance. However, it is unclear how XYZB's QI calculated the SurveyMonkey averages.

Workforce-focused data analysis provided considerable information. Interviews with XYZB leadership offered substantive information indicating that clinicians were more professional but less dependable. The data analysis also provided XYZB with an opportunity to participate in further analysis and interpret results more effectively.

It is unclear why there were no documented exit interviews from HR, as they could have provided much information from resigned staff who voluntarily left the organization.

The staff's satisfaction surveys and resignation letters that were available to XYZB were underused, even though they attempted to address the clinicians' resignations. Therefore, I will make this recommendation in Section 5.

Individual, Organizational, and Community Impact

According to findings, XYZB can do more to support LPCs. XYZB's key challenge with clinicians impacts workforce and staff health. For instance, poor leadership along with a high caseload may negatively impact the clinicians' well-being. XYZB leadership focuses more on quality services and is highly committed to providing quality services to the community. XYZB offers 12 hours of on-call services, community-based intervention, and walk-in services. The organization enjoys much support in its community mainly because of its walk-in policy, for which they are well known. However, the walk-in policy needs a strategic plan to continue meeting the emergency health needs of the community.

However, it has been recognized in recent years that there have been a high number of LPC resignations, especially with well-experienced licensed clinicians. The study results will assist XYZB leadership in understanding its workforce better and effectively manage LPCs' caseloads. Additionally, it will inform other behavioral health organizations of methods to prevent burnout among LPCs

Potential Implications for Positive Social Change

At the time of this study, XYZB was struggling with caseload management and clinician burnout. Despite high caseloads and clinician burnout, management interviews and observations in XYZB's Monday meetings showed that the organization appeared responsive to societal well-being through providing quality services and collaborating with other social groups to improve the community. The organization offers internships and hiring opportunities for qualified staff in their community. The organization also provides pro bono services one day on the weekend to a pro bono agency in their community. Therefore, gathering more information about triggers of burnout and resignation could help XYZB retain staff and focus on creating a more supportive workforce environment.

The outcomes of this study may have a positive social impact on behavioral health leadership. For example, XYZB leaders may increase and retain clinicians for a well-managed walk-in program that may be receptive in the community. As a result, XYZB may strengthen workforce engagement and provide more services to the community while building sustainable community-based programs.

Strengths and Limitations of the Study

Strengths

A strength of this study includes detailed disclosure of the study process, beginning with the interview process, data collection, analysis, and findings of the study. The study is a real-life situation, and data came from participants who had long-term experience and much information about the study's organization. Additionally, I maintained neutrality throughout the study process.

Further, I used the Baldrige excellence framework (NIST, 2017), a nationally accepted best practice, to evaluate XYZB's systems. Baldrige (NIST, 2017) provides evaluation across the following seven critical criteria: (a) leadership, (b) strategy, (c) customers, (d) workforce, (e) results, (f) measurement, (g) analysis and knowledge management, and (h) operations. The sources of evidence included interviews with six senior leaders within the organization's management. I transcribed and analyzed interviews using NVivo 12 to identify emerging themes (QSR International, 2018).

In addition, I ensured credibility through triangulation by using multiple data sources and cross-checked numerous data sources to ensure credibility. Lastly, I provided detailed descriptions and interpretations of data and situations observed in this study.

Limitations

There are limitations to this study. First, the responses to the interview questions were participants' reflections about the XYZB organization, which may differ from the clinical managers, resigned clinicians, and leaders' experiences in other organizations. Another limitation was that some participants had only one interview, while some had

more than one. So additional findings may occur through multiple interviews of all participants in a longitudinal study. Another limitation to this study was its small sample size. Participants included six leaders from a behavioral health organization, whose responses were about their experiences as leaders of an organization. A large sample may strengthen the credibility of the findings.

Additionally, the study had just one group of participants—licensed professional counselors. Therefore, for a balanced view, future studies could examine the impact of leadership behavior on burnout among different licensed professionals, such as psychiatrists and psychologists in mental health organizations

An additional limitation is that the study was performed by a single researcher who has a professional relationship with the study site. Such affiliation may have constituted researcher bias. Therefore, to lessen the chance for researcher bias, I encourage future studies by multiple researchers who have no connections to the study site.

Finally, the data collected provided detailed descriptions and interpretations as observed in the study. My initial goal was to review 4 years' worth of data, but clients and staff satisfaction interviews were only available for 2019 and 2020. Additionally, leadership minutes were not available, which led to a gap in the data. These data could have offered more information about the senior leadership's approach and decisions regarding the high rate of clinician resignations.

Unanticipated Outcomes and Potential Impact on Findings

Some unanticipated outcomes included gaps in data continuity from clinicians' exit interviews, absence of senior leadership meeting minutes, and surveys before 2019. The gap in data continuity was due to the lack of accessibility to the clinicians' exit interviews and the absence of senior leadership meeting minutes and surveys before 2019. As such, complete data could have helped to gain more information on how XYZB's leadership behavior impacted burnout among LPCs. In addition, complete data continuity could enrich findings for this study. The gap in data continuity also showed how the evidence fell short of informing researchers about this study and how it could potentially inspire further exploration for future research. A gap in the research study provides an opportunity for further scientific exploration for future studies (Wang et al., 2016).

Summary

Section 4 provided an analysis of results related to XYZB's clients, workforce, leadership and governance, and financial and marketplace performance. Additionally, I examined other areas of interest related to implications for social change and the strength and limitations of this study. XYZB provided a significant amount of data for analysis, which allowed for a thorough exploration of this organization and its practice problem. XYZB has areas of success, such as high-quality services and high productivity. I will discuss the impact of these findings and recommendations in Section 5.

Section 5: Recommendation and Conclusions

In this qualitative case study of the XYZB Behavioral Health Organization, I compiled and analyzed semistructured interview data and data provided by the organization's leaders. Data collection and semistructured interviews for this study ended on March 25, 2021. In this study, I aimed to understand the impact of leadership behavior on burnout among African-American licensed professional counselors. The data analysis produced compelling findings associated with the practice problem. Through the analysis of this evidence, I recommend the following steps to improve the services of the XYZB organization

Client Programs and Services Recommendations

XYZB offers six behavioral health programs for children, adolescents, adults, and senior citizens. It provides treatment for individuals suffering from addiction and mental or emotional illnesses, such as schizophrenia, bipolar disorder, depression, and anxiety disorders. XYZB performed within acceptable standards according to the state department of behavioral health (State DBH, n. d.).

The client program survey captured the voices and opinions of clients receiving services from the organization. Respondents rated statements such as, "I like the services from the organization" and "Clinicians are supportive," using a Likert scale ranging from 1.0 (*strongly disagree*) to 4.0 (*strongly agree*). One finding from the survey was the lower scores of 2.5, or 5% of clients who expressed dissatisfaction with services they received from the organization, even though 95% of the clients said they were satisfied with their treatment. Because 5% of clients expressed dissatisfaction with services they

received from XYZB, the organization's clinicians should improve quality services to clients because the improvement of services to the client could enhance the client's well-being and organizational growth (see Nash, 2020). In addition, XYZB leadership should use the current findings to form the baseline of performance. Based on the findings, I suggest the following recommendations:

- develop 3 years of quality clinical skill improvement training plans for clinicians,
- improve clinical skills through continuous education, supervision, and problem-solving-based learning (Sahu et al., 2019),
- align performance evaluations with DBH standard requirements for quality service,
- develop a performance improvement plan to include regular performance supervision by the quality assurance director, and
- have QA be responsible for tracking performance using a predetermined DBH standard for subsequent performance analysis.

Workforce-Focused Recommendations

According to the workforce survey findings, the clinicians expressed low satisfaction responses regarding their relationships with the organization's leaders. Poor leadership negatively impacts clinicians' work satisfaction because the relationship between workers and leaders affects performance and satisfaction (Wrape et al., 2015). In analyzing the responses to a survey by XYZB leadership, it became a concern that 50% of clinicians stated they strongly disagreed on their ability to grow within the

organization. It could be the clinicians' experiences with the organization's leadership, work-related burnout, and case overload that contributed to the low score on their ability to grow. It could be because XYZB does not have a strategic caseload management system to decrease case overload among clinicians. Poor management of the organization's caseload has impacted burnout and resignation among LPCs. Case overload among clinicians is associated with burnout, poor therapist health, high agency turnover, more unsatisfactory client outcome, and compromised quality of care (Kim et al., 2018).

Vullings et al. (2020) posited that poor administration has a relationship to burnout and suggested that organizations promote ethical leadership behavior and limit passive behavior by encouraging leaders to be active in their roles and use their positions to promote quality leadership. Therefore, XYZB needs to implement a strategic leadership system to track caseloads among clinicians and moderate the number of caseloads among clinicians. Strategic leadership is essential for distributing caseloads equally and decreasing burnout (Ebrahim, 2018). Harati et al. (2020) posited that having 25 clients at a time is an acceptable standard caseload for a counselor. However, each XYZB counselor typically has 30 to 35 clients. The caseload tracking system could improve efficiency, effectiveness in solving the pending problem of a leadership challenge, case overload, burnout, and resignation among the clinicians.

Lussier and Achua (2016) suggested that one way to decrease clinical burnout, resignation, and failure is to implement a good administrative strategy. From analyzing the results of this study, it is suggested that XYZB would benefit from this advice.

Kochhar et al. (2018) suggested that a caseload tracking system would put the organization in a position to provide the best possible behavioral health services to clients and decrease burnout and resignation among clinicians. Therefore, I recommend a tracking system to improve XYZB caseload management because tracking helps organizations monitor and organize services. Application of tracking in case management may ensure the flow of treatment after intake and assessment are completed, especially in the walk-in program. Implementing a tracking system has the potential to enhance workflow and decrease backlog and clinician burnout (Kim et al., 2018). It will also ensure equitable distribution of clients to clinicians and the provision of quality and effective treatment. I also recommend that XYZB establish a peer-supported volunteer group to help XYZB address a spike in caseload.

The following are the recommendations to address poor caseload management and case overload:

- XYZB should analyze monthly calls in their database to determine call volume and referral sources and establish a standard. XYZB should repeat the process weekly to assess clients' flow for treatment and any problem in the referral volume to determine the number of new intake staff to hire, number of intakes, and clients assigned for services.
- XYZB should establish a referral plan or develop a list of 10 on-call staff persons to call upon when caseloads exceed an established maximum.

- XYZB should create a tracking system managed by the intake coordinator, and the intake coordinator shall collaborate with clinical directors to allot caseloads successfully to the clinicians.
- XYZB's clinicians, after completion of diagnostic assessment and treatment plan, should create a single routing slip attached to the client's folder for review and have it signed off by a clinical manager. Each clinician needs to initial the date-in and date-out next to the clinician's step. There should be an establishment of a routing slip or signing-off sheet to eliminate any confusion about where the folder moves next and with whom it should end up before the client treatment.
- XYZB should establish an assistant intake coordinator to support diagnosticians in monitoring client intake flow, from owning a case to signing off the client for treatment. The assistant intake coordinator should ensure a good paper trail and an effective strategy. The XYZB assistant intake coordinator should be responsible for client referral and scheduling of intake, assessment, and ensuring clients are seen and treated by clinicians within the scheduled appointment. Furthermore, to ensure the viability of the tracking system, XYZB should hire a culturally competent clinical manager to implement the tracking system and establish quarterly trainings to improve a clinician's knowledge of tracking. Finally, the XYZB clinical director should develop a long-term objective of continually recruiting staff who meet the hiring criteria and certification to decrease the shortage of clinicians.

The time frame for hiring should take 180 days for the next 2 years. The XYZB quality assurance director should also create a quarterly training structure that includes a walk-in regulation strategy and ensures regular weekly supervision of clinical work to comply with ethical and clinical standards. Finally, to address XYZB's future needs, the analyst shall assess the organization's workforce and address XYZB's needs by implementing the recommendation.

Leadership and Governance Recommendations

Quality leadership is essential to organizational sustainability and growth (Brown et al., 2017). However, current XYZB leadership may be restricting the organization's potential because of poor communication, burnout, and the resignation of clinicians. XYZB conducts a yearly survey to determine clinician satisfaction and dissatisfaction with services. The QI director indicated that data from the survey are for service improvement. However, a review of the XYZB meeting's agenda, training chart, and clinical manager documentation did not show a plan to address feedback from the workforce-focused analysis feedback.

Therefore, I recommend leadership support for the clinician to address low scores on dissatisfaction with organization culture, the feeling of not being supported by the organization, and burnout among clinicians. Burnout poses health risks among working populations, primarily the staff who work in the area of mental health (Nash, 2020). It is essential to improve quality leadership because quality leadership is necessary for organizational growth and fostering staff well-being (Ebrahim, 2018).

I recommend sharing the results of the clinicians' satisfaction survey with the leaders. The dissemination could be during leadership meetings or the organization's leadership training. To implement clinician support, I recommend XYZB leadership implement competency training on workforce support. Clinicians' perceptions of support by management and case managers may have the potential to decrease burnout and resignations (Tafvelin et al., 2019). XYZB human resource department could also use a PowerPoint presentation to provide quarterly training every year on workforce support.

Improvement of Internal Communication

The communication level between clinical managers and clinicians, measured through XYZB's survey scores in 2020, indicated poor communication between leadership and clinicians in the organization. This suggested ineffective communication with employees, which could be frustrating, creating a breeding ground for confusion and resentment. Poor communication could mean XYZB leadership has not intervened in case overload and burnout among clinicians in the organization. Communication plays a central role in promoting the health and well-being of workers (Newnam & Goode, 2019).

I recommend that XYZB leadership explore improving internal communication among leadership and clinicians because the improvement of internal communication between the organization's leadership and clinicians will enhance clinicians' satisfaction with work, decrease resignation, and improve performance (see Prengaman et al., 2017). Additionally, I recommend establishing a monthly meeting every first Monday of the month, excluding holidays, for staff and leaders to share concerns about leadership. In

these monthly leadership meetings, ideas generated could be reviewed, and the solutions could be applied.

Therefore, I recommend XYZB leadership follow these steps to enhance internal communication:

- First, evaluate the level of internal communication between leaders and clinicians because good communication promotes good health (Newnam & Goode, 2019).
- Implement best practices for leaders and clinicians to communicate effectively.
- Rearrange the flow of communication between leaders and clinicians.
- Change existing one-way communication to two-way communication because two-way internal communication creates a democratic work environment. It can prevent psychological distress among employees, encouraging workers to be satisfied with their work (Honda et al., 2016).
- Keep an open-door policy or schedule time to talk to improve the use of the existing organization's suggestion box.
- Develop and implement an accountability plan to include regular performance updates to clinicians. Performance monitoring should consist of updates to the QA director at fixed intervals to analyze and modify the strategic plan.

Further Recommendations

XYZB currently does not have effective methods to address clinician burnout, which has contributed to a high number of clinicians' resignations in the organization.

Burnout is a state of emotional, mental, and physical exhaustion brought on by prolonged or repeated stress (M. Smith et al., 2019). Burnout reduces productivity, saps energy, and leaves employees feeling increasingly helpless, hopeless, and resentful (Nash, 2020).

Findings from this study have attributed clinicians' burnout to case overload and services of the walk-in program. Burnout is a substantial challenge for the mental health profession, and leadership strategies can help clinicians manage burnout (Chen et al., 2019). Therefore, it is essential that XYZB implement cases overload management, as recommended under workforce focus, and improve internal communication between leadership and clinicians.

In addition, I recommend that XYZB improve its staff benefits by partnering with another agency to provide healthcare services. For example, outsourcing mental healthcare services to another organization may decrease burnout among the clinicians and reduce resignations from their jobs.

Finally, XYZB served over 5,000 clients in 2019. Separately from the clients' satisfaction survey, no data reviewed showed client commitment to the organization's relationship-building efforts and improvement. XYZB needs to allow clients to engage with the organization to advocate for client needs and improve their relationships with the organization, which may help manage clients' concerns and grow the organization. I recommend XYZB establish a peer support group, in which recovered clients can mentor other clients in the organization program. Ebrahimi et al. (2021) stated that peer support improves a client's quality of life, promotes self-care behavior, and enhances the quality of life for clients. Bartone et al. (2019) stated that bereaved survivors and addicts benefit

from peer support and improve their relationships with the organization. Therefore, I suggest the following recommendations:

- Develop a peer support program department and staffing the program under CD leadership.
- Invite clients for program training and implementing regular training surveys to participants.
- Provide weekly supervision to peer staff to express complaints and concerns.

Implementation Plan

I recommended the following implementation plan:

- Establish a peer-support group made of recovered clients to engage and improve their relationships with the XYZB organization.
- Create a peer-support leadership position in XYZB with a commitment to develop and improve the organization's relationship building with clients because a better relationship with clients leads to a better outcome (Bowen, 2016).
- Invite clients for program training and conduct regular training surveys to participants.
- Establish leadership and peer-support monthly meeting to discuss strategies to improve XYZB and peer-support relationship.
- Have the peer-support leader carry out weekly supervision of the group performance and report to XYZB's clinical director for direction.

Recommendations for Future Research

There is an extensive literature review about leadership and burnout in the workplace. The need to address work-related burnout and leadership is heavily studied. However, there is a gap in the literature regarding the impact of leadership behavior on burnout among licensed clinicians. The practical implication of this study is to improve leadership behavior and decrease burnout among licensed professional counselors in behavioral health organizations. The findings will also inform behavioral health organizations on the impact of case overload and burnout among licensed professional counselors. There is an opportunity for future study due to a gap in existing literature regarding the impact of leadership behavior on burnout among LPCs.

I would note that the study used archival data collected over 5 years, which may render some conclusions to be outdated. Multiple sources may contribute to burnout in behavioral health organizations among clinicians; these include high caseload, excessive work, poor clinician skills, and resistant cases. However, more studies are needed to see if leadership impacts burnout among LPCs. Future areas of interest include clinician satisfaction, strategic leadership in managing clinician caseload, and burnout among African-American licensed professional counselors. There is also future interest in the impact of case overload, burnout, and resignation among mental health workers.

Dissemination Plan

I will disseminate this study to XYZB's leadership team and to my chair through a PowerPoint presentation of the findings and recommendations. I will also present this study's results to local community groups and other local behavioral health organizations.

Summary

This study examined the impact of leadership behavior and burnout among African-American licensed professional counselors (LPCs) in the XYZB behavioral and mental health organization, located in a large metropolitan area in the northeastern United States. Established in 2016, XYZB staff have experienced organizational changes, and clinicians have experienced burnout and resignation from their jobs because of poor leadership styles. In addition, licensed professional counselors' burnout has been on the rise, and behavioral health leadership has played a significant role in clinician burnout.

The role of behavioral health leadership includes authentic leadership style, good caseload management, and leadership support that can reduce burnout among clinicians. Clinicians in behavioral health organizations may experience a high level of burnout because of the nature of their jobs. This degree of burnout may increase from poor caseload management leading to job resignation. I found that poor leadership style impacts burnout among LPCs. Additionally, poor leadership negatively impacts a clinician's work satisfaction.

Based on my findings from this study, there are chances to improve data-driven practices and enhance leadership behavior to decrease burnout among LPCs. For example, creating a strategic leadership plan that may be consistent for any organization would improve leadership behavior and reduce burnout and resignation among LPCs.

Also, amalgamating clinicians' feedback and exit interviews from this study's surveys into a strategic plan could support the idea that clinicians might be satisfied that leadership is interested in their well-being. Studying the XYZB organization located

northeast of Washington DC through a qualitative research approach led to the recommendation to enhance leadership behavior and moderate caseload management to decrease burnout and resignation from jobs among LPCs. In conclusion, lack of leadership behavior in behavioral health organizations impacted burnout among LPCs. Also, poor leadership and poor case overload management contributed to burnout and high clinician resignation among licensed clinicians in this behavioral health organizations. This study contributes to literature involving the impact of leadership behavior on burnout among African-American professional licensed professional counselors. The findings may enhance client services and help clinicians understand the leadership skills needed in mental and behavioral health programs. This study will contribute to social change because understanding strategic leadership may decrease burnout among LPCs and improve their work satisfaction.

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Appendix A: Interview Questions

1. How does XYZB define burnout, and how will you know when you see it?
2. How does XYZB's leadership create a plan of action to identify the needs and expectations of licensed professional counselors in XYZB?
3. How does XYZB review and act on reports of burnout among the licensed professional counselors?
4. How does XYZB's leadership track data and information on daily operations and performances?
5. How does XYZB's leadership make decisions about licensed professional counselors' satisfaction and dissatisfaction with each program?
6. What additional information would you like to share about XYZB's leadership strategy to influence licensed professional counselors' engagement and compliance with the organization's leadership?