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The Impact of Staffing Level on Patient Care in Behavioral Health Care Settings

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Walden University
2023

Abstract

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MS, Walden University, 2012

BS, Winston-Salem State University, 2008

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

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Abstract

In many behavioral health care organizations, adequate staffing represents a key challenge that can compromise the workforce and cause detrimental outcomes for patients. The purpose of this qualitative study was to understand how inadequate staffing shapes the environment of one behavioral health care organization. A case study design was used, with the Baldrige Excellence Framework serving as the conceptual guide to understand how the organization's leadership performed and addressed important organizational challenges. The participant, a leader in the organization who oversaw program services, operations, policies, and procedures, answered interview questions about inadequate staffing and its impact on patient care and outcomes. Semistructured, in-person and email interviews were conducted with the participating leader. Organizational data, including the organization's webpage, meeting minutes, financial reports, and relevant archival documents, were also analyzed. Four themes were identified: staffing, numbers, patient care, and employees' well-being. The results of the study indicated a need to identify strategies to secure resources to address staffing ratios and expectations. Recommendations also include identification of strategies to retain and foster an adequate workforce. The study may contribute to positive social change by raising awareness of staffing issues in behavioral health care organizations and the need for strategies to address them; implementation of these strategies may bolster employee retention and improve patient care.

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Dedication

> Dear brothers and sisters, when troubles of any kind come your way, consider it an opportunity for great joy. For you know that when your faith is tested, your endurance has a chance to grow. So let it grow, for when your endurance is fully developed, you will be perfect and complete, needing nothing.
>
> —James 1:2-4 New Living Translation

This is dedicated to those who once wondered if things would ever get better. Who once thought things would never change. This is for US! This is for YOU! We are not products of our circumstances. We can do all things.

Much Love

Acknowledgments

Many different people encouraged, inspired, and assisted me throughout this journey. I am and will forever be grateful.

Todd and LaChica, I know if you both weren't around for this process it would have taken a little longer, been a lot harder, and been full of much distress. Thank you both for everything. I love you both so very much.

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Section 1a: The Behavioral Health Organization

Staff shortages in health care are a concern because of their impact on employee well-being and patient care. Research suggests a direct correlation between patient care, patient safety, and health professionals' well-being (Garcia et al., 2019). Researchers have also postulated that a lack of adequate staffing disrupts the care provided to individuals with disabilities (Huppke, 2016) and in need of mental health care (Kai Tiaki Nursing, 2012). In this study, I explored staffing across the health profession and its significance to behavioral health care. It was important to understand how behavioral health leaders foster engagement, improve patient care, assess patient services, and determine staffing needs. *Behavioral health* encompasses the physical and mental well-being of a person. It is a blanket term that includes mental health and substance use and connects how behaviors affect a person's holistic health (Alvernia University, n.d.). According to Rodziewicz et al. (2021), each year nearly 400,000 patients hospitalized in the United States experience some type of preventable harm in the health care setting. Among patients hospitalized for psychiatric care, 14.5% experienced an adverse event while being treated with risks increasing due to age, length of stay, and staffing, according to a study in 2018 conducted amongst 14 psychiatric units (Shields et al., 2018). These data highlight the importance of ensuring adequate staff in behavioral health care settings.

The behavioral health organization (BHO) selected for this study strives to make behavioral health care easy and accessible to everyone through its full spectrum of integrated services, according to its website. It is a nonprofit located across the eastern

United States. To gather information about this organization, I used multiple sources including public resources and correspondences with a behavioral health leader at the facility. The BHO offers a range of behavioral health services to consumers. The organization's website reports more than 100 inpatient beds; an emergency department; an observation unit; and an array of outpatient care services for children, adolescents, and adults. On its website, the organization notes that it is the only location of its kind to offer 24-hour psychiatric service to the community.

Prominent in the mental health profession, the BHO is committed to delivering quality care to every patient served, it notes on its website. It is a nonprofit organization that seeks to improve health through all patient interactions using integrated care and comprehensive services. The organization prides itself on the care provided, improvements in patient health, and outcomes. In this study, I illuminated strategies that support the culture of this organization. I describe these in depth in Section 1b. of this study.

Practice Problem

This qualitative case study focused on staffing—more specifically, inadequate staffing in a behavioral health care setting. Responsiveness to the need for more mental health professionals is what prompted the review of the literature and identification of the practice problem. According to Canady (2021), inadequate staffing creates an increased risk for physical harm and a dangerous environment for staff to deliver care and for patients to receive effective treatment. The workforce is the most essential part of an organization and staffing presence is critical and required when offering services of any

kind. Boden et al. (2019) asserted that staffing is pertinent when considering factors that influence the quality of care and treatment provided in mental health services. Additionally, in a 2012 study it was estimated a 61% of mental health professionals in the U.S. reported burnout that was linked to patient acuity, caseload, and workplace climate (Practice Research and Policy Staff, 2018). The specific organizational problem that was addressed in this study was the need for understanding of leadership challenges related to inadequate staffing in a behavioral health care setting.

Delivering efficient, quality care is a commitment of the selected organization. The organization's website described how it recognizes the value of its workforce and tailors patient care based on staff input. Tailoring care may be challenging to ensure if the stakeholders are underrepresented or unheard. D'Lima et al. (2017) explained that the mental health arena, in general, is neglected and patients are less likely heard when their care and safety are involved. Through interviews with the behavioral health leader, I attempted to explain what happens when there is inadequate staffing in a behavioral health care setting. As a result of this study, the behavioral health leader may be able to better the organization's services having learned about key factors that influence patients' treatment and safety. The following research questions (RQs) were addressed:

RQ1: How has the experience of inadequate staffing contributed to patient care and patient outcomes?

RQ2: What does it feel like to offer behavioral health care services without an adequate workforce?

Additionally, I used the Baldrige Excellence Framework (National Institute of Standards and Technology [NIST], 2021) to address the practice problem. This framework is described in Section 1b of this study. Information gathered during this study can inform patient care decisions for the organization's behavioral health care leaders and administrators. Using the results of this study, leaders can potentially improve service delivery. The study raises awareness of the needs of behavioral and mental health care providers.

Purpose

The intent of this qualitative case study was to examine how inadequate staffing shapes the behavioral health care environment of one organization. The study describes what can happen in a behavioral health setting when insufficient staffing is an issue. Existing literature and other data collection methods supported the results of this study. Although staffing ratios are currently recognized as a worldwide concern, there is very little literature on staffing specifically in behavioral health, as I discuss in Section 2. In this study, I described the staffing crisis in behavioral health from the perspectives of mental health professionals, and patient data when applicable. Interviews with the behavioral health leader and a review of relevant data (i.e., patient satisfaction surveys, employee engagement data, and patient safety metrics) were performed to address the research problem.

I used the Baldrige Excellence Framework (NIST, 2021) as the conceptual framework for this study. It is a framework that was designed to empower and improve how organizations worldwide achieve goals, increase competitiveness, and succeed

(NIST, 2021). Of the seven categories within the framework, the customers and workforce criteria are most used to explain critical issues on staffing numbers in the behavioral health environment. According to NIST (2021), the workforce category explores workforce needs that help organizations create effective, supporting work environments. While the customer category in the Baldrige Excellence Framework asks about customer engagement and stresses its importance to overall organizational success (NIST, 2021). Both categories of the Baldrige Excellence Framework explained the practice problem for this study. More specifically, the framework has helped health care leaders consider how their organizations treat patients and how they can create a supportive work climate for their workforce (NIST, 2021).

If one of the most hazardous workplaces is a hospital, it follows that a hospital that serves individuals with mental and behavioral health illnesses will be even more hazardous (see Occupational Safety and Health Administration [OSHA], 2013). These hazards adversely affect patients and the workforce. Serious violent incidents accounted for 80% of patient interactions in U.S. health care settings in 2013 (OSHA, 2013). Ultimately the goal was to highlight how inadequate staffing poses potential risks to the organization's behavioral health consumers and workforce using information gathered from the Baldrige Excellence Framework. Ideally, the application of the Baldrige Excellence Framework produced results for the leadership team that addressed the needs of its workforce and offered insight into best practices for service offerings. Yanchus et al. (2017) stated that increased workloads and inadequate staffing have detrimental impacts on an organization. The BHO need not sacrifice their workforce; instead, they

should learn how such sacrifices compromise patient care, patient outcomes, and the welfare of their workforce.

Significance

Staffing shortages can impede the implementation of care provided and take a toll on providers (Portnoy, 2021). This study is significant in that it increases awareness of the need for sufficient staffing in behavioral health care settings. According to Boden et al. (2019), the quality of mental health care can improve by increasing the number of all staffing positions. Furthermore, the literature indicates how appropriate staffing helps to mitigate the erosion of quality care and patient outcomes (Halm, 2019). The BHO under study is a nonprofit organization that offers a variety of behavioral health care services and specialties. Its service offerings include treatment options for youth, adolescents, and adults experiencing mental health illnesses. Using the findings of this study, the behavioral health leader can potentially make informed decisions regarding strategies to improve adequate staffing for the behavioral health environment.

Although health care is a need for everyone, there are many reasons some individuals chose not to seek care. Many people neglect their mental health. Mental Health America (n.d.) noted how 24.6 million adults received no treatment for their mental health illnesses, and another 9 million, tried and cannot get mental health treatment in the U.S. As the practice problem speaks to staffing inadequacies, it is imperative to mention the ratio of individuals with mental illnesses to available mental health providers in a state is 504 to 1 (Mental Health America, n.d.). These statistics demonstrate the significance of the study for behavioral health leaders who make

decisions about the behavioral health workforce. It illustrates a need for the BHO leaders to consider the benefits of ensuring their workforce feel supported and customers are satisfied.

Yanchus et al. (2017) postulated there is a correlation between clinical outcomes, staff morale, and staff numbers. So, to achieve social change in behavioral health why not start with the most valuable asset, the workforce. Health care can serve as a driving factor for those looking to contribute to positive social change. Yet, despite the growing need for behavioral and mental health care, the field itself does not reflect current demands. Hopefully, this study changes how people in the world place value on behavioral health care, and equally important, increases understanding of the experiences of those who receive and provide behavioral health services.

Summary

Implementing quality patient care entails many factors for a health care organization. In a behavioral health setting, those factors are unique. The National Alliance on Mental Illness (2021) stated that 1 of 8 emergency department visits in year 2007 involved mental illness and substance use disorders; of those receiving treatment, 134 million experienced a mental health professional shortage. The selected BHO offers an array of services to those they serve. The BHO offers comprehensive and integrated care, including pediatric behavioral health care, emergency psychiatric care, and outpatient behavioral health services, to everyone in its region throughout all lifespans and life experiences. In this doctoral study, I examined the importance of adequate

staffing and how it influences patient care, patient outcomes, and workforce well-being in a behavioral health care setting.

In Section 1b, I use the Baldrige Excellence Framework to describe the organizational profile. I highlight key factors of strategic importance to the organization and describe organizational structure and other relevant background and context in depth. The different contexts of the organization are described to support the practice problem being addressed.

Section 1b: Organizational Profile

The practice problem for this doctoral study was leadership challenges with inadequate staffing in behavioral health care. The quality of care and delivery is difficult to achieve when staffing is scarce. According to Martin (2015), nonmaleficence is questionable when staffing is inadequate. Low staffing tends to correlate with increased incidence of poor patient outcomes (Martin, 2015). The purpose of this study was to examine how inadequate staffing shapes the behavioral health environment. I undertook a thorough assessment of the organizational structure, stakeholders, and other key factors to describe the problem to leaders and offer a comprehensive understanding of how the organization can continue to serve as a prominent leader in behavioral health care.

The RQs for this case study were

RQ1: How has the experience of inadequate staffing contributed to patient care and patient outcomes?

RQ2: What does it feel like to offer behavioral health care services without an adequate workforce?

I used these questions to shape the interviews and identify secondary data to review with designated behavioral health leaders. I developed the questions to ensure a relevant reflection of the goals of this BHO. Last, the Baldrige Excellence Framework (NIST, 2021) was used to address the study purpose.

Organizational Profile and Key Factors

This nonprofit is committed to providing care for everyone without prejudice as indicated on its website. Although evolving overtime, the mission of the organization

remain the same: to offer healing to everyone. The BHO is a recognized health care provider in the eastern United States. With hundreds of employees, it offers a variety of mental health services to the community. The BHO offers a spectrum of services to children, teens, and adults that aligns with the mission and values of the organization. The website described both inpatient and outpatient care options that are available to individuals experiencing issues related to mental illness or substance use disorders. As a strategy to offer services to everyone, the BHO has increased its focus on screening for and treating mental illnesses by working with primary care providers using early detection measures.

Currently, the most pertinent key factor identified by the organization is its approach to the COVID-19 pandemic while continuing to address the needs of its mentally ill patients. Since the declaration of the pandemic in Spring 2020, leaders at the organization have worked to ensure that patient safety and other standards are followed and maintained. This focus is critical when providing treatment to individuals with mental illness. The National Alliance on Mental Illness (n.d.) highlighted the significant negative impact of the pandemic on mental health for 1 in 5 U.S. adults in the year 2020. This factor is useful for understanding the practice problem as it describes strategies employed across the organizational workforce and measures taken to engage patients efficiently in their care. On the website, the BHO described policy changes as a result of COVID-19 (i.e., COVID-19 screenings, social distancing, mask, and vaccination requirements) that serve to protect the health and safety of its consumers. In addition, to improve patient care the organization requires all new and existing employees to receive

or provide proof of vaccination or approved exemption for COVID-19. These changes allow the BHO to continue to meet the health care needs of its patients while mitigating risks posed to its workforce.

Treatment and Service Offerings

There are over 10 behavioral health care facilities and locations within the health system that provide access to an array of mental health treatment and service offerings. I gathered information about mental health services and treatment offered from the organization's specialty services webpage. The BHO operates a 24-hour psychiatric care unit with over 100 providers specializing in both psychiatry and psychology. Providers serve individuals in all developmental stages who are experiencing mental illness, addiction disorders, and other crises related to behavioral health. In addition to emergency care, there are other inpatient and outpatient service options available. Some mental health services include an employee assistance program, addiction or substance use services, forensic psychological evaluations, individual and family counseling, support groups, partial hospitalization programs, school-based services, and outpatient medication services. Programs are intended to meet the needs of all age groups and are accessible through self, internal, and external referrals.

Mission, Vision, and Values

The mission, vision, and values of the organization are located on the organization's website. The BHO aims to advance, improve, and elevate the health care field. Through healing practices, health measures, and the offering of hope, the BHO is committed to serving the community. For almost a decade, the BHO has evolved to

become a leading provider of services. The BHO promises to keep the community first, focus on offering excellent care, and provide treatment without prejudice to everyone who comes through its doors.

Governance and Structure

The BHO is governed by a senior leadership board that includes an executive committee, board of commissioners, and board of advisors. Elected parties demonstrate an active interest in the health and well-being of the general public and work together to ensure that the needs of the community are being upheld. The president and CEO of this organization has increased its recognition locally and globally, making this organization one of the top-rated places to work according to various reporting systems. There is a separate governing board that includes only members of the behavioral health service line. Meeting minutes are available on the organization's internal site and were accessed for this study. The structure and reporting system for leadership is vast and complex, which is indicative of the size of the organization (see the organizational chart in Appendix A). The smaller governing boards report information to leaders as needed to help improve performance, procedures, and policies within the organization. Additionally, information is available on the organization's website that shows part of the leadership system. Each location has a local administrator who ensures that the overall goals of the organization are fulfilled. I gained other information about the organization’s leadership and organizational structure team in my interviews with the BHO leader.

The BHO is comprised of five executive leaders. Executive leaders are responsible for overseeing and directing clinical processes and standards carried out by

the organization. Executive leaders manage a combined 11-member leadership team that encompasses assistant vice presidents, administrators, managers, and other leaders. I conducted both structured and semistructured interviews with a program manager in the BHO. Additionally, email correspondences and a review of archival data permitted access to data and the structure of the governing boards. The individual identified as a point of contact was a member of the leadership team, which has a direct influence on how services are delivered to the workforce. In addition, the leader participating in this study was responsible for ensuring that patient safety, quality, and other accreditation standards align with the strategic direction of the organization.

Organizational Background and Context

The BHO is committed to being the best behavioral health care provider. Its efforts to improve health and empower individuals who need comprehensive behavioral health care are demonstrated through the services offered. Notably, the organization provides a range of inpatient and outpatient care options to individuals ages 4 and older who struggle with mental illness and/or substance use disorders. Because the BHO has a strong presence in the community and provides round-the-clock psychiatric care and other services, there is an unspoken need to evaluate staffing and patient care.

The state of mental health is worsening in the United States; 19.86%, or nearly 50 million adults, were living with a mental illness in year 2019-2020 (Mental Health America, n.d.). Furthermore, every year since 2011, the percentage of adults with mental illnesses who report an unmet need for treatment has also increased (Mental Health America, n.d.). These data help illustrate the rising need for increased providers in the

mental health profession. Equally important, National Alliance on Mental Illness (n.d.) noted an 11-year gap, on average, for individuals between the onset of mental health symptoms and treatment. Additionally, it noted that 55% of the United States did not have practicing psychiatrists in year 2022. Therefore, adequate staffing in the behavioral health environment is crucial to meet the need of individuals with mental illnesses when they finally decide to seek treatment.

Institutional Context and Regulatory Environment

The BHO is the only one of its kind offering a variety of mental health treatments and services to the community. Its strong commitment to the community is what drives the mission and vision of the organization. The BHO is a primary outpatient/inpatient behavioral health care facility that operates under the umbrella of a large health care system. Because of this, there are factors to consider to best understand how the BHO operates and will address the practice problem. One factor is that the BHO is an accountable care organization. The Centers for Medicare and Medicaid Services (CMS, n.d.) explained that accountable care organization doctor groups and health care providers agree to work with Medicare patients to provide quality care. Since the passage of the Emergency Medical Treatment and Labor Act of 1986, individuals of the public are protected and ensured access to emergency services from Medicare participating hospitals regardless of financial means (CMS, n.d.).

The BHO has many key agencies that regulate its environment. CMS is a key agency that regulates the finances and billing aspects of the organization. Additionally, the BHO maintains a systemwide accreditation from the Commission on Accreditation of

Rehabilitation Facilities and the Joint Commission of Accreditation of Healthcare Organizations. Moreover, the website also described other agencies like the Patient Safety Organization and Agency for Healthcare Research Quality that recognize how the BHO improves quality and safety through operations.

During the last fiscal year, the BHO annual report reflects billions of free, uncompensated care and community benefit provided to their beneficiaries. The BHO website described its financial obligation to cover the difference between actual cost and debt for all individuals because Medicare and Medicaid programs do not fully reimburse the actual cost of treatment. This level of obligation to the community applied to the practice problem because of the possibility of foreseen and unforeseen challenges posed to leadership when staffing the behavioral health environment. Also, there are limited deterrents to treatment that further influence patient care, outcomes, and the well-being of staff, which in turn can impact how leaders address staffing inadequacies.

Operational Terms and Processes

The BHO website described the different care options offered within the organization. Many of these terms are listed under the treatment and service offering subsection. The leader also offered more concise definitions of terms used. Using the interview and organization's behavioral health webpage, some terms defined below helped to increase understanding of this doctoral study. All terms contribute to the daily operations of the BHO. Some terms defined identify members of the behavioral health workforce and described factors that directly impact patient care and outcomes. In

addition, these terms increases understanding of information gathered on the practice problem. Table 1 includes key organizational terms and their definitions.

Table 1

Key Organizational Terms and Definitions

Term	Definition
Crisis Prevention Institute	An entity that provides nonviolent crisis intervention training to manage and de-escalate behaviors related to mental health using verbal de-escalation, physical interventions, and seclusions in the behavioral health setting (Crisis Prevention Institute [CPI], n.d.).
East, North, and South	Inpatient hospitalization locations in the organization for children and adults experiencing a mental health crisis.
Emergency department and observational unit	Units that provide outpatient behavioral health care for individuals who do not require inpatient hospitalization.
Individual and group counseling	An intervention that is used to uncover and address patients' physical, mental, and emotional issues (American Counseling Association, n.d.)
Outpatient medication service	An entity that manages and treats patients' behavioral and mental health illnesses.
Partial hospitalization program	A program that provides intense outpatient treatment for patients who do not require overnight hospitalization and who are not stabilized for lower-level outpatient services.
Psychiatric technician	An employee who cares for and monitors patients.
Psychiatrist	A medical doctor who specializes in and assesses mental health illnesses (American Psychiatric Association, n.d.).
Staff	A term used in emergency situations to alert all available staff members that crisis support is needed.
Therapist	An individual who delivers psychotherapy or psychoeducation counseling to individuals and/or groups.

Note. Unless cited, definitions are those provided by the organization.

Compliance, Health Policy, and Law

There may be instances when extensive measures are carried out to ensure the safety and stability of patients. These measures require consent for the BHO's staff to employ specific standards and practices, according to the organization's consent form. The behavioral health leader explained that the BHO follows and implements Joint

Commission of Accreditation of Healthcare Organizations standards and health policies for using restraints and seclusion in its environment. The nonviolent crisis intervention training is a required, yearly training provided by the BHO that ensures the safety of patients and staff. According to the CPI (2009), the hospital will only use restraints or seclusions as a last resort to protect the patient, staff, or others from immediate physical danger. Patients and families learn and consent to these safety standards and other emergency practices when agreeing to participate in treatment and behavioral health services provided by the BHO. Cardiopulmonary resuscitation (CPR) is another key policy employed by the BHO. It is a technique intended to save lives using compressions and ventilations for patients in the event of cardiac arrest (American Red Cross, n.d.). Like CPI, CPR is also a required training provided to employees to ensure patient safety.

Also, was an abundance of communication available on the BHO website that described regulatory environment and compliance with health policies and laws. The BHO adheres to all local, state, and federal regulations, standards, and licensures. Utilizing the Health Insurance Portability and Accountability Act (HIPAA) is just another way this BHO ensures regulations are met across its system and facilities. HIPAA is a federal law intended to provide privacy and protect patient information from being disclosed without consent (Centers for Disease Control and Prevention, n.d.). In the BHO, health policies and laws are frequently reviewed with patients and families in the beginning, during, and after treatment is provided.

Summary

The Baldrige Excellence Framework, correspondence with the behavioral health leader, and data review and analysis helped to fulfill the purpose outlined in Section 1 of this study. The organizational profile provides an overview of the BHO and its strategic environment (NIST, 2021). It is an appropriate first step for assessing one's organization, understanding operations, and identifying gaps to improve performance (NIST, 2021). In Section 1a of this study, the practice problem and purpose of the study were introduced and described. While Section 1b focused heavily on the organizational profile, relevant key factors, and institutional contexts that were deemed applicable to the problem being addressed. The BHO is designed to address the behavioral health needs of individuals experiencing mental health issues and other psychiatric illnesses.

In Section 2 and throughout this study, the need for an adequately staffed behavioral health setting and its significance to the profession will be described using various contexts. Section 2 of this study summarized the different sources of evidence used to explore the practice problem. Also, how sources were located, databases used, and a summarization of existing literature is discussed in the next section. Section 2 describes how leaders in the organization lead, how the organization implemented strategies, engaged clients, and established client relationship. Last, Section 2 provides a plan on how findings were analyzed.

Section 2: Background and Approach–Leadership Strategy and Assessment

The BHO is an outpatient health care organization that serves the mental health needs of everyone. The organization offers services and treatment options to individuals ages 4 and older. According to the organization's website, behavioral health services may include individual outpatient therapy; group therapy; inpatient hospitalization; child, adolescent, and adult partial hospitalization; and outpatient medication management.

The practice problem explored in this doctoral study was the need for understanding of the challenges behavioral health leaders face when confronted with inadequate staffing in behavioral health care settings. According to Baker et al. (2019), the primary therapeutic intervention in mental health care is its workforce. This demonstrates why the workforce is one, if not the most, essential part of an organization. Therefore, behavioral health leaders should ensure that staffing levels are sufficient to address the population's needs. The purpose of this study was to examine how the environment is shaped when staffing is inadequate. Behavioral health leaders should aim to create an organizational culture and policies attentive to the work environment and staff (Shields et al., 2018). By doing so, leaders may reduce detrimental impacts resulting from a lack of attention to the workplace and workforce.

In this section, I discuss supporting literature and different sources of evidence to provide greater insight into the organizational practice problem. In addition, core values and concepts from the Baldrige Excellence Framework (NIST, 2021) are used to describe the organization's leadership, client population, workforce, operations, and analytical strategy. The section ends with a summary of key points and a transition to Section 3.

Supporting Literature

To perform a comprehensive search of the literature and to find relevant studies related to the practice problem, I used multiple search engines and databases. Choe et al. (2021) explained how novice researchers have vague ideas about search keywords and terminologies that are prevalent in the literature. Therefore, keyword recommendations can be an effective strategy (Choe et al., 2021). The Walden University Library, Google Scholar, professional, and government websites were a few resources utilized to complete a literature review on the organizational problem. Also, key search terms were used in various databases and search engines to better define research results specific to the practice problem. In the Walden University Library, some databases and search tools explored included ProQuest Health, ABI/Inform, Gale Academic OneFile Select, Emerald Insight, Academic Search Complete, Sage Journals, and Psychology Databases Combined Search. According to Walden University (n.d.), although using one database at a time provides control and more accurate results, it is also necessary to search multiple databases because no one database provides sources relevant to a topic. In my searches of the university's library and outside databases, I used similar key terms and Booleans. A combination of the following Booleans and key terms yielded the most relevant results in all databases:

- *understaffing or workforce shortage hazards, staff proficiencies, employee attrition or absenteeism, safety risks* and *mental health care*
- *leadership strategies, operations and performance limitations, workforce engagement methods* and *behavioral health care*

- *quality of care* or *patient care, treatment challenges, product or services restrictions* and *behavioral health care or mental health care*
- *patient experiences or patient satisfaction* and *mental health treatment or behavioral health treatment*
- *quality improvement or quality assurance or health care improvements* and *behavioral health care*

Finding resources specific to the practice problem presented some challenges. Initial searches generated literature that described the experiences and perspectives of nurses and physicians in primary or emergency health care. I found limited research on the views of mental health professionals related to the practice problem. The focus on nurses in the literature makes sense. Nurses are viewed as key clinical providers in health care, and their roles are most crucial to health care delivery (Yanchus et al., 2017).

Furthermore, searches across databases revealed findings that did not intersect between primary health care and mental health care. Also, the findings did not build on one another. D'Lima et al. (2017) stated there is an inconsistent focus on mental health care compared to other health care settings, and when mentioned, it is a small segment and rarely the sole focus. Last, the literature review uncovered a missed opportunity to specifically understand mental health services and the needs of its workforce.

Review of Existing Literature

Existing literature provided some insight into behavioral health leadership challenges with inadequate staffing. Boden et al. (2019) explained that staffing ratios are interlinked with access, quality, and performance. Staffing is one of the most influential

predictors of quality care (Miller et al., 2021). So, as leaders are confronted with staffing concerns it is essential that they consider how this issue affects the behavioral health care setting. According to Canady (2021), staff shortages increase the risk for physical harm, creating a dangerous environment for staff to deliver care and for patients to receive effective treatment. Federal officials have highlighted that more than 6,500 mental health practitioners are needed to fill a 4,000 gap in mental health facilities (Health Resources & Services Administration, n.d.). These statistics demonstrate the consequences of an inadequate workforce and the potential challenges that leadership face in maintaining staffing numbers.

Loh et al. (2021) stated that it is vital to have a workforce free of both psychological and physical threats. Workplace safety is imperative when staffing levels are a concern, mostly because, when present, there can be negative outcomes for those involved. In one study, researchers assessed how increased workloads affect employees. The study revealed that both mental health and work engagement began to deteriorate with elevated workloads and hours (Watanabe & Yamauchi, 2017). In a setting with low staffing, the workforce will adjust time invested and tasks to support the needs of the environment. This can include employees taking on additional work-related responsibilities to ensure that the mission and goals of the organization are carried out.

Behavioral health leaders must assess factors linked with staffing inadequacies in the workplace because of the possible threats that may occur. Staffing inadequacies can result in dangerous environments and increase the risk of physical harm to hospital staff and patients (Portnoy, 2021). Most existing literature identified a correlation between

staffing numbers and operations (Canady, 2021; Martin, 2015; Yanchus et al., 2017). Canady (2021) explained how during a staffing crisis one state was prompted to close several of its mental health hospitals. In contrast, Yanchus et al. (2017) asserted that inadequate staffing is associated with burnout, increased job dissatisfaction, and turnover intentions. Although both are severe and unfavorable for any organization, in behavioral health the results could be more acute. The potential harm caused by inadequate staffing is too significant for leaders of a behavioral health care setting to ignore.

The literature noted more harmful effects of scarcity in staffing than with, therefore, leaders need to carefully review the impact. Leaders over these work environments should review the challenges faced with inadequate staffing because of its direct correlation to program services and operations. O'Neal et al. (2022) highlighted different reasons why staffing is so consequential to mental health organizations, including how relevant it is for client and provider outcomes. In all, behavioral health facilities and their leaders can in fact see how poor attention to workforce levels can fail to meet not only the needs of clients served, but the organization as well.

Existing literature also highlighted how mental health staffing ratios are also associated with treatment access and quality of care (Boden et al., 2019). Quality and access to mental health care can improve with increased mental health staff (Boden et al., 2019). According to Portnoy (2021), understaffing in mental health hospitals limits patient access and disrupts program services. Similarly, Canady (2021) postulated how staffing inadequacies impeded the quality of care provided because of the increase in patients being served. It is heavily documented how staffing shortages hinders treatment

in mental health. Leaders not only have to consider the challenges little staff have on the workforce, but also how it impacts the organization. As stated previously, and throughout this study a lack of staff interferes with how an organization implements treatment. This includes patient safety issues as well. The NewsRx (2022) reported how inadequate staffing has led to patients being denied for care, increased wait times, and ultimately jeopardizing patient safety.

Creating an adequate workforce is essential to how an organization conducts services, according to the behavioral health leader. Comparably, patient acuity can become a concern in these settings. Individuals with mental health illnesses are high needs and require active monitoring (Mathevula et. Al., 2022). Acuity will increase in mental health facilities that are short-staffed and with employees who are burnt out and emotionally vulnerable (Baker et al., 2019). The existing literature helped to exaggerate the importance of adequate staffing in mental health facilities and the results of inadequate staff. With leadership comes great responsibility to ensure patient health and safety (Canady, 2022). Hence, why when confronted with staffing challenges leaders need to review its significance in these settings.

Altschul et al. (2018) postulated that the lack of resources, retention, and recruitment efforts has also contributed to the crisis among the behavioral health workforces. This crisis emphasized leadership challenges with staffing concerns. Difficulties sustaining an adequate workforce can also be explained by the lack of resources available. The health care field was forced to make appropriate adjustments because of the passage of the Affordable Care Act in March 2010. This health law made

health insurance more affordable while increasing access to health insurance for more people (healthcare.gov, n.d.). The demand for health care for all specialists increased and potentially added to an existing strained, and significantly disadvantaged behavioral health care workforce (Altschul et al., 2018). Behavioral health leaders are confronted with these factors and more as they address challenges with staffing the organization. It is explained that despite the severe shortage with the psychiatric workforce there is an increasing burden for treating mental health disorders (Han et al., 2022). Mental health affects millions of American youth and adults (Hunt et al., 2019). More importantly, the need for mental health treatment is more substantial than the field itself. Boden et al. (2019) asserted that the profession struggles to keep up with growing demands and the lack of staff has led to many challenges, both real and perceived (Boden et al., 2019). Whether its retention efforts or growing demands, the number of employees available can make the difference between negative or positive outcomes for everyone.

Leaders need to employ rigorous recruitment strategies to sustain a strong workforce (Naughton-Travers, 2002). It is also necessary to provide viable solutions to retain the existing workforce. This is significant because staffing ratios are viewed as strong predictors of many factors. Naughton-Travers (2002) stated that retention processes are needed to address the issues affecting the behavioral health profession. For some, the dearth of behavioral health providers reduces an organization's ability to meet the growing needs of individuals the mental illnesses (Altschul et al., 2018). Additionally, inadequate staffing in BHOs is a factor that influenced access and quality treatment. Hunt et al. (2019) stated that the need for improvement in the mental health

system is clear. Since factors like quality and access are affected, it makes it imperative that behavioral health care organizations provide appropriate conditions to receive care.

According to Boden et al. (2019), by strengthening staffing ratios in behavioral health environments, leaders can improve mental health care quality and access. Furthermore, it is postulated that mental health staffing ratios be a primary consideration when behavioral health care leaders attempt to confront challenges with providing quality care and access to services (Boden et al., 2019). So, as leaders continue to confront challenges with staffing, one important consideration is to ensure recruitment and retention strategies are continuous in efforts to maintain adequate talent (Naughton-Travers, 2002).

Finally, there was a common theme across the literature regarding patient care, patient outcomes, and staff morale. For example, Kelly and Hearld (2020), suggested that the leadership style utilized in behavioral health care settings can be associated with mitigating symptoms of burnout. They also indicated that burnout is associated with poor provider and patient outcomes in behavioral health care settings (Kelly & Hearld, 2020). The leadership approach is the most influential factor in the workforce and work climate (Loh et al., 2021). It has been shown that the leadership style can potentially strengthen the organizational climate and mitigate risks associated with the hazardous environment (Loh et al., 2021). Behavioral health leaders must maintain awareness of these common themes and how their behaviors and attitudes contribute to challenges with staffing levels in these setting. Furthermore, Peralta et al. (2021) explored the need for ensuring staff possess the basic competencies for mental health care to minimize feelings of fear,

frustration, and unhappiness when interacting with mentally ill patients and presenting issues. In Mistry et al. (2015), concerns regarding the well-being of staff and the quality of patient care in mental health facilities were closely examined. As well as problems that contribute to the stress of the mental health environment and workforce like the lack of leadership, staff vacancies, patient acuity, and treatment access (Mistry et al., 2015). Concurrently, Martin (2015) asserted how understaffing harms the organization, increases mortality and increases job dissatisfaction. These challenges and others are all important factors behavioral health leaders must consider when confronted with inadequate staffing in a behavioral health setting. Leaders must reflect on such challenges and how it shapes the environment overall.

Sources of Evidence

A case study research design was employed to address this qualitative study's RQs and best describe the organizational problem. According to the Walden University Center for Research Quality (2018), "a case study is a detailed and intensive analysis of a particular event, situation, organization, social unit, or another bounded system" (p. 15). Additionally, a case study research design studies a case or multiple cases in detail in a real-life context (Ravitch & Carl, 2021).

The use of multiple sources helped increase insight into understanding leadership challenges when confronted with inadequate staffing in a behavioral health care setting. Yin (2014) stated case study research involves multiple sources of evidence. For this doctoral case study, both qualitative and secondary sources of evidence were examined to address the research problem. According to Walden University (n.d.-b), secondary data

analysis includes a review of existing data collected by another individual or organization. Additionally, secondary data sources should align with the research study question (Walden University, n.d.-b). The key sources of evidence explored for this study included public data, the organization's internal archival data, interviews with behavioral health leaders, and existing literature. Collection and analysis of all sources best addressed RQs by exaggerating the purpose and practice problem of this study.

Qualitative interviews yielded the most data as they are more controlled, provide opportunities to connect with participants, and questions develop as the interview proceeds (Rubin & Rubin, 2012). Using open-ended interview questions and a responsive interviewing style also created reciprocity in communication with the leader (Rubin & Rubin, 2012), and helped identify the best sources of evidence. Other secondary data sources included organizational surveys, incident reports for both patients and staff, program waitlists, financial data, annual reports, job vacancies, and the patient/staff census. Ultimately, the sources of evidence identified helped describe leadership challenges and explained issues with inadequate staffing in the behavioral health care setting.

Leadership Strategy and Assessment

Leadership

Ardichvili (2016) stated that leaders are essential in the development of healthy work culture. Every organization requires different leadership styles, more importantly, “different situations demand different kinds of leadership” (Northouse, 2018, p. 95). In a behavioral health care setting, leadership would be unique because it aligns with the

organization's mission, vision, and goals, the work environment, and the population served. The behavioral health leader uses both transformational leadership and a situational approach to lead and govern the organization.

Stuber et al. (2021) explained how leadership behavior can buffer some of the negative aspects of working in mental health care and influence staff well-being, both positively and negatively. Senior leaders are responsible for creating a successful environment that cultivates learning and fosters engagement (NIST, 2021). A situational and transformational leadership style can help leaders with creating such success. Wright (2017) asserted how critical it is for leaders to be able to adapt to address situations that arise effectively. A situational leadership style encourages adaptability and is also viewed as a desired leadership trait (Wright, 2017). In this way, leaders support the needs of the behavioral health care workforce through their flexibility and adaptability. Contrary to the leadership style previously described is transformational leadership. Transformational leadership encompasses transforming and changing people (Eliyana et al., 2019). It is a leadership style that is associated with higher levels of personal achievement and performance in behavioral health care (Kelly & Hearld, 2020). The behavioral health leader shared, "I want my team to know that I'm still in the trenches. I'm not that far removed that I can't support and lead them simultaneously." With the growing prevalence of behavioral health issues, it is imperative to have a qualified behavioral health workforce, including those who lead and govern the organization.

Governance

An organizational governance system assesses how the organization evaluates leaders' performance, and leadership responsibility, and ensures that everyone behaves legally and ethically (NIST, 2021). Governance is defined as "the system of management and controls exercised in the stewardship of your organization" (NIST, 2021). Some governance systems will include senior leaders only or have separate boards that assess and evaluate the organization. This BHO is a nonprofit organization with a senior leadership board and a separate shared governance board that examines the behavioral health service line. The shared governance team consists of different members of the behavioral health service line. Members included frontline workers such as psychiatric technicians, senior psychiatric technicians, nurses, and unit secretaries, the behavioral health leader noted. The leader added that the shared governance team met once each month to discuss pertinent issues specific to their population and workforce. In addition, the leader stated that the purpose of the team is "for people who do the work to play a part in decisions made.". Therefore, no administrators or senior leaders attend meetings.

Designated representatives determine how to make processes easier for their department and communicate findings with their leaders as needed. The shared governance meeting minutes illustrated how board members can assess current policies, address procedures, and evaluate leadership. Also, members of this board work on special projects that ensures ethical responsibility. The leader explained how senior governing boards have revamped interview questions and job descriptions to align more closely with the organization's values and mission. Furthermore, the leader shared that it is the

goal of all governing board members to ensure best practices and decisions are employed when addressing the organization's overall goals.

Strategy and Assessment

Strategic planning aims to understand what needs the organization wants to meet, why/who needs need to be met, and how the organization will meet the needs identified (Martin, 2018). The organization considers these questions in the strategic planning process to continuously adapt to changing circumstances over time (Martin, 2018). Strategic planning is essential in a behavioral health care setting because the environment can be difficult to calibrate (Loh et al., 2021). For this reason, strategies should be abundant and align with the organization's goals. The Baldrige Performance Excellence Program (NIST, 2021) examined how an organization develops, implements, and changes strategies and plans when required. Organizations are challenged to evaluate service offerings and processes, then consider risks that may affect the organization either positively or negatively (NIST, n.d.). Strategic plans should also create a "sustainable competitive advantage" and longevity in the organization's performance (Brown, 2012, p. 9). In health care, sustainable advantage can be assessed through the use of quality improvement strategies, which appear to be the source for strategic planning processes. According to Steinfeld et al. (2015), quality improvement methods are recommended as the most effective processes to implement when addressing factors that arise in mental health settings. These methods can help the BHO determine work systems while assessing strategic challenges and advantages. Development and implementation of strategies should help measure and analyze key needs and track progress toward plans

and objectives (Baldrige Performance Excellence Program, 2021). So, the organization must reflect on strategies established and employed to understand its processes overall better. This increases strategic thinking about organizational agility, performance, and competitive stance in the marketplace (NIST, n.d.) This BHO deploys many different quality improvement methods that addressed both its patients and workforce. As leaders confront challenges with inadequate staffing in behavioral health care settings, it is vital to understand which strategies best fit the environment.

The BHO in this study utilized different methods to develop and implement strategies that addressed leadership challenges with staffing inadequacies in the workplace. Quality improvement methods and interventions are more commonly used in this setting. Burns et al. (2020) explained that quality improvement approaches are used for planning and implementing processes while focusing on making systematic, guided by data, and efficient improvements. These approaches prioritize health care and aim to improve patient outcomes, quality of care, and workforce performance (Davies et al., 2020). *Fortune*'s "Best Places to Work" is an example of a quality improvement method used by this BHO. PR Newswire (2017) described how *Fortune* is an assessment tool that specifies benchmarks needed to create, recognize, and sustain high-performing workplace cultures. This strategy permits the BHO to audit its culture and assess its organizational needs while increasing recognition across the health care profession. This is a strategy that could be helpful to leaders as survey results may highlight workforce concerns that shape the behavioral health care setting.

In addition to *Fortune*'s, the BHO also uses the *Lean* process methodology to implement strategies. This is also a quality improvement approach that focuses on driving out waste, improving customer service, error reduction, and cost-effectiveness (American Society for Quality, n.d.). Steinfeld et al. (2015) postulated that in mental health care settings, Lean is most effective because of its rigor and follow-through with implementation. Additionally, this approach is most engaging to those in mental health because it emphasizes the voice of both the patients and recognizes the role of the workforce in the improvement process (Steinfeld et al., 2015).

One way this BHO executes the *Lean* process is with the *Plan Do Study Act* (PDSA) approach. PDSA is a four-step problem-solving process cycle used for quality improvement (Martin, 2018). In correspondence with the behavioral health leader, it was explained how PDSA was recently used to help reduce the patient intake assessment procedure. The application of this process allowed the BHO to reduce staff challenges with the treatment provided and add value to patient experiences and outcomes with the organization. This issue was discovered through the use of the managing of daily improvement) process, specifically daily huddles. These huddles are both a problem solving and quality improvement strategy used to identify challenges and empower the workforce (Gorospe et al., 2013). According to the behavioral health leader, all employees take lead to implement huddles during the week to identify and solve problems. Huddles are used to gather information on staff and patient safety as well as patient treatment and outcomes.

The BHO utilizes different approaches to implement strategies within the organization. Many strategic processes are grounded in quality improvement initiatives, such as the *Lean* process and *Fortune*. These strategies and others helped to provide insight into challenges behavioral health care leaders face. Furthermore, the development and implementation of strategies explained why certain problems exist in the organization. Overall, the BHO and its leaders engage regularly in the strategic planning process. By doing so, leaders continuously assess organizational limitations and strengths while planning for opportunities for growth and performance improvements. The behavioral health leader can adequately address any problems or concerns with inadequate staffing in the behavioral health care setting through strategy and assessment.

Clients/Population Served

The BHO offers comprehensive behavioral health care to any individual struggling with mental illness. Found on the organization's website is a description of all integrated services provided to children, adolescents, and adults. The BHO's website also highlighted providing behavioral health treatment and programs for children as young as 4 years of age and older. Byrne et al. (2017) explained how a lack of mental health services is perceived as a barrier to those with mental health issues. This BHO mitigates this perception by delivering a variety of treatment options to any individual experiencing behavioral health issues. This also aligns with the Baldrige Performance Excellence Program (2021) which asserts that an organization should focus engaging and interacting with patients to ensure long-term sustainability and success. On the BHO website behavioral health is described as both the emotional and mental well-being of the

individual. Furthermore, the BHO serves patients battling depression, anxiety, personality disorders, substance use disorders, and other mental health disorders. Overall, the BHO aims to treat those who want "control of their lives."

To do so, client information must be obtained to determine the appropriate care and services. The behavioral health leader described many methods for collecting client information including patient surveys and questionaries, complaints, assessment tools, and other forms. For example, to capture patient satisfaction, the BHO uses the Hospital Consumer Assessment of Healthcare Providers and Systems survey. According to the CMS (n.d.), this is a survey that reports hospital care from the patients' perspective. Additionally, survey results are reported publicly to improve the quality of care and to communicate objectivity about topics meaningful to the client population (CMS, n.d.). The behavioral health leader described how the organization utilizes the Patient Health Questionnaire-9 (PHQ-9) to assess the severity of depressive symptoms as a method to obtain client information. The PHQ-9 is the most commonly used depression screener globally (Carroll et al., 2020). Its design is reflective of the diagnostic criteria for major depressive disorder in the *Diagnostic and Statistical Manual for Mental Disorders*, fifth edition (Bianchi et al., 2022). Utilizing this questionnaire also connects to the Baldrige Framework because it demonstrates how the BHO listens to and engages its customers. According to Baldrige Performance Excellence Program (2021), most organizations consider the voice of the customer to determine product offerings, create a customer-focused workforce culture, and tailor marketing strategies.

The BHO also collected client information through grievances. Grievances can be completed by both the workforce and patients. On the BHO webpage, there was information provided about valuing the culture commitments of integrity. The webpage informs patients how information helps to promote training and policies while upholding the code of conduct. This information is collected in various forms including email, telephone, and an anonymous hotline for staff. Gathering client information allows the organization to be proactive and innovative to clients' anticipated, stated, and unstated desires and expectations (Baldrige Performance Excellence Program, 2021). There are many ways the organization listens and learns from its patient population and all sources appear to support what the organization stands for.

Furthermore, client engagement and strengthening client relationships are important to this organization. The BHO actively attempts to inform existing and new patients using a variety of marketing strategies. Baldrige Performance Excellence Program (2021) described how the use of technology and social media platforms provides another avenue for organizations to interact and learn from clients. These web-based technologies also can demonstrate an organization's involvement with clients on an uncontrolled outlet (Baldrige Performance Excellence Program, 2021). During an interview, the behavioral health leader described the organization's engagement strategies as including

> Billboards, community events, COVID vaccination events, volunteer at shelter, attending community events like Pride, mental health walks, annual giving campaign. We also build with clients through trauma-informed care, including

patients in their treatment, and health care literacy (in plain language). And that's off the top of my head..

NIST (n.d.) postulated that social media is an effective source for client engagement because commentary allows the organization an opportunity to improve and innovate. This BHO has created relationships and engagement through most social media platforms. The organization's website showed icons for Facebook, Instagram, LinkedIn, YouTube, and Twitter. Additionally, the organization appears to welcome communication and outreach by offering an email to share comments as well as a toll-free number for feedback. Aforementioned, the BHO offers a range of treatment options and services for those experiencing mental illness. Information is easily accessible via their website and patients can engage with professionals 24/7 using the crisis hotline provided by the BHO. The website described how the hotline is staffed by clinical professionals who help with scheduling appointments, making referrals, accessing community resources, and receiving real-time psychiatric care. There is much reluctance with seeking support for mental health and substance use because of the stigmas associated (Malekoff, 2020). This BHO showed how it challenges stigmas and breaks barriers associated with behavioral health by increasing access to care and community partnerships. All client engagement opportunities build relationships and demonstrates the importance of adequate staffing in behavioral health settings, especially when care is needed the most.

Workforce and Operations

Information gathered from the behavioral health leader indicated a myriad of ways the organization assesses staff capability, recruits, hire, and retain new staff members. Baldrige Performance Excellence Program (NIST, 2021) described the workforce as all persons actively involved in ensuring the organization's work is achieved. This BHO has a plethora of full-time, part-time, and pro re nata mental health professional roles in its facilities that are unfilled. Some positions include psychotherapist, clinical social workers, nurses, nurse-practitioners, psychiatric technicians, behavioral health professionals, and others.

The BHO employs frequent in-service training and continuing education units for licensed staff. The leader explained that most recently, a new training module was assigned to all staff to support the new 5-year strategic plan to help community members with housing needs. This is in addition to all mandatory training as per policy and all trainings are tailored for each department and position. Some training includes infection prevention, first aid, abuse recognition and reporting, defensive driving, emergency compliance and privacy, and suicide prevention. All trainings are geared toward both patient and workforce health and safety. Some trainings require demonstration of competencies (i.e., CPR and CPI). Employees are required to show their knowledge and understanding of restraint application and use.

The organization's website provided a thorough explanation of career readiness and requirements prior to onboarding. For example, in each job summary information is provided about education requirements, and preferences. Recruitment and hiring appear

to begin with the human resources (HR) department. The leader described how the HR department screens for the best possible matches for positions posted based on skills and qualifications. Then, leaders are responsible for selecting and interviewing candidates that suit their departmental needs. In all, the BHO takes active measures to ensure the workforce is proficient and efficient to manage the organization's needs and client population.

Analytical Strategy

For this doctoral study, an organizational case study of a BHO was implemented to understand leadership challenges better when confronted with inadequate staffing in a behavioral health care setting. A qualitative case study method was employed to analyze data and findings. Case study methods essentially study a case, or multiple cases in its real word context and its complexities (Ravitch & Carl, 2021). These methods are used to explore the how and why questions posed to research a particular setting (Ravitch & Carl, 2021). Multiple sources used to expand the challenges of inadequate staffing in behavioral health settings were described. Some sources included structured interviews, open-ended discussions, and email correspondence with the identified participant. Kohler et al. (2021) postulated that qualitative methods should be open and flexible in approach. Therefore, a collaborative analysis helped to evaluate data and findings.

Additionally, there were different strategies that helped analyze data. The qualitative data was also aggregated into smaller sections to interpret the data collected. The data collected can be coded, categorized, and evaluated for themes to understand the information conveyed. Themes in particular were identified for this case study. Saldana

(2016) explained how patterns demonstrate the importance of people's lives and make our observations concrete. Using these strategies for the interviews, the organization's website, and other documents provided insight into the practice problem being explored.

Role of the Researcher

The literature explained how the researcher becomes the primary instrument when conducting a qualitative study (Burkholder et al., 2016; Ravitch & Carl, 2021). Therefore, the role the researcher assumes has the potential to influence the research process immensely. Additionally, the role of the researcher proposes some complexities which warrant awareness of positionality and reflexivity. Collins & Stockton (2022) postulated the need for "reflexive opportunities" to address the unnatural barriers during interactions in research and to obtain the best outcomes. Furthermore, as the interviewer, it was necessary to assess strategies for creating a space that permits the participants to openly covey thoughts and ideas free of judgment (Collins & Stockton, 2022).

In this qualitative study, it was pertinent to establish and consistently revisit building rapport with the behavioral health leader. This was necessary due to the nature of the setting and the purpose of the encounter. It was also essential to actively monitor positionality because of the intersectionality of the relationship between myself, the leader, and the familiarity of the organization as a stakeholder. Careful considerations were made when developing research and interview questions. More importantly, it was critical in the role of the researcher to recognize best practices for implementing collection techniques and accessing data sources.

Researcher Bias

What is seen and interpreted can potentially be affected by the characteristics of the researcher (Babbie, 2017). As the researcher, both role and identity played a large part in the research process. Because of this reflexivity was frequently accessed and revisited. Reflexivity demonstrates how values, bias, and identity are assessed and examines how results and the process is influenced by the researcher's role (Ravitch & Carl, 2021). It is difficult to report research bias without revealing the identity of the organizations. However, it is important to note the relationship between the researcher and the participant. Researcher bias exists because the participant is a close friend. This was critical for the personal and professional tone of all interactions. There are both similarities and differences in values, beliefs, background, and ethnicity. These factors are relevant to interactions and discussions as well, during all stages of the process. Such factors influenced the information gathered and how the interview process occurred. Additionally, as the researcher, it was necessary to consider positionality just as frequently. This was necessary for shifts within the process. Positionality is explained by the researcher's role and responsibilities to the participant (Ravitch & Carl, 2021). Again, this potentially influenced how research efforts take place. This too sometimes influenced preparedness and interpretations of data and interactions.

Archival and Operational Data

Walden University (n.d.-b) explained how organizations often collect and curate information that can be used in research. In this study I used existing data, the program services and operations, patient safety, patient satisfaction, staff attendance, or staff

concerns to support the RQs. To gather research for this qualitative case study I thoroughly reviewed public resources. This included the organization's website, social media platforms, news media if available, patient reviews of services and providers, and data from the Centers for Medicaid and Medicare Services webpage.

After saturation of this method, the behavioral health leader was asked to provide specifics regarding internal documents related to the practice problem or that elaborated on the posed RQs. I assessed organizational documents. Internal postings for employees, emails tailored specifically to leadership, employee engagement surveys, patient satisfaction surveys, and other documents were examined to best explore the practice problem. The behavioral health leader and university determined the types of items that could serve and was appropriate for archival data. For this qualitative research study, archival data referred to the organization's internal documents. Fischer and Parmentier (2010) explained that archival data is created material used to develop an understanding of the research. Archival data consists of an array of documents that are guided by the RQs. These documents are critical to consider when determining data appropriateness (Fischer & Parmentier, 2010). For this study I utilized the BHO social media sites (i.e., Facebook, Twitter), news articles, program handbooks, brochures, policies, meeting notes, employee emails, PowerPoints, communication webpages, and employee and patient surveys as archival resources.

Evidence Generated for the Doctoral Study

Next, I used two qualitative interviewing styles, email and in-person, to gather additional data. I found that email interviews provided the behavioral health leader

convenience and the ability to participate when available. Both email and in-person interviewing provoked elaborate and accurate responses from the behavioral health leader and allowed the leader to describe their experiences and perspectives of challenges faced.

Participants and Purposeful Sampling

The doctoral study manual for the behavioral health leadership capstone project noted that this case study only participants are the interviewees and selected leaders (Behavioral Health Leadership Manual & Guidelines, September 2021). The participant (s) also must match the selected criteria stated by the university. Burkholder et al. (2016) state in a qualitative study an established criteria is needed as well as a strategy for selecting participants. Criteria can be created from the posed research problem used to guide this study. As a reminder, the practice problem for this study was to understand leadership challenges when confronted with inadequate staffing in a behavioral health care setting. Therefore, the initial criteria included leaders and the type of leader that could participate was explored future using the manual. The doctoral manual described a leader as managers, directors, department heads, supervisors, or similar decision makers within the partnering organization (Behavioral Health Leadership Manual & Guidelines, 2021). Additionally, the criteria included leaders employed in a company/organization that specialized in behavioral health care.

For this study, behavioral health included any treatment or services that assist an individual with mental illness or substance use (Substance Abuse and Mental Health Services Administration [SAMHSA], 2022). Next, strategies used to determine how the

participants are chosen are necessary and this was done through sampling. Ravitch and Carl (2021) stated that purposeful sampling specifically chooses participants based on the RQs and serves as the sole sampling method in qualitative research. Additionally, Burkholder et al. (2016) explained that this sampling strategy is used when there is an interest in a particular skill or life experience a person possesses. By employing the following strategy and criteria the participant for the study was identified. The participant served in a managerial role in an outpatient behavioral health facility.

Data Collection Instruments

Qualitative interviewing was the primary technique employed during this study. Qualitative interviews are "flexible, iterative, and continuous" (Babbie, 2017, p. 318). They are designed to proceed naturally and with a planned topic to explore (Babbie, 2017). The interviewing style varied on several factors; however, semistructured, email interviews and casual discussions were used often. As a result of this, the data collection instruments utilized needed to be flexible and sometimes easily accessible. Face-to-face interactions and emails were frequented as data collection tools. During in-person interviews, a recorder was utilized to gather information. An interview guide was also created with keywords to increase the fluidity of the interview. However, as interactions increased, more structured questions were posed utilizing terminology and information from weekly course work. Appendices B and C, respectively, contain interview questions for the in-person and email interviews. Ravitch and Carl (2021) stated that semistructured interviews help to focus responses more specifically on the RQs. The structured questions can provide dependability and produce concrete answers from the leader.

Email interviews were helpful in gathering more specific and factual data needed to support the study because the participant could directly answer questions. Email interviewing is considered a new data collection method for qualitative research (Amir et al., 2021). This technique permitted the participant to address the process diligently and at their own pace. When using this approach, no more than five questions were sent at a time to the leader. Emails were also sent as needed and included questions that focused on the Baldrige Excellence Framework (NIST, 2021). Email responses were received within 24-48 hours from the leader. Emails were detailed and when appropriate supporting documents were attached. Using email as a data collection instrument has the potential to reduce unwarranted emotions and create opportunities for transparent and accurate responses (Babbie, 2017). Implementation of this process provided consistent and ongoing correspondence with the leader when face to face interviews were not available. The questions for the email interviews are located in Appendix C.

Procedures

The implementation of different approaches can help strengthen the research study through the discovery of information. Qualitative interviewing was the primary collection method for this study. This technique was utilized because of the depth of information uncovered during the process. It is a method used to further the understanding of people's perspectives and experiences (Rubin & Rubin, 2012). It required probes and active listening to gather the best insight on the topic at hand. Semistructured interviews, both in-person and via email, and document analyses were employed as data collection techniques. A semistructured interview was conducted

during the beginning of the doctoral case study. Semistructured interviews are planned with a goal in mind (Rubin & Rubin, 2012). The interview intended to inform the participant of the research process and to identify the practice problem. It was roughly 45 minutes in length and recorded. Five questions were prepared with follow-up questions to narrow down the concern.

Because I had both a professional and personal relationship with the participant, I was able to engage in casual conversations with them as well as administered email interviews to gather data for the study. The email interviews involved back-and-forth communication of questions by email. Email interviews allow the interviewee more time to consider their responses (Rubin & Rubin, 2012). The leader can also send relevant supporting documents to help address the practice problem. This led to the use of documentary analysis for this study. Documentary analysis is an examination of documents (Rubin & Rubin, 2012). Much of the pertinent information was available on the BHO's webpage. Internal documents like patient questionnaires, annual reports, departmental communications, PowerPoints, meeting notes, and news media was reviewed and analyzed to explain the RQs and practice problem. Reviewing these items and others led to casual conversational style interviews where further information and clarity were obtained.

Ethical Research

Ravitch and Carl (2021) asserted the importance of being mindful of ethical concerns regarding securing research data and considering all ways to protect the anonymity and/or confidentiality of data security. Gubrium (2012) described

confidentiality as an agreement between persons about what can happen with data. It refers to one's obligation to safeguard the privacy of information gathered and received from unauthorized access (American Counseling Association, 2014). Throughout this study, data storage was a challenge. Unfortunately, there was no assured way to store documents without potential risks. Therefore, any documents that possessed sensitive data was only shared through protected email. To access documents an encrypted email and password was created. Documents were also time sensitive, providing limited read-only access. Documents were also viewed in-person and notes were taken to paraphrase information reviewed and/or discussed. Again, no organization identifiers were noted, nor was any data removed from the facility. Afterwards, all document analyzed in person were discarded in a locked shred bin. Gubrium (2012) stated that "confidentiality is also upheld to protect the privacy of all persons, build trust and rapport with study participants, and maintain ethical standards and the integrity of the research process" (p. 459). Before the deep dive into the data, a plan was discussed with the leader to uphold appropriate data storage and exchange to protect the participant and ensure continued authentic encounters.

Institutional Review Board (IRB) approval was needed to begin this study. The IRB helps to ensure compliance with federal regulations and ethics. To prepare for the study an email with information about the doctoral study was sent to different leaders in the potential partnering organization. An in-person meeting was held to answer any questions, address concerns, and provide additional insight into the purpose of the study before consent is obtained. The identified participant then signed the site approval form

that described the program requirements and the organization's responsibility in the study. Once in agreement, the leader received a consent form that explained the details of each process, and when ready written consent to participate in the study was obtained. After review and approval from the IRB, the data collection process started. In addition to these steps, it was required for students to complete a human subjects training to obtain certification as a doctoral student researcher. This certificate along with the site agreement and consent was provided to the IRB to start the study.

As a student researcher, it was important that all parties involved understood the research process and procedures. The ethics approval process ensures the doctoral student maintains the privacy and anonymity of the organization through various steps and requirements. Some steps included disguising the organization, redacting identifiers, and adhering to the pre-approved data collection parameters. Limiting doctoral research to leader interviews, public data, and archival data permitted the student to comply with the research policies and procedures of ethical standards.

Validity

According to Elo et al. (2014) to determine validity in qualitative research trustworthiness is needed. This is a critical part of qualitative research and is considered the most commonly used criterion to assess quality (Ravitch & Carl, 2021). Qualitative researchers can ensure trustworthiness using different strategies. This can be achieved by exploring transferability, credibility, dependability, and confirmability (Burkholder et al., 2016). Utilizing these counterparts allows the researcher to support the implications of trustworthiness. More importantly, this supports the validity, reliability, and legitimacy of

the research. To ensure validity throughout the research, the quotations from the participant was included throughout the study. Additionally, data obtained was paraphrased to accurately described the practice problem. Ravitch and Carl (2021) stated that it is key to accurately confirm one's findings by objectively describing the participant's experience. This not only supports data collection findings but is also a true strategy for trustworthiness in qualitative research.

Reliability

In qualitative research, reliability is parallel to dependability. It is what makes data stable (Ravitch & Carl, 2021). Burkholder et al. (2016) stated that evidence of consistency in data collection, reporting, and analysis shows dependability. Also, when trying to demonstrate dependability the data must remain the same over time and through various changes (Elo et al., 2014). Furthermore, reliability is encouraged throughout the research process. When conducting qualitative research to maintain dependability and transferability of results it is postulated that the researcher describes techniques used to choose participants and explain the participant's criteria (Elo et al., 2014). Different strategies can show dependability across the study; however, triangulation is the most commonly used method (Burkholder et al., 2016). To help ensure the reliability of this study it was imperative to carefully consider data collection methods that closely align with the RQs and practice problem. The implementation of qualitative interviewing techniques was best and the most appropriate because it allows consistent interactions with the behavioral health leader and flexibility in the approach. This also supported the

dependability of the research because the methods helped to argue the significance of the study.

Summary

The BHO in this study provides behavioral health care to any individual experiencing a mental illness. It offers around-the-clock treatment to children, adolescents, and adults. Between the strong leadership and organizational structure, the BHO is able to attend to the needs of its clients and workforce through various means. Whether through strategic planning or surveying, the BHO demonstrates its openness to learn and make necessary changes to strengthen its services and programs.

In Section 3, an analysis of the organization is introduced. It includes an overview of sources of evidence and howe they were obtained. Furthermore, information on how the organization designs key services, ensures operations, and improves organizational performance is discussed. Additionally, Section 3 evaluated how the organization manages information and work processes. The Baldrige Excellence Performance Framework and other sources were used to assess the organization and expand on the organization's problem identified in this section as well.

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

Intensive resources should be considered to ensure best practices and quality treatment when working with individuals struggling with mental illness. One of the most important and effective sources to consider is the workforce. Winter et al. (2020) asserted that the negative consequences of staff shortages and securing a skilled workforce is a major challenge for health systems worldwide. These challenges are also manifested in the behavioral health setting. The identified organizational problem for this doctoral study was to the need for understanding of the challenges leaders face when confronted with inadequate staffing in a behavioral health care setting. To examine these challenges, I interviewed and had other correspondence with a behavioral health leader in an optimal BHO along the East Coast. The purpose of this study was to examine how inadequate staffing shaped the behavioral health care environment. To address both the problem and purpose, I employed a case study approach was employed. I sought to answer the following qualitative RQs:

RQ1: How has the experience of inadequate staffing contributed to patient care and patient outcomes?

RQ2: What does it feel like to offer behavioral health care services without an adequate workforce?

In this section, I use various sources of evidence to analyze the organization. NIST (2021) described this section of an analysis as key for aligning the strategic objectives with the organization's operations. Information gathered has been synthesized

to explain how the organization builds the workforce environment, engages staff, designs or improves processes and services, and ensures effective operations. Evidence collected also explains how the organization measures or improves performance and manages knowledge assets and technology infrastructure. According to the Baldrige Performance Excellence Program (NIST, 2021), items discussed in this section should explain how data and information are selected and utilized by the organization to measure, analyze, and improve performance, planning, and processes. Additionally, the hope is to guide management toward achieving strategic objectives, key results, and best practices to respond to change (NIST, 2021). Sources of evidence utilized included both internal and external resources. One example included the BHOs annual report, which described financial statistics, leadership, patient care and services, community and workforce engagement, and other pertinent areas. Other sources included archived documents, policies, manuals, training material, job descriptions, pamphlets, the BHO webpage, patient surveys and results, strategic plans, news reports, and social media.

More than 47 million Americans experienced a mental illness in 2021 (Mental Health America, n.d.). This statistic does not include children or adolescents experiencing mental illnesses, therefore, indicating a higher prevalence of mental illness in the United States. SAMHSA (n.d.) described mental illness as disorders that affect one's mood, thinking, and/or behavior. In this study, I sought to uncover leadership challenges when confronted with staffing inadequacies within the behavioral health environment. I also aimed to explain how leaders address said challenges while successfully measuring, analyzing, and improving workforce performance and operations.

Analysis of the Organization

Mandated yearly in-service training is key to how the organization builds an effective and supportive workforce, the behavioral health leader indicated. The leader explained that all staff are required to complete yearly modules and other training that are tailored specifically to their position in the organization. Most modules appear to be in compliance with OSHA regulations. According to OSHA (n.d.), when workers are faced with hazards on the job the employer is required to provide training. Also, to ensure workforce effectiveness, the BHO requires all employees in patient-facing roles to complete CPR and CPI training and demonstrate competency in both, and failure to do so can result in displacement or termination.

Additionally, the BHO builds an effective and supportive workforce through its hiring process. The HR department initially scans and narrows potential applicants who meet the demands and requirements of the career opportunity posted to the public. Job postings were found on various sites, which opened the pool of candidates to all job seekers around the world. However, leaders were responsible for thoroughly assessing possible candidates based on qualifications, employment history, education, and other factors. To ensure workforce capability, the interview with the leader entailed more in-depth questions about the experience and knowledge of the client population. Also, leaders strongly encourage second interviews for candidates who have been deemed a good fit. During an interview with the behavioral health leader, it was explained how candidates are selected. The behavioral health leader appeared to again cross-reference the candidate's resume with education and licensure requirements for the position. Next,

the leader showed how professional and other work-related experience helps to narrow down candidates. The behavioral health leader also utilized interview questions that aligned with the mission and values of the organization; the answers to questions help to determine the best candidates for the position. Last, if the candidate meets the organizational needs for the position, a second interview is conducted with staff to assess the candidate's capability and competencies in the workforce and behavioral health setting.

Existing employees who either have current experience in the role or work closely with the position being filled conduct the second interviews. This allows employees to be a part of important decisions and gauge new employees' capabilities with supporting the needs of the workforce environment. Baldrige Performance Excellence Program (NIST, 2021) asked leaders to consider strategies that respond to the needs of the organization and measure performance. Like many organizations, the BHO mandates performance reviews for new and existing employees. The leader described how new hires complete more frequent reviews. “This is to assess capabilities, review, and monitor performance” the leader stated. The leader continued to describe how the workforce is required to participate in yearly performance reviews that are connected to all incentives provided through the BHO.

There are many ways this organization engages its workforce. One way this BHO attempted to engage the workforce is through engagement surveys. According to NIST (2021), “understanding the characteristics of high-performance work environments, in which people do their utmost for their patients’ and other customers’ benefit and the

organization's success, is key to understanding and building an engaged workforce" (p. 21). During an interview, the behavioral health leader shared information regarding yearly engagement surveys distributed to the workforce. It seems that survey information changes each year but almost always assesses patient safety, organizational culture and satisfaction, or leadership. Surveys are also administrated anonymously to employees and patients after health care visits. Survey data are dispersed based on the type of survey administrated and can sometimes be sent to a third party to review. The behavioral health leader reported that survey data are sent to senior leaders (i.e., assistant vice president, directors) and then trickle down to managers and other departmental leaders.

I reviewed some patient survey data from public websites. Unfortunately, no employee survey data were available to review. Conducting employee surveys informs and permits an organization the means to gather information about the thoughts, and feelings of its workforce. Moreover, surveys offer employees an opportunity to contribute to the organization's performance by understanding what is needed to attract, maintain, and develop skilled employees (Grapevine Surveys, n.d.). In turn, information gathered can also offer the organization an understanding of how to build an effective and supportive workforce.

Additionally, the BHO offers several rewards, incentives, and recognition to all employees. Awards can help an organization avoid some of the dire consequences of a disengaged workforce. Baldrige Performance Excellence Program (NIST, 2021) explained how recognition, rewards, compensation, and other practices can serve as drivers for workforce engagement and performance. From a document reviewed for this

study, the CEO of the organization noted financial incentives to encourage and engage the workforce's commitment to the organization and patients. In various emails sent to the workforce were descriptions of pay increases, bonuses tied to work hours, bonuses connected to the pandemic and other financial incentives for health care.

Although financial incentives are important it is also imperative that the organization considers nonmonetary strategies to recognize its workforce (NIST, 2021). From a review of internal documents, it was noticed that this BHO workforce receives recognitions via emails from nominations, announcements, awards, E-cards, celebrations, community activities, and more. The leader explained how the BHO takes active steps to ensure the success of the workforce and organization through performance measures and engagement. For leaders confronted with challenges with staffing inadequacies in behavioral health care settings, this can be encouraging, and equally important to the workforce.

Knowledge Management

NIST (2021) explained how knowledge management aims to improve effectiveness and efficiency while stimulating innovation. Additionally, the organization is asked to examine how the quality and availability of information and data are ensured throughout the organization (NIST, 2021). Therefore, during interviews with the behavioral health leader, it was necessary to review how the organization covers these areas. The BHO provided access to data and information both on a public platform and via its organizational network. So, both consumers and employees can easily access necessary and critical information.

Several items were discussed as methods for managing and evaluating organizational knowledge. As previously mentioned, organizational surveys are conducted to assess the opinions and experiences of the workforce culture. The organization is frequently measuring and analyzing performance using different tools and strategies. One tool implemented was a culture survey that assessed organizational performance. The survey assessed employees' ideas and thoughts about leadership, patient safety, and organizational culture. The survey also asked for feedback and recommendations to improve engagement, performance, and morale. Results of the survey were also examined by departmental leaders to create necessary plans and changes to address data capture. Also, The Joint Commission (TJC) is hired as an outside entity to analyze, monitor, and improve organizational performance along with another agency that collects anonymous information for patients about their treatment and experiences. This BHO frequently works toward measuring, analyzing, and improving performance using various tools and strategies.

With knowledge management, the focus is geared toward what is needed for the organization to get work done (NIST, 2021). It was discovered that all employees are trained to enhance both the patient and employee experience. The BHO transitioned to new software that eliminated redundant documents for staff and provided efficient ways to maneuver patient accounts. These changes also increase communication, information sharing, and accessibility to patient data. This is critical and especially important to the organization's operations and processes (NIST, 2021). This change also influenced how the organization managed information and how patients interacted with providers within

the BHO. Managing information involves the commitment of resources as information grows in the organization (NIST, 2021). Like many organizations during the pandemic, this BHO learned to quickly adapt to the ever-growing changes of how to meet the mental health needs of patients remotely. By shifting to this new software patients now have an opportunity to communicate with their care team using an application that can be downloaded on personal devices. Not only are patients able to manage their health care information the behavioral health workforce can contribute to improving the health care experience through the implementation of this software.

Summary

Section 3 intended to assess how the organization builds an effective workforce environment, to evaluate staff achievements and performance, to describe how the organization design, manage and improve key services and processes, and to analyze how the organization ensures effective management of operations. Additionally, the section addressed how the organization measures, analyzes, and then improves organizational performance as well as evaluates how the organization manages its organizational knowledge assets, information, and information technology infrastructure.

Through consistent communication with the organization's leader and a thorough assessment of various documents and data sources, much of this information was identified. In the next section, the analysis and results of key organizational areas are discussed. Section 4 describes results from data collected on the BHO's program and services, themes discovered from the research, and client and workforce results.

Additionally, the next section explored leadership, financial, and governance results, and the implications of social change based on research collected.

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

The goal of this qualitative study was to understand the challenges behavioral health leaders face when confronted with staffing inadequacies in a behavioral health setting. Having sufficient staff to treat those with mental health illnesses is critical. Hunt et al. (2019) asserted that the mental health workforce is woefully underdeveloped. It was imperative to understand how such inadequacies create challenges for leaders and staff who provide care to individuals with mental health disorders. To best understand challenges with the behavioral health care workforce and setting, I had multiple correspondences with a manager at a BHO in addition to conducting a thorough review of public data and resources. This doctoral study contains a description of the BHO, its programs and service offerings, mission, vision, and client population. Additionally, I explore how the BHO compares to the Baldrige Excellence Framework and address key factors within the organization. I sought to answer the following RQs:

RQ1: How has the experience of inadequate staffing contributed to patient care and patient outcomes?

RQ2: What does it feel like to offer behavioral health care services without an adequate workforce?

In Sections 1-3, I provided an overview of the study and key contextual information that was needed to complete the analysis. I also explained different data sources that I obtained and the strategies I used to analyze these sources. A comprehensive search of public databases, organization documents, and a review of existing literature was performed to address the practice problem. However, the primary

sources of evidence were structured and semistructured interviews with the leader. Interview questions are located in Appendices B and C; Appendix B contains the questions for the in-person interviews and Appendix C, the email interviews. In this section, an analysis, results, and implications are described. Based on the evidence collected, an evaluation of the BHO's programs and services, client population, workforce, leadership and governance, and finances was performed. Additionally, the implications of the organization and its potential for social change are described.

Analysis, Results, and Implications

Program and Services

The BHO selected for this doctoral study provides an array of services around the clock to individuals struggling with both mental health and substance use disorders. Clients are as young as 4 years of age and can participate in one of many programs and services offered. The BHO offers both inpatient and outpatient services that include individual counseling, group counseling, partial hospitalization, and psychopharmacology. Programs and services are measured using satisfaction and engagement surveys and through purposeful sampling. Purposeful sampling involves intentionally selecting participants because of their experience or knowledge of a specific phenomenon (Ravitch & Carl, 2021). The behavioral health leader explained how patients are often surveyed upon discharge from the program. Paper surveys were once provided in a sealed envelope with an additional envelope to seal and send off for review, but those have been discontinued. The behavioral health leader stated. The leader continued, stating that the organization is now using online surveys as a new strategy to

gather data on programs and services. The leader stated that the facility purchased an iPad "for patients and families to complete surveys on the day of discharge." This information is collected using responsive interviewing. Unfortunately, the results of the program and services were only accessible to middle and senior leaders. So, no data from surveys were used in this study.

Themes

In general, themes display a relationship between concepts. Themes can explain what, why, and how using qualitative data summaries and statements (Rubin & Rubin, 2012). Unfortunately, themes are not always stated clearly, so the researcher has to determine the meaning of what is shared (Rubin & Rubin, 2012). For this case study, I used NVivo software to help identify and organize themes. Audio recordings were transcribed by NVivo, and email interviews were imported into NVivo software to uncover patterns and themes for the study. Figure 1 displays the most frequently used words within the data. Large and bold wording represent the words used most often during the interview.

Figure 1

NVivo Word Cloud Showing Frequency of Words Used in Interview

Theme 1: Staffing

As expected, staff was the most consistent theme of the data. Across two interview transcriptions, the word staff was utilized more than 50 times total. This leads to the first theme of the study staffing. Staffing is the focus of this case study. The leader often correlated staffing with staff to patient ratios, patient care, and employee well-being These were just a few themes to emerge from the data collected.

Theme 2: Numbers

The theme of numbers referred to the environment being adequately staffed. There were concerns expressed of not having enough employees to deliver program services. The leader noted a lack of staff to address employee concerns with delivering patient care. Having enough staff to serve patients and complete daily task was emphasized and ranked as a priority. This idea was consistent across the data when discussing workplace challenges. Also, responses like "low staffing levels", "pulling staff", and "inadequate staffing" were all core issues described frequently during interviews with the leader. This reflected the importance of the practice problem and purpose of this case study.

Theme 3: Patient Care

Patient care was another theme revealed using the NVIVO software. Concerns about how staffing changed service delivery was identified as an issue when considering if the organization was adequately staffed. For example, during an email interview, the leader stated, "pulling staff to help with a patient in crisis on a unit that is already low staffed, leaves other patients and staff in an awkward place". This showed concern for both patients and employees. This also highlighted barriers to patient care when staff ratios were an issue. There were multiple mentions of how patient care and quality was impaired when staff numbers were lower than expected.

Theme 4: Employees' Well-Being

Additionally, how staffing interfered with employee well-being was another notable theme. There were various items that described employees' emotions about

staffing concerns. “Frustration”, “stress”, “drained”, and “unsettling” are a few terms used to described employees’ feelings about the workplace environment being understaffed. Insufficient staffing in the behavioral health setting is an issue that “causes undue stress and your best staff is drained, and you run the risk of losing more staff,” the behavior leader stated. Employees' well-being as a theme was also supported with the following response from the leader: “Not having enough staff is exhausting for the staff present, causes frustration, burn out and overall poor morale.”. The well-being of employees became an appropriate theme and eventually a recommendation because of the excessive used of emotionally terms mentioned.

Initiative Effectiveness and Client-Focused Results

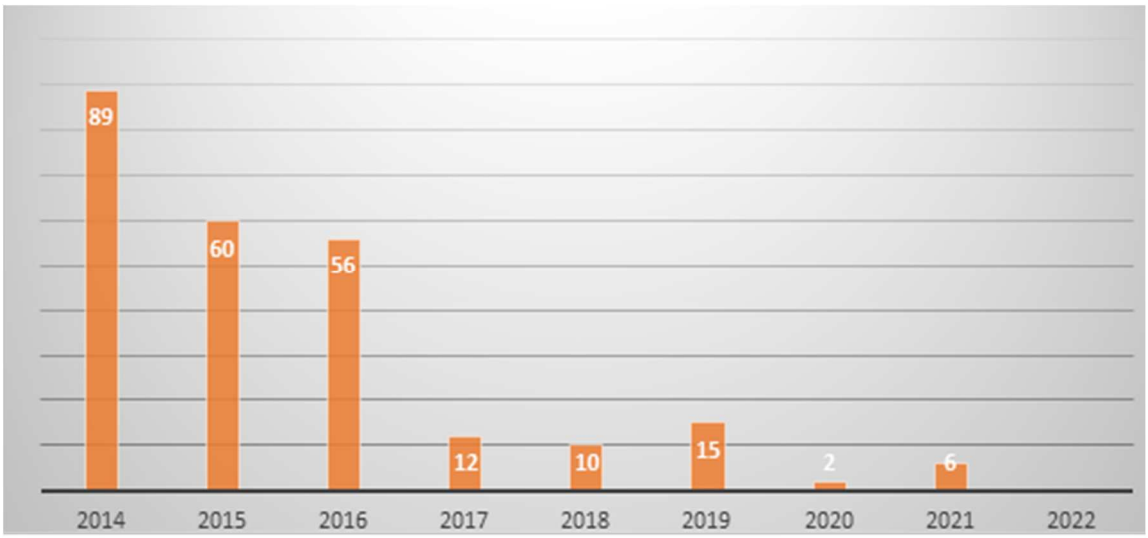
Since the late 1990s, TJC has argued the need to eliminate the implementation of seclusions and restraints in psychiatric treatment (Goetz & Taylor-Trujillo, 2012). As an intricate part of patient care, this BHO has started an initiative to ensure patient safety measures through the reduction of restrictive interventions. The behavioral health leader described how avoiding restrictive interventions increases patient safety and improves the patients’ experience. By focusing on restraint reduction, the BHO is also aligning itself with its policy and TJC standards to limit restraints to clinical appropriateness, as the last resort, and in a manner that preserves the patient’s rights, dignity, and well-being, the behavioral health leader stated (see also CPI, 2009).

As a development of this initiative, the BHO explored less restrictive and nonphysical intervention alternatives to implement to improve patient care and outcomes. The leader also explained how trauma-informed care and managing of daily improvement

huddles were adopted into its practices to help shift the culture of the organization. By combining both practices, the BHO was able to obtain enough data to support the need for a "comfort room" for its child and adolescent population. According to the leader, a comfort room is a safe, less stimulating environment that promotes relaxation. These rooms are separate from designated seclusion areas within the BHO. Over time, the BHO noticed a reduction in the overall utilization of restrictive interventions as well as improved patient experiences and staff safety. Before employing new strategies, in 2014 the BHO used 89 restrictive interventions, the leader noted. Figure 2 is a bar graph that the BHO used to demonstrate restrictive interventions per year. "Reduction of restrictive interventions has created a safer environment for patients and teammates," the behavioral health leader stated. Additionally, the leader postulated that the use of less restrictive methods has helped and healed patients as the "patients' reactions have become less extreme".

Figure 2

Restrictive Interventions at the Organization, 2014–2021



Workforce-Focused Results

Early in 2022, a climate survey was administered to the BHO workforce for the first time since the start of the COVID-19 pandemic. The goal of the survey was to capture employees' responses on leadership, safety, and satisfaction. Surveys were tailored specifically to the department and results were provided to senior leaders when available. According to a monthly HR communication document to business/facility leaders, results from the culture survey was only available for those with a workforce of five or more, and to view survey comments the leader must have at least 10 staff who report to them. In addition to the culture survey, the BHO workforce also participated in a work anniversary survey. In the same communication document distributed to facility and business leaders, leaders were encouraged to frequent survey results because the survey is "an area leaders can influence today". All employees are provided the survey on their work anniversary and questions focus on the manager's "respect, trust, transparency, and equity" according to the monthly communication.

Furthermore, workforce results yielded an abundance of information for new employees who entered the workforce. The BHO described requirements and expectations for new hires on external and internal web pages, as well as through training programs and organizational policies. The behavioral health leader shared that all new hires were required to attend and participate in training. Training prepared employees for the behavioral health environment as well as discussed trauma-informed care interventions. Upon completion of training, employees shadowed other employees for two weeks and completed all required training within 30 days of their hire date. Training

included but was not limited to CPI, CPR, and OSHA training. New hires are also evaluated every 30, 60, and 90 days to address concerns, capability, and other performance related topics. All employees undergo yearly training to maintain certifications and safety requirements. Also, the BHO has launched a new strategy to measure workforce performance, the leader noted. The leader explained that the organization has terminated annual evaluations and is now implementing "anytime evaluations". Which can be conducted at any time to address employee's performance, "evaluations should be ongoing and not just once a year," the behavioral health leader stated.

Last, the organization has experienced training to update its documentation process and how client information is managed. Currently, the organization has transitioned to EPIC Hyperspace software. There are multiple benefits to this transition for both the patient and the organization. Employees were expected to complete training and possess a training "playground" to practice entering client information, scheduling appointments, completing orders and notations.

In all, the BHO frequently addressed the needs, capacity, capability, and so forth of its workforce. Whether it was through training, professional developments, or performance measures this BHO aimed to improve and manage its workforce as best practice.

Leadership, Governance, and Financial Results

Leadership Results

Since the BHO offers a variety of programs and treatment options its leadership team was equipped with program managers, several directors and assistant vice presidents, and one vice president of behavioral health. The leadership team strived to align its workforce with the mission and vision of the organization and the leadership style employed is one way in which this is achieved. In section 2 of this study, transformational and situational leadership were both described as leadership styles utilized by the behavioral health leader. Since that interview, the BHO has introduced a new leadership framework. In the July HR communication document, the organization described its efforts since April to broaden "upskilling on operational management skills and leadership capability" through a leadership development framework. The results from the July communication explained how leaders participated in a virtual servant leadership course to increase their understanding of concepts, but more importantly shift the mindset that "leaders are here to serve, not to be served". Leaders continued to grow their leadership skills through a series of leadership perspective training to cultivate and shape skills and capabilities.

Governance Results

Results on the BHO governing board are selective. In previous years the BHO had an active governance team that was "for people who do the work to play a part in decisions made" according to the behavioral health leader. However, after a thorough review of archived documents, it appears that the governance team for the BHO has

disbanded. Meeting minutes reflect a slow separation of its members with each meeting since 2019. It is uncertain if this separation was a result of the pandemic or disinterest. The behavioral health leader was unable to provide further insight on the manner.

Financial Results

Financial results were available on the organization's website; however, there has not been any new financial information published publicly since 2020. The behavioral health leader explained that this was because the organization's fiscal year is from July 1 to June 30. The behavioral health leader indicates how grant funds are dispersed among staff to purchase therapeutic supplies and resources that enhance and improve patient care and outcome. The behavioral health leader continued to share how the director of the BHO manages budgets and fund allocation for staffing and other resources. Fund allocations was a direct result of the BHO patient census. Although specifics were defined within the annual reports, the document highlighted the organization's efforts to improve its workforce and address the mental health needs of those served. The report described how to provide care to patients by virtually expanding behavioral health care. The organization's expansion in virtual health care allowed the BHO to increase and provide convenient access to mental health services.

Implications for the Organization and Positive Social Change

Overall, it was safe to imply that the organization is continuously working toward improving mental health and its social impact. This was evident by the BHO's various supports and opportunities to enhance its workforce, operations, programs, and service offerings. The results of the findings also imply an obvious hierarchy between lower,

middle, and senior leadership. Although the behavioral health leader has and continued to provide appropriate data sources to address the practice program, access to pertinent data was “need to know”. This showed opportunities to increase trust and transparency with the workforce. Information was available publicly for patients and consumers, but findings highlighted that more information can be shared regarding mental health programs and services. The participant possessed a great deal of knowledge and information about how the BHO operates. The leader has over 20 years of experience with the BHO and has survived the continual internal and external changes and growth. Most often, the participant quoted information from memory before finding sources to solidify the information provided, often appearing surprised by the wealth of knowledge attained.

When it comes to social change this organization ranks fairly high. The results of most sources analyzed demonstrated how the organization places the community and the patients in high regard. The organization's webpage and social media platforms were flooded with community involvement and impact. Also, the new strategic plan highlighted the organization's attempt to improve the quality of life of a vulnerable group. The results implied that the organization prides itself on growth and social impact. The organization frequently took advantage of opportunities to enhance service offerings and programs. There were many changes within and throughout the BHO that aligned with the impact of the organization.

Strengths and Limitations of the Study

Strengths

The most important strength of this study was the manner in which data was collected. This qualitative case study was composed mostly from interviews, and other correspondences with the behavioral health leader making this study rich in contextualized and individualized data. Ravitch and Carl (2021) stated that the focus of most qualitative studies are interviews. The behavioral health leader's active participation in each social interaction helped to develop this study fully. This study increased understanding of the challenges leaders face when confronted with staffing inadequacies in a behavioral health care setting. The leader’s transparency, candor, and knowledge of the organization were also strengths of the study. It was astonishing how much information the leader knew just from memory. This served as a great strength because the leader was able to provide grave insight about the organization, its service offerings, and programs with little preparation. This made the data collection process smooth and completing the study easier.

Limitations

In-person access to the leader was the biggest limitation experienced. Although the leader engagement and participation were great, how interactions were facilitated were a bit unorthodox for a qualitative study. Some parts of this study needed more immediate attention than others, which required impromptu and flexibility in approach. The BHO restrictions and policies limited our ability to conduct in person interviews. The organizations protocols with visitors and social distancing limited opportunities to

engaged with the leader as hoped. Time restraints and spacing was a recurrent issue when scheduling time with the leader causing creativity around gathering data. Due to limitations with in-person interviewing some data collection methods included the use of virtual platforms (i.e., Zoom, Microsoft teams, and facetime), phone interviews, text, and emails.

Additionally, collecting data and data storage posed as a limitation during the study. Due to privacy and confidentiality matters, some data sources were view-only. Other items specifically identified the organization so increased safeguards were intact with data access and availability. This limitation created challenges and strategic measures for describing information and maintaining the anonymity of organization. Also, some of the necessary documents reviewed could not be secured outside of the organization. Therefore, some data was summarized, and notes were utilized to best describe the practice problem.

Summary

Section 4 examined the results of various areas throughout the BHO. Results in this section included an analysis of the workforce and clients focused, uncovered themes, programs and services, financials and more. Section 4 explored how the BHO measures programs and services provided. This section also highlighted new initiatives implemented that addressed both the client and workforce needs. Additionally, section 4 described patterns and themes from data collected.

In Section 5, recommendations are discussed based on the study's findings. The organizational leader is informed of potential recommendations to address the

organizational problem with adequate staffing. Recommendations resulted from an analysis of evidence collected. Recommendations discussed in this section include retention methods, monitoring employee wellness, regulating patient criteria, defining "low staff", and streamlining program procedures. Each recommendation was substantiated by literature and carefully crafted based on the collected data.

Section 5: Recommendations and Conclusions

Most organizations are comprised of employees with different abilities, learning styles, competencies, and demands. These differences may create a multitude of challenges for leaders in the organization. Leaders in BHOs, however, might face more severe challenges as a result of their environment. This is particularly so when confronted with staffing inadequacies. This is because behavioral health care settings aim to prevent and intervene in mental illnesses such as depression or anxiety, behavioral symptoms related to illnesses, and substance use or other addictions (Buscemi & Hendrick, 2018). Proper staffing is essential to perform this work. According to Yanchus et al. (2017), adverse patient outcomes are associated with low staffing levels. It is imperative for leaders to communicate the challenges and opportunities being tackled while fostering a supportive environment (NIST, 2021).

The organizational problem for this study was the need for understanding of leadership challenges with inadequate staffing. To understand these challenges, it was important to discuss the experiences and perceptions of the issue from the behavioral health leader's point of view. An analysis of the evidence collected showed that the behavioral organization has many opportunities to strengthen its workforce and minimize the challenges associated with low staff. Therefore, the recommendations for this organization include identifying retention methods, monitoring employee wellness, regulating patient criteria, defining “low staff,” and streamlining program procedures.

Recommendations

Employee Retention

Based on the study results, it is critical for the organization to focus heavily on employee retention methods. It seems that retention efforts are inconsistent for various reasons, and after the lockdowns subsided, there was a slow transition to restart. However, it is necessary for the organization to consistently recognize the stress and strain of working in a behavioral health care setting. Mathevula et al. (2022) described how individuals who access mental health services sometimes display aggressive behaviors toward providers and other clients. Because such risk exists, it is necessary for the organization to acknowledge potential stressors and identify ways to support employees. Retention methods can be employed as a means to support employees. Krishna and Garg (2022) explained how vital employee retention is to an organization's profitability and stability. Furthermore, extra effort is needed from leaders who want to retain valuable employees (Khan & Bhagat, 2022). In an interview, the behavioral health leader addressed how low staffing worsens the staffing issue because it potentially leads to more employees vacating positions. Employees are more likely to stay at an organization that recognizes the issues that exist and adopts practices that resolve them (Krishna & Garg, 2022). Therefore, employers must identify methods that contribute to employee satisfaction and retention.

The literature includes several suggested strategies that may increase employee retention. Some strategies included promotions, compensation, job security, training and development, rewards, and recognition (Khan & Bhagat, 2022). Several reasons can

prompt an employee to leave an organization. Some reasons may be a result of the organization whereas others are personal. Krishna and Garg's (2022) research revealed that diversity, communication, skill competency, and development and training opportunities are four tactics that can be applied to increase employee retention. It seems that organizations that foster an environment that is innovative, safe, and comfortable for the workforce are more favorable than those that do not. More importantly, employers that are engaging and demonstrate understanding and appreciation for their existing talent were less likely to be confronted with the challenges of staffing inadequacies.

Employee Wellness

Employees were likely assigned tasks that aligned with the mission, vision, and goals of the organization. These tasks varied based on the environment and position obtained. Again, behavioral health care professionals were expected to manage and address individuals' mental health illnesses and sometimes substance use. In doing so, it sometimes led to a decline in an employee's mental health. For the purpose of this study, employee wellness encompassed one's mental health. Therefore, leaders need to actively monitor how staffing inadequacies impairs employee's mental well-being. Mental health concerns how one's mood, thinking, and/or behavior is affected (SAMHSA, n.d.). When working in environments that treat the psychiatric needs of others, the mental health of providers should be of concern.

For those working in psychiatric settings, there are associated consequences. Mathevula et al. (2022) explained that job dissatisfaction, burnout, posttraumatic stress, and work-related stress are all consequences of working in behavioral health settings.

Mostly because, employees were subjected to and were the direct recipients of patient aggression, attacks, or other violent acts that occur (Mathevula et. al., 2022). The World Health Organization (2021) stated that, to ensure a safe and healthy work environment that fosters human dignity and encourages productivity, different levels of physical and psychological support are needed.

Cynicism, emotional exhaustion, disappointment, and burnout are a few effects of working in behavioral health settings (Van Bogaert et al., 2012). When unattended, these factors can lead to poor and negative outcomes in the environment and within the organization. So, as leaders address challenges with securing adequate staff in these settings, they also need to monitor the mental and emotional well-being of their providers. Leaders are essential in the development of a healthy work environment and culture (Ardichvili, 2016). Based on the results, the leader understands and acknowledges how inadequate staffing interferes with the well-being of the workforce. The leader stated, “inadequate staffing contributes to the entire unit’s attitude and patience.”. Health care workers are expected to continue quality care delivery despite the shortage of resources and increased demands. Therefore, monitoring employees’ wellness is significant to the organization. There is extensive literature describing burnout and dissatisfaction across the workforce in poor working conditions. Hajebi et al. (2022), for instance, reported a high level of psychological distress and burnout amongst health care providers. Furthermore, the data revealed that when symptoms are unattended it leads to frequent absenteeism and turnover, while negatively affecting job satisfaction and performance (Hajebi et al., 2022). There are different tools an organization can

implement to gauge the mental and physical well-being of its staff. Exploring strategies that address the issue and improve the workplace is equally important. This recommendation highlights the need for behavioral health leaders to increase attention to the stressors and effects associated with the work environment while identifying strategies that can improve engagement, performance, and morale.

Patient Appropriateness/Acuity

Psychiatric facilities are specialized in treating some of the most disturbed and difficult clients (Bower et al., n.d.). Han et al. (2022) also highlighted how turnover, dissatisfaction, and quality of life are all linked to encountering violence in behavioral health settings. These challenges can negatively affect the workforce. The results of this study revealed that staff are sometimes forced to adjust how they provide treatment when faced with more difficult patients. Therefore, a recommendation to consider appropriateness and acuity is critical when staffing is a concern. Appropriateness can be subjective and cause disagreements amongst staff (Bowers et al., n.d.). Creating a clear, transparent policy for inclusion and exclusion criteria can help minimize the challenges of inadequate staffing. The literature describes how psychiatric professionals are at grave risk because of the acuity of patients served. Bowers et al. (n.d.) suggested adherence to an admission policy that aids in differentiating appropriate and inappropriate referrals for behavioral services. Mitigating these risks could contribute positively to morale and the work environment. To improve effectiveness and performance, the organization could identify criteria or different factors that constitute patient appropriateness before admitting to an inadequately staffed environment.

Staff Ratios

This study found that determining "low staff" was a matter of opinion and was open to interpretation. These opinions varied between senior administration and managers, and others who provided care. Psychiatric facilities utilize both complex and intensive resources to ensure treatment effectiveness (American Academy of Child and Adolescent Psychiatry [AACAP], n.d.). Behavioral health providers should establish a model that defines staffing ratios and structure. It is recommended based on the evidence collected that leaders define "low staff" to appropriately address the issue. All roles and responsibilities across the organization should be carefully examined to best determine the need for staff. Leaders can then discern the significance between positions and establish an ideal number for all roles. Moreover, the quality of mental health care can improve by increasing all staffing positions (Boden et al., 2019). State regulations may vary, so it is also important to be sure these guidelines are followed. For example, it was postulated that in psychiatric care facilities there is a minimum of one nurse per 12 patients, however, this number can adjust based on factors like acuity and care management (AACAP, n.d.). Again, each role ratio varies on different factors therefore, a thorough review of responsibilities should take place to determine its importance.

Program Procedures

Burns et al. (2020) explained the importance of utilizing improvement strategies to assess and ensure competence in primary daily tasks. Leaders can develop effective strategies to assess competency, confidence, and other important needs of the organization. Therefore, based on the evidence collected it was necessary to recommend

that the organization considers streamlining program procedures when staffing inadequacies occur in behavioral health settings. Leaders should consider creating a more efficient way of providing services when staff numbers are impacted. For example, a structured schedule for program procedures in the event of low staff that outline staff roles and responsibilities can possibly decrease management challenges around the issue. According to Buchbinder and Thompson (2010), organizational structure defines both the duties and responsibilities of assigned functions and tasks. This permits staff to remain within their scope of practice, reduce confusion, and promote better service delivery. Such clarifications may also allow consumers to identify their service needs and providers.

Recommendations for Future Studies

The organizational practice problem for this study focused on understanding leadership challenges when confronted with inadequate staffing in the workplace. For a future study addressing a similar issue, it could be beneficial to explore budget considerations and to define "low staff" from the perception of those providing direct patient care. Administrators and management have various roles and responsibilities within their organizations. For example, administrators are responsible for identifying creative strategies for "long-term strategic planning to keep their programs financially viable" and maintaining necessary changes in policies and procedures to support state and federal regulations and sustain funding (Forman & Nagy, 2006, p. 3). While managerial staff monitors the performance and outcomes of programs, conducts employee

evaluations, and ensures appropriate staffing, day-to-day operations, and budgeting (Forman & Nagy, 2006).

Together leaders could examine the budget more closely to determine adequate staffing levels for the organization. However, when doing so, it would be important to include those who do the work and face the challenges directly. Some of the supporting literature mentioned budget considerations in a vague sense, while other literature recognized the need for increased staffing but failed to mention strategies to address these concerns. The organization's webpage stated employees are valuable to the organization. According to Burns et al. (2020), value is defined as the quotient of quality divided by cost. This demonstrates a need to define the "quotient" to ensure quality and cost are not compromised. Future research would allow leaders to minimize any reservations in determining which is more valuable for the organization. A future study could explore how defining staffing inadequacies and budget considerations can address challenges leaders are confronted with in the behavioral health care environment.

Summary

The Baldrige Excellence Framework was employed as the conceptual framework for the study. The Baldrige Framework allowed the researcher and the behavioral health leader to identify gaps in understanding of how the organization performs. The results of this study identified recommendations to improve and mitigate challenges that may exist or occur. The findings also shed light on how the organization continues to make strides even when obstacles like staffing occur. In all, the goal of this doctoral study was to strengthen the outlook on the behavioral field and profession. More importantly, to

increase understanding of the experiences of those who lead and provide behavioral health care with hopes to improve how resources are allocated and how decisions are made.

Challenges Faced by Behavioral Health Leaders

This doctoral study increased awareness to the many challenges behavioral health leaders face in the work environment when staffing was a concern. The results of this study indicated that there were three major challenges facing behavioral health leader. The first was staff retention. The behavioral health profession currently is unable to meet the growing demands for treatment. There is a deficit in the number of individuals providing care and those needing services. The behavioral health environment requires various competencies and experience. Several efforts are needed to manage and maintain existing employees while recruiting others. Organizational leaders must consider retention methods to reduce compromising their workforce. Next, behavioral health leaders are confronted with safety concerns when staffing was a concern. It is stated frequently throughout this study the effects of inadequate staffing on the workforce. However, inadequate staffing also impacts the patients. Inadequate staffing increased risk to harm and created concerns for safety for both the employees and patients. The behavioral health setting is naturally subjected to safety issues. These issues amplify when staffing numbers are low. This was because individuals struggling with mental illnesses require active monitoring and attention to reduce safety concerns. More importantly, staff required adequate support to delegate task, address patient needs and mitigate risks. Finally, staff morale was a challenge for leaders when staffing was a

concern. According to the literature, individuals who work in behavioral health care setting are more prone to stress and job dissatisfaction. In behavioral health care, employees are at risk of being attack by patients. Employees also experience issues with burnout, and disappointment while working in these environments. These factors and others created concerns and shaped the work environment. These challenges have been substantiated in the research literature.

Impact of Inadequate Staffing

Furthermore, the study discussed the impact of inadequate staffing and how inadequate staffing levels interfere with program services and treatment. Staffing levels were directly correlated to patient access, quality of care, as well as staff performance. When staffing was inadequate negative outcomes occurred for those involved. Leading to dire effects on the organization and the clients served. Inadequate staffing was also associated with the physical and mental well-being of the workforce. The literature explained how many in this profession experienced emotional exhaustion and are exposed to direct harm because of the acuity of patients. These effects interfered with how program services and treatment were provided. Therefore, indicating how inadequate staffing levels jeopardizes the goals of the organization.

The study also discussed how inadequate staffing shaped the behavioral health setting. The behavioral health setting is considered a hazardous work environment. These dangers were more likely to increase when staffing levels are low or insufficient to meet the needs of the client population. Inadequate staffing ultimately shaped the behavioral

health setting negatively and exaggerated the issues. The literature describes complaints of burnout, increased emotionally vulnerability, poor patient care, and disrupted services because of inadequate staffing. Inadequate staffing increased risk amongst the workforce can lead to fatal outcomes. This study indicates a need for strategies that behavioral health leaders can use to address staffing ratios and expectations. Implementation of such strategies may improve staff retention and patient care.

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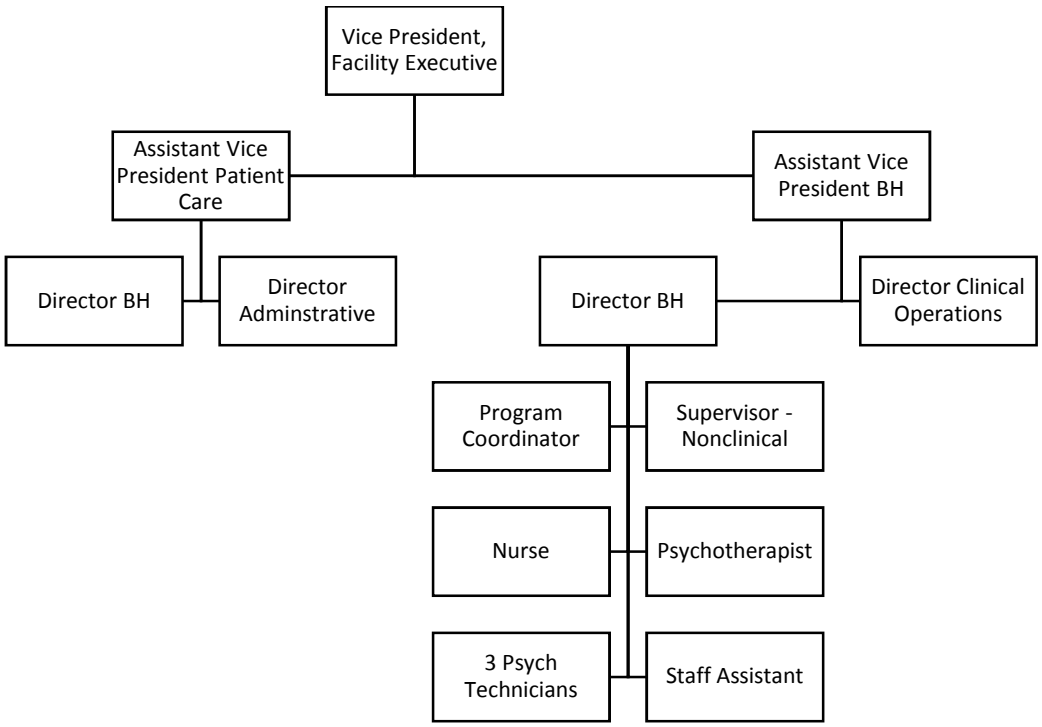
Appendix A: Organizational Chart



Appendix B: In-Person Interview Questions

1. Can you tell me a little about yourself?
2. What are your roles and responsibilities as the program supervisor?
3. Can you describe your leadership style or approach?
4. How do you fulfill the mission, vision, and values of the organization?
5. What are some of your biggest challenges as a leader?
6. Would you consider staffing a "grave" concern here? If yes, why?
7. How do you determine that staffing is a concern or problem?
8. How do you ensure staffing challenges do not interfere with the quality of patient care?
9. What strategies are utilized when facing staffing challenges?
10. How our patient needs addressed when staffing is a concern?
11. What are some of the challenges endured when working and a behavioral health setting?
12. What do you think is the biggest complaint amongst your workforce?
13. What do leaders do to improve or increase morale and engagement?
14. Are indicators like employee satisfaction, productivity, absenteeism, or turnover utilized to improve the workforce/culture?
15. If you could change anything about this organization, what would it be?
16. What advice would you give future leaders who wish to work in behavioral health settings?

Appendix C: Email Interview Questions

1. Is there an employee handbook or official training manual for this organization?
2. How are survey results scored? Is a tier system used?
3. How does the organization recruit, hire, place, and retain new staff?
4. How does the organization determine client satisfaction, dissatisfaction, and engagement? Employees?
5. How are funds allocated for resources?
6. How do the organization measure employee performance? Tell me more about "any time" evaluations.
7. What type of data does the organization collect? How is it collected?
8. How does the organization measure, improve, and analyze organizational performance?
9. Can you provide an example the organizational assets and IT infrastructure?
10. The website states that mandatory training for staff is required each year, can you list a few?
11. How does the organization manage client complaints? Employees?