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# The Impact of Behavioral Health Leaders on Psychiatrist Job Satisfaction and Retention

Lanae Ampersand  
*Walden University*

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Lanae S. Ampersand

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## Review Committee

Dr. Richard Thompson, Committee Chairperson, Psychology Faculty

Dr. Aundrea Harris, Committee Member, Psychology Faculty

Dr. Frederica Hendricks-Noble, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost

Sue Subocz, Ph.D.

Walden University

2022

Abstract

The Impact of Behavioral Health Leaders on Psychiatrist Job Satisfaction and Retention

by

Lanae S. Ampersand

MS, University of Pittsburgh, 1996

BS, University of Pittsburgh, 1995

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

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## Abstract

Job satisfaction and retention of psychiatrists are essential for behavioral health organizations. As the recruitment of psychiatrists becomes more challenging, there is value for organizations to retain psychiatrists to remain competitive in the behavioral health field. Leadership plays a vital role in organizational culture and can impact turnover and retention of the organization's workforce. This case study utilized the Baldrige Framework of Excellence to guide an organizational assessment for senior leadership of an urban health care facility in the United States. The assessment allowed the organization to understand leadership impact, areas where they can take personal ownership, factors contributing to psychiatrists' job satisfaction, and how they can improve employee retention. Sources of data included secondary data such as psychiatrists' peer provider reports, psychiatrist turnover data, and employee satisfaction surveys. Semi-structured interviews with seven members of former and current organizational leadership were also conducted. This qualitative study revealed differences between the official reason psychiatrists reported leaving the organization and their confided reasons shared with colleagues. In addition, the findings support the notion of leadership impact on job satisfaction; however, the leadership influence associated with the root cause of the psychiatrists' departures was unclear. Recommendations to address the findings are provided in the study. Retaining valuable psychiatrists will contribute to positive social change by allowing patients continued access to quality care from psychiatrists who will aid in building healthier communities.

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## Dedication

I dedicate this work to my inspiring and amazing children, Stephen and Leah Ampersand. Your love, patience, and grace helped me persevere and finish what I started during challenging times, including a pandemic. Words cannot express my gratitude and the memories I will cherish of your company during my late nights studying. I love you and consider myself blessed.

This milestone is also dedicated to my mother, Lorraine Dorsey, who always believed I would be “Dr. Dorsey” someday. I know that she is looking down on me, beaming with pride.

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## Section 1a: The Behavioral Health Organization

### **Introduction**

Leadership is vital in ensuring organizations achieve their mission and vision, and it influences the organizational culture (Al Khajeh, 2018). In addition, leadership can impact turnover and retention of the organization's workforce. The demand for health care jobs is on the rise, which causes areas such as turnover and retention to become a focal point in workforce planning (Parsons, 2019). To remain competitive, behavioral health organizations need to understand the importance of the connection between leadership and retention efforts and ensuring employee satisfaction with key providers, such as psychiatrists. During its annual review, the health care search and consulting firm Merritt Hawkins (2017) confirmed the growing shortage of psychiatrists more than any other specialty. As recruitment of psychiatrists becomes more challenging, there is value for organizations to retain these highly educated professionals.

The organization involved in this study, whose pseudonym is BHH, is an urban health care facility in the United States that provides inpatient, partial hospital, and outpatient psychiatric care to children, adolescents, and adult patients with mental health challenges and psychiatric disorders. Executive leadership is committed to clinical excellence by acquiring high-quality providers and ensuring specialized training opportunities that meet continuing education needs. BHH's website discussed how the organization had acquired innovative mental health treatments through research programs and grants, enhancing patients' quality of treatment. BHH is a Joint Commission-accredited facility, and its Patient Accounts Department received accreditation from the

American Association of Healthcare Administrative Management (AAHAM). BHH's values lend to its philosophy of care and drive to be unique among behavioral health care providers in the region. Their value of dignity strives to encourage the development of self-worth. This study explored how behavioral health leadership influences psychiatrists' job satisfaction and retention in psychiatric hospitals. This section expands on the practice problem and the purpose and significance of the study.

### **Practice Problem**

The situation or issue that prompted me to search the literature is the growing concern for the shortage of psychiatrists. A nationwide shortage of psychiatrists is expected to increase by 27% by 2030 as the demand for services rapidly grows (Pellitt, 2018). Contributing factors to this shortage include retirement, psychiatrists near the end of their career who are reducing their work hours, a decrease in the number of psychiatry residents, exponential growth, and demand for services during the pandemic. In addition, there is a global increase in job dissatisfaction among psychiatrists, which increases the retention challenge in the mental health profession (Butryn et al., 2017). Considerable research has been conducted on the retention of workers. However, there is limited research on the retention of highly educated and skilled psychiatrists in hospital settings. This research explored how leadership may contribute to psychiatrists' job dissatisfaction and influence turnover and retention.

Although researchers have investigated turnover and retention, there is little literature on leadership influence on psychiatrists' job satisfaction and retention intention in hospital settings. Four of the seven BHH study participants interviewed for this case

study responded “yes” to whether they felt leadership impacts job satisfaction and intention to remain employed. The specific organizational problem addressed through this study is understanding how leadership impacts the job satisfaction of psychiatrists and retention in hospital settings. The research question that guided this study is “Do behavioral health leaders influence psychiatrists’ level of job satisfaction and their decision to leave an organization?”

### **Purpose**

The purpose of this qualitative case study was to explore how behavioral health leaders influence psychiatrists’ level of job satisfaction and intention to remain employed in a psychiatric hospital setting. Information from this study highlighted practical tools organizations can utilize to improve interactions between leadership and employees. In addition, opportunities to improve employee satisfaction were expressed by study participants. If strategically implemented, this knowledge will enhance workforce culture and improve the quality of care to patients.

The Baldrige Framework of Excellence supported this study and assisted in an internal evaluation of the organization’s strengths and opportunities (National Institute of Standards and Technology, 2019). This evaluation includes focusing on senior leadership and utilizing the Baldrige Framework of Excellence to guide an organizational assessment for senior leadership. The goal was to understand better the senior leadership’s impact and highlight areas where they can improve, value their psychiatric workforce and expand organizational learning. This framework played an essential role in the study by revealing administrative areas where behavioral health leaders can take

personal ownership and understand factors that contribute to psychiatrists' job satisfaction. Furthermore, it will aid senior leadership in understanding how the organization can improve employee retention.

This study's sources of information include interviews with leadership and data from the psychiatrists' hire and departure documents. This evidence identified the needs addressed to assist the behavioral health organization with its retention awareness. Employee satisfaction surveys and management communication styles are additional data reports that were reviewed. The interviews were recorded, and the additional data received via email and guest access to select databases.

### **Significance**

This study is significant because it can assist behavioral health organizations in increasing understanding of leadership behaviors that may increase psychiatrists' job satisfaction and impact their decision to stay with the organization. This knowledge contributes to organizational success by assisting behavioral health organizations with the psychiatrist shortage and exposing areas where organizational improvements can be made, especially in employee satisfaction and operational practices. The study also highlighted recommendations for leadership to maintain awareness of their behaviors and incorporate ongoing training and education to prevent complacency. This knowledge allows organizations to remain competitive in the field and contribute to positive social change. Further, turnover among mental health professionals has adverse patient care outcomes such as increased suicide risk (Yanchus et al., 2017). Retaining valuable psychiatrists will allow patients continued access to quality care from psychiatrists who



will aid in building healthier communities, especially during an increased nationwide need for mental health support following the Coronavirus-19 pandemic.

### **Summary and Transition**

A key factor in a health system's successful operation and quality service delivery is workforce motivation and retention (Shah, 2016). BHH's services, leadership structure, mission, values, and vision support the importance of recruiting quality staff and the benefits of understanding challenges to retention. An organizational focus on employee satisfaction and an internal assessment of leadership's impact on whether employees' stay within the organization is vital for BHH to remain a competitive behavioral health organization.

Section 1b discusses the organizational profile and key factors of strategic importance to the organization. The section will assist in gaining an understanding of BHH's background, organizational structure, and operational processes and highlight relevant leadership influence.

## Section 1b: Organizational Profile

### **Introduction**

Erratic leadership behaviors have been known to influence employee performance, healthy work-life, and overall productivity (Flovik et al., 2020). This study was conducted to explore how leadership in a health care organization influences job satisfaction and retention of psychiatrists. This section highlights key factors such as workforce profile, mission, vision, values, and culture. Comparing the organization's culture and the overall profile to how employees feel treated is vital in understanding their job satisfaction. Background and context will also be discussed.

### **Organizational Profile and Key Factors**

As reported on the organization's website, BHH is a psychiatric institute that is a full-service behavioral health facility founded in 2008. Services, such as the 89-bed acute care unit and outpatient programs for all ages, are spread over two locations in a medically underserved, urban setting to assist patients' psychiatric and substance abuse needs. In addition to inpatient and outpatient programs, services include partial hospitalization and specialty outpatient clinics. Some specialties include a Hispanic outpatient program for patients more comfortable speaking Spanish, first-episode psychosis, dementia assessment, and electroconvulsive therapy services (see Appendix A). BHH operates in a joint venture partnership with other health systems. BHH hires its staff who can care for patients wherever they are on the care continuum.

Along with treatment programs, BHH has several research programs that attract leaders in their field and enhance the quality of care. The organization is invested in the

community. For example, to assist with the opioid epidemic, the Opioid Treatment Program was established in 2017 and provided clinical guidance via medical doctors and clinicians to offer medication-assisted treatment to patients with opioid use disorders. This team approach supports patients through all phases of treatment and provides services such as family therapy and case management.

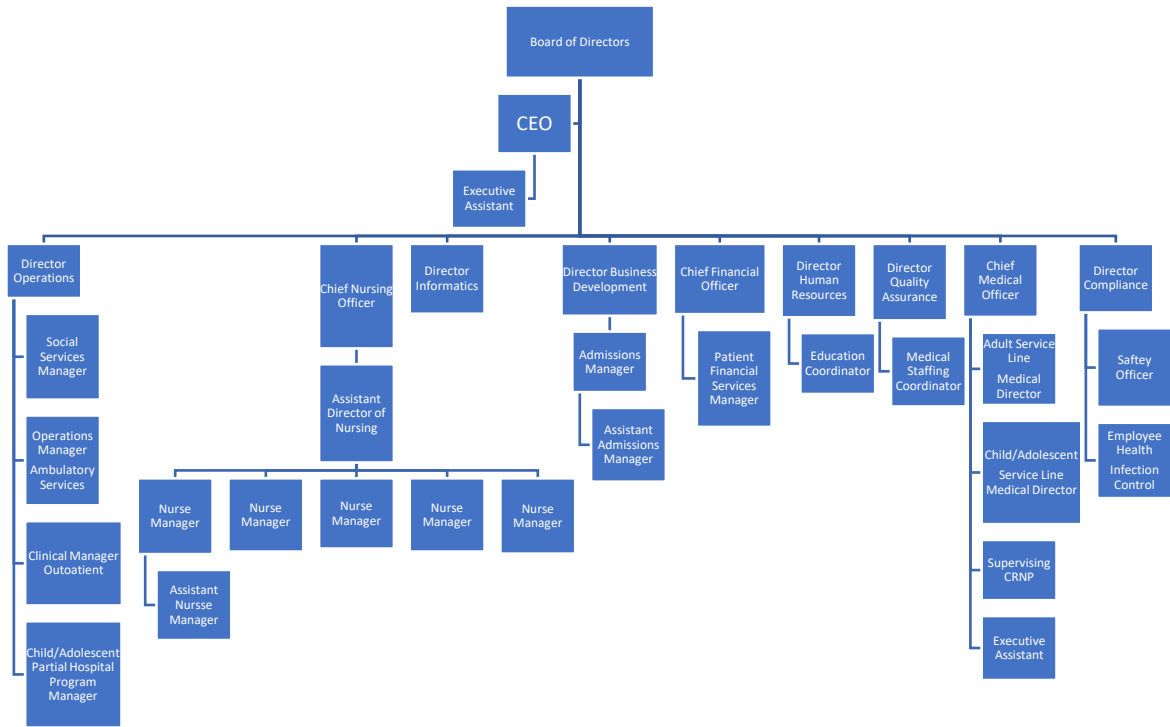
Key factors/variables include BHH's strategic mission, vision, leadership collaboration, staff vacancies, structure, and programming. According to the organization's website, the mission of BHH is to provide high-quality services via excellent clinical service delivery. BHH is a Joint Commission accredited organization that aligns its operation benchmarks to the national standards for quality and safety to improve patient care. According to the website, they also are dedicated to quality research, diverse education, and community collaborations to make them the best in the region. The BHH 2019 Annual Report highlights examples which include utilizing the research committee to support grant applications, expanding participation in research programs, training faculty in suicide prevention by utilizing rating scales, and working with the community to combat the opioid epidemic by developing additional programming such as the Advancement In Recovery program. According to the BHH 2020 Annual Report, the vision is for them to be the trusted leader in these areas and their values include integrity, respect, safety, teamwork, responsiveness, and dignity. The senior leadership, including the CMO, meets with the Board of Directors, and physician leadership teams meet with the CMO to supervise the facility's operations and ensure quality care. The CEO has the senior leadership as direct reports, and the CEO and

Director of Compliance are accountable to the Board of Directors (see Figure 1).

Prescribing providers who provide care include fourteen full-time and five part-time psychiatrists and 19 psychiatrists on call and not employed by BHH regularly. Two nurse practitioners provide patient care and prescribe medication.

**Figure 1**

*BHH Organizational Chart*



In addition to the psychiatrists, various staff positions make up the treatment team to provide skilled and compassionate care. These positions include the nursing staff, therapists, care coordinators, certified peer specialists, and behavioral health specialists.

Table 1 shows the qualifications of each of those positions, the total number of the

positions at BHH, and a brief description of each role in providing quality care for behavioral health patients.

**Table 1**

*BHH Staffing*

Job Title	Total Positions	Qualifications	Job function
Nurses	79	Registered Nurse (RN) Licensed Practical Nurse (LPN)	Specialized training to provide nursing care to the behavioral health population.
Therapists	37	Licensed Clinical Social Workers (LCSW) Licensed Professional Counselors (LPC)	Provides therapeutic services to patients and families to treat the mental disorder.
Care Coordinators	20	Social Worker Nurse	Function as liaisons are vital in facilitating patient care, ensuring their treatment and discharge planning are appropriate and providing therapy services as needed.
Certified Peer Specialists	3	Individuals with lived behavioral health experiences are trained and certified.	Assists patients as they navigate their treatment and recovery in BHH and the community.
Behavioral Health Specialists	85	Trained to provide therapeutic practices	Conducts psycho-educational groups and teaches behavioral modification strategies.

A few open positions listed on BHH’s website were behavioral health specialists, registered nurses, and therapists. Additional positions for BHH include staff physicians seeking psychiatrists for the child and adult inpatient units. The organization attracts high-quality providers to expand current programs and create new ones. According to BHH’s 2019 Annual Report, they invested in training opportunities in trauma-informed

care, compassion fatigue, and suicide prevention to enhance their knowledge and improve patient care. Trainings are completed through virtual platforms and in-person skills training workshops led by either internal or external content experts. Some areas of training, such as suicide prevention, are completed through online training. The organization provides continuing education funds for staff to attend external training. The BHH 2019 Annual Report states over 70% of the internal training, staff can obtain continuing education credit for renewing their professional licenses.

BHH's website provides valuable information about regulatory areas. One of the regulatory requirements that the organization operates under is its accreditation with The Joint Commission. This accreditation ensures that the organization meets performance standards and improves patient safety and quality care. Accredited organizations have oversight from the accreditation entity, which helps to ensure that psychiatrists focus on risk mitigation and that the organization and its members safeguard the community.

The recertification process is conducted triennially via an onsite survey, and according to the website, BHH has had continuous accreditation since its foundation in 2008. The Centers for Medicare and Medicaid Services is another accreditation the organization holds to remain accountable to service. The Centers for Medicare and Medicaid Services is delegated to Joint Commission for its credentialing. Patients treated at BHH come from 63% of the counties around the state. Their patients' ages range from as young as four to older than sixty-five. BHH treats all diagnoses in the Diagnostic and statistical manual of mental disorders. Specifically, they treat many patients with serious and persistent mental illnesses. Common diagnoses would include mood disorders

including major depressive disorder and bipolar disorder, anxiety disorders, generalized anxiety disorder and post-traumatic stress disorder and panic disorder, and psychotic disorders, including schizophrenia. However, data highlighting the specific percentage of patients seen for each diagnosis is unknown. The patients have psychiatric, medical, and drug and alcohol comorbidities and are often extremely complicated patients. Since BHH has patients with acute needs and complexities, you need a high level of care that psychiatrists can provide. Along with patients seen for common behavioral health conditions, other consumers include families and those who explore the organization for health resources. According to BHH's website, there are a variety of community stakeholders, including religious leaders, public health experts, and government leaders. According to BHH leadership, community activists and providers are also valuable organizational stakeholders. There are ten surrounding counties that the stakeholders represent and serve.

A variety of key partners, suppliers, and collaborators play a vital role in delivering health care services and contribute to the competitiveness of BHH. Partnering with a local college of medicine assists physicians via a physician service agreement to deliver quality patient care. A local public education organization provides the teachers to deliver education instruction to hospitalized adolescents and children. According to the BHH website (2022), the organization partnered with two other local agencies to provide a specialized program for individuals experiencing first-episode psychosis. BHH leadership explained there is also an opportunity for community experts to educate providers via internal employee training. Some local vendors are contracted to provide

medical supplies, office equipment, laboratory pick-up services, mail services, waste disposal, and food vending machines.

Providers within BHH strive toward ongoing programming and enhancing services that will assist the organization with its goal to remain competitive in the field. Funding opportunities have been awarded from the state, which allowed relevant services to be provided to the community. Psychiatrists present clinical outcomes locally and nationally, which enhances BHH's reputation and national standings. Mentoring programs for advanced practice providers have assisted with recruitment efforts as well.

### **Organizational Background and Context**

BHH is vital in providing outpatient and inpatient psychiatry services to the community, especially in-service delivery of specialties such as mood disorders, psychosis, anxiety disorders, attention-deficient disorders, autism spectrum, and substance abuse. As behavioral health services are currently in high demand, the already taxing duties of a psychiatrist cause additional strain. Without dismissing the hard work of other behavioral health providers, such as advanced practiced registered nurses and psychiatric physician assistants, psychiatrists must contend with providing services during shorter appointment times, increased caseloads, and additional documentation requirements, which contribute to burnout (National Council Medical Director Institute, 2017). Recruiting and retaining psychiatrists when there is an increasing shortage within the profession is imperative to the organization's competitiveness, budget, and overall ability to provide quality patient service. BHH has experienced the loss of quality psychiatrists. Although efforts have been made to increase employee satisfaction and



better understand the reason for the departure of psychiatrists, the leadership has been at a loss for specific ways they can influence psychiatrists to stay. Psychiatrists have left for higher pay, more responsibilities, and or work-life balance choices

The Joint Commission is an accrediting body in health care that certifies over 22,000 healthcare organizations raising the standard to provide safe and effective high-quality care to patients (The Joint Commission, n.d.). BHH's website states that since BHH has been a Joint Commission-accredited facility since its inception in 2008, performance standards are set high, holding the organization accountable for providing quality care. Excessive administrative tasks, such as documentation requirements, may interfere with the quality of care patients receive when physicians have less time to spend with them to complete their paperwork and have been linked to increased stress and physician burnout (Erickson et al., 2017). As a result of aligning with Joint Commission standards, there are some limitations to specific administrative tasks, such as completing treatment plans. However, a healthcare organization can work on mitigation measures of administrative tasks to decrease psychiatrist burnout and dissatisfaction without compromising patient care.

Another key challenge for BHH is addressing access to care for their patients. Overall, in psychiatry, expanding services, especially to improve access to rural areas, becomes more difficult when there are limited providers. Retention will assist BHH with meeting its access goal while maintaining its philosophy of providing high-quality care. Retention and provider growth will allow BHH to expand services and profit margins. According to the 2019 Annual Report on its website, BHH is responsible for its finances.

The majority of their revenue is from patient services. There was an opportunity to expand services via telehealth during the Coronavirus-19 (COVID-19) pandemic; however, as the outpatient clinic was licensed to the hospital, facility revenue was lost with telehealth. Live outpatient visits carry facility and professional revenues, making telehealth less financially sustainable. Federal policy options such as the American Rescue Plan Act and the Build Better Back Act of 2021 enabled community mental health services expansion. BHH did receive funds from behavioral health managed care organization related to the pandemic. Some States are creating an initiative to expand behavioral health services (Guth, 2021).

### **Summary and Transition**

BHH's profile of a psychiatric institute providing various specialized behavioral health services, key factors such as valuing delivering quality care with competent providers, and organizational background highlight the importance of BHH's services for the community and the need to retain quality providers. Retention and growth of staff also will enable the organization's expansion efforts. The next section discusses supporting literature, sources of evidence, leadership strategy and assessment, clients/population served, and analytical strategy applicable to the study.

## Section 2: Background and Approach—Leadership Strategy and Assessment

### **Introduction**

The study addressed how behavioral health leadership influences psychiatrists' job satisfaction and increases knowledge of retention intentions in a psychiatric hospital setting. The practice problem highlights the global increase of job dissatisfaction among psychiatrists, increasing the retention challenges in the mental health profession (Butryn et al., 2017). Attention was called to the minimal amount of literature on leadership influence on psychiatrists' job satisfaction and retention intention in hospital settings. The following section reviews the literature on leadership impact on psychiatrists related to job satisfaction, job stressors, retention, workforce challenges, and leadership styles. Furthermore, this section recognizes the sources of evidence and data collection methods. Leadership strategies and challenges, along with information on BHH's patient population and patient engagement methods, are also reviewed in this section.

### **Supporting Literature**

Although researchers have investigated employee satisfaction, retention, and leadership styles, there is little research focused specifically on leadership influence on psychiatrists and their job satisfaction and retention in behavioral health hospital settings. Several factors may play a role in a psychiatrist's job satisfaction level and decision to leave an organization. To further explore these occurrences, I utilized various databases to locate scholarly literature on the effects of leadership on job satisfaction and retention. Databases that were accessed included APA Psycinfo, EBSCO, Medline, Ovid, ProQuest Psychology, and Social Sciences Citation Index, utilizing peer-reviewed

selections for the source of information. Keywords such as *psychiatrists, retention or attrition, turnover, intent to leave or intent to stay, job satisfaction, and behavioral health leadership* were some of the search terms used.

### **Job Satisfaction and Turnover Intention**

Employee job satisfaction is frequently researched to understand employee contentment and motivation (Unanue et al., 2017). Understanding themes related to job satisfaction could highlight employee improvement opportunities on an organizational level. For example, management could be a notable factor in the relationship between employee satisfaction and turnover, as mentioned by employees across several industry sectors (Sainju et al., 2021). This awareness is a pertinent area of focus for the healthcare industry as it attempts to manage with a shortage of health care providers. There is a growing shortage of physicians in the specialty of psychiatry due to many psychiatrists nearing retirement age, providers deciding to reduce their work hours, reduction in psychiatry residencies, low job satisfaction levels, and burnout (Butryn et al., 2017). Having no leadership role and working long hours have been connected to a high rate of burnout and job dissatisfaction among psychiatrists (Yao et al., 2021). Low pay has also been associated with job dissatisfaction. Dissatisfied psychiatrists could even dissuade future medical students from entering the field of psychiatry (Jiang et al., 2018). As organizations strategize ways to attract more psychiatrists to address the shortage, strengthening measures to improve job satisfaction will assist with retention.

Ngo-Henha's (2017) study reviewed turnover intention theories and explained turnover intention is an employee's attitude towards an organization and their willingness

to leave it based on their perspectives and judgment. Various factors, such as job stress and lack of job satisfaction, make this area of valuable focus knowledge for organizations to understand specific causes (Ngo-Henha, 2017). Job satisfaction has been a main predictor of turnover intention, and emotional exhaustion has been related to job satisfaction and turnover intention, especially psychiatrists due to the stress related to direct patient care and increased patient caseload due to staff shortages (Yanchus et al., 2017). COVID-19 has had a significant impact on mental health providers. Drastic work changes during the pandemic caused high levels of burnout and were attributed to turnover intentions (Sklar et al., 2021). Although organizations need to understand the factors attributing to actual and intended turnover, the characteristics of employees are also an area of consideration (Fukui et al., 2020). A high turnover rate is costly to organizations, causes disruption to workflow, decreases morale, and causes organizations to lose their competitive edge (Sulamuthu & Yusof, 2018). An organization needs to take a preventative approach to retain employees.

### **Leadership Influences**

Leadership has an impact on a variety of employee and organizational outcomes. For example, leadership style has been associated with reducing burnout for behavioral health providers (Kelly & Hearld, 2020; McPherson et al., 2022). Leadership influences the environment for patients and employees as well. Leaders are vital to achieving patient safety and healthy work environments (Alilyyani et al., 2018). Organizations need to increase leaders' awareness of how their behaviors contribute to retaining quality providers (Mey et al., 2021). Leadership behaviors that contribute to retention include

leaders who provide employees with a sense of belonging, empowerment, respect, support for personal growth and development, and flexibility in performing job functions (Mey et al., 2021). Employees are committed to trustworthy organizations, and trust in supervisors is a factor in affective commitment (Klimchak et al., 2019). Employees who love their job and trust their leaders are less likely to leave an organization (Lim et al., 2017). Servant leadership is an example of a preferable leadership style with positive outcomes in organizational commitment, turnover intention, and job satisfaction (Kelly & Hearld, 2020). In the area of physician retention, a professional-supportive leadership style may have a positive influence (Martinussen et al., 2020). There is also a positive relationship between transformational leadership and job satisfaction (Yuin et al., 2020).

As the delivery of health care is best provided via a collaborative approach, there is a growing need for psychiatrists to have the skill set of leadership, regardless of having an administrative title, to work with other professionals and provide quality care to a patient population with complex needs (Kroll et al., 2019). Although leadership skills are expected from psychiatrists, there is little opportunity for training in this area in residency programs and after formal training ends (Kroll et al., 2019; Ng et al., 2018). A benefit of educational programs for leadership skills during psychiatry residency or early in a psychiatrist's career would advance the field of psychiatrists who are administrators and positively impact employees and healthcare delivery (Looi & Keightley, 2019; Saeed et al., 2017). One reason that psychiatrists are good leaders is the nature of the work of psychiatry in developing others, developing strategies to become self-aware and interpersonal skills, which are components of emotional intelligence (Ng et al., 2018;

Perry & Mason, 2016). Clinical professionals who enter leadership positions would benefit from a transformational style that positively affects retention, job satisfaction, and organizational commitment, which are vital factors in leading a successful health care organization (Perez, 2021).

### **Psychiatrists**

Psychiatrists' medical training and ability to prescribe medications play a paramount role in treating behavioral health needs (Bishop et al., 2016). The complexity of individuals battling a mental illness can include multiple diagnoses, co-occurring medical and behavioral health diagnoses, and multiple medications. Psychiatrists are qualified to provide a high level of treatment services and utilize a variety of treatments. Guided by the need of the patient, psychotherapy, electroconvulsive therapy, medications, and psychosocial interventions are some treatments that psychiatrists use (American Medical Association, n.d.). DiGiovanni et al. (2021) discussed how the respect and demand for psychiatrists grew as the effects of the COVID-19 pandemic affected the mental health of individuals across the nation, especially among the youth. Child and adolescent psychiatrists are viewed as the leaders in medicine who guide the treatment of the psychological consequences of the pandemic and will assist the country in overcoming the crisis (DiGiovanni et al., 2021).

### **Sources of Evidence**

I reviewed secondary data sources for my study, such as BHH's hire and departure data and employee satisfaction surveys. BHH utilized the program Management by Strengths (MBS) to increase their interprofessional communication and

resultant collaboration of the teams. The MBS survey assists in gaining a deeper understanding of temperament and learning the communication style that would be the most effective for that individual (MBS, 2021). I had access to the database to explore survey data further. BHH utilizes the profile report of employees, and managers review an employee's profile before an interaction to improve the success of the correspondence. MBS results for each participant was included to understand the leaders' communication style characteristics and gain insight into their temperament. All leaders and managers at BHH were asked to complete the survey, and data will be further discussed. Utilizing secondary data provided insight into the longevity of the problem at BHH. Qualitative semi-structured interviews were also used with the psychiatrists' executive leadership and medical directors. They were essential in understanding leadership and employee perspectives and comparing the experience of both parties.

### **Leadership Strategy and Assessment**

To implement any policies or create and enforce a strategic plan, the organization has to vet the plan through the board of directors from the collaborating health systems. According to leadership at BHH, key stakeholders have the opportunity to provide input during various organizational meetings. Townhall meeting minutes show the meetings and obtain employee feedback on what part of the system needs focus. Executive leadership attends and hears that information, ensuring viewpoints are included in strategic planning processes. BHH leadership explained once the strategic challenges are identified via various organizational meetings and committees, a description of an action plan to address the areas needing improvement is communicated to stakeholders via



email and internal announcements. According to the BHH competency checklist, employee training in select areas is created, and policies and procedures are reviewed. All improvements' goals include aligning with the organization's mission, values, and vision. The executive leadership team presents the yearly strategic plan, and a hard copy of the plan is shared with employees via email. An improvement plan is shared with employees for the unsuccessful strategic plan areas. Monthly staff meetings are held at the department level to allow employees to share their thoughts in more detail. Hearing work area-specific concerns brings awareness for key strategic challenges to be addressed accordingly. It was vital to continue exploring strategy development during interviews to understand if the psychiatrists feel their input is considered when creating policies and plans.

### **Clients/Population Served**

BHH serves a wide variety of clients, also referred to as patients, on the life spectrum from children as young as 4 to mature adults 65 plus. These clients make up an average of 40,000 patient visits in a given year, although this number includes clients with multiple visits. The clients come from surrounding counties to receive treatment from the organization's number of service programs.

BHH interacts with its clients via direct provider and nursing communications and provides various venues for clients to share their concerns about the organization and or the care they received and offer feedback and suggestions. Patient satisfaction surveys also are mailed to clients following their visits. Patients also have the option to complete the survey online. In addition to the surveys distributed by the health system, some

service areas have onsite comment boxes to receive communication about their service area directly.

According to leadership, BHH's marketing team closely follows the organization's Facebook and LinkedIn pages, getting ahead of unsatisfied clients and gauging BHH's reputation in the community. They are directed to the Patient Relations department, which listens to the concern and then reaches out to the department manager to make them aware of the situation and request their assistance in resolution.

## **Workforce and Operations**

### **Workforce Environment and Engagement**

BHH seeks to build an effective workforce that provides high-quality care. According to its website, BHH seeks exceptional professionals searching to be a part of an extraordinary team. As discussed in Section 1 of this study under Organizational profile, BHH highlights its research programs during recruitment efforts to attract quality leaders in the field. According to senior leadership, recruitment efforts are made via internal and external organizational job postings, job boards such as *Indeed*, or networking sites such as *LinkedIn*. They continued to explain a human resource recruiter is tasked with reviewing the candidates and forwarding candidates whose qualifications match the position needs according to their curriculum vitae to the hiring manager. When an applicant is selected, an interview is scheduled. An itinerary with search committee members, such as medical directors, vice-chairs, and the operations director, is created and shared with the candidate during the confirmation of their scheduled interview. Following the interview, each search committee team member is assigned to complete a

feedback form, and the results are given to the hiring manager. When an offer is extended, the candidate will begin negotiations with requests for salary, research time, and teaching opportunities. The website states compensation package and academic rank is commensurate with qualifications. The website continued to outline that once the position is accepted, child abuse, federal and state criminal background checks are completed, proof of education and licensure requested, and references explored. According to the BHH orientation manual, onboarding includes reviewing policies and procedures, teaching the electronic medical records system, and introducing peers.

As BHH increases its workforce, they understand the importance of continued education. According to BHH's 2019 Annual Report, they are committed to educating staff and understanding their investment benefits employees and improves patient quality. The BHH 2019 Annual Report stated training opportunities are offered throughout the year. In addition to regulatory training, such as mandated reporter, which is to be renewed every two years, training relevant to the current community needs, such as COVID-19 prevention measures, trauma-informed care, and diversity awareness, is included in the annual training expectations. The COVID-19 pandemic made an adjustment from in-person to virtual training, according to BHH leadership. It saved the organization travel costs and created a wider variety of training that staff could attend in other areas of the United States.

The 2021 website states that BHH offers competitive benefits as part of retention efforts. Medical, prescription, dental, and vision are included. According to the website, additional benefits such as tuition reimbursement, long and short-term disability, and

retirement plans are attractive. Leadership explained benefits are reviewed annually by the human resource department to explore offerings and find ways to remain competitive. An additional offering the website states include registering with a partner agency for backup care, whether childcare or eldercare. As a way to encourage staff to focus on self-care and reduce burnout, there is an opportunity for physicians to receive mental health support services or services from the third-party Employee Assistance Program, as listed on the website. According to the BHH leadership, the COVID-19 pandemic created the flexibility to offer remote working options if appropriate to accomplish some work duties.

Part of BHH's annual competencies includes information about workplace violence and what to do in the event of an emergency. According to senior leadership, policies and procedures include dealing with irate patients and what to do in various crises, such as an active shooter. Fire safety is reviewed, and training on a power outage or natural disaster response is provided. Treating and reporting workplace injuries such as getting stuck with a needle or getting chemicals splashed in the eyes is also covered.

The BHH leadership explained as a way to engage the workforce in high performance; there are physician visit surveys completed by patients, which are distributed to them via email following their behavioral health visit. According to senior leadership, there are questions about the psychiatrist during the visit, including areas of courtesy, helpfulness with time, and information provided during the visit. Peer comparison reports are compiled monthly, so physicians can see how they are doing over time and compare themselves to how their peers are doing and the inpatient unit overall.

According to the BHH leadership, the outpatient physicians do not have patient satisfaction surveys distributed. Inpatient and outpatient physicians have the opportunity to complete employee surveys, as confirmed by Participants 1, 6 & 7. Also, all providers have professional evaluations yearly. In contrast, new providers have professional evaluations at their ninety-day, sixty-day, and end of the fiscal year during their first year of employment.

### **Operations Work Process**

According to the website, BHH is dedicated to providing high-quality behavioral health services. As discussed in Section 1b under the organizational profile, BHH offers inpatient and outpatient behavioral health services such as medication treatments and evidence-based group and individual counseling services. Patients who require acute care services would be evaluated in the emergency department. Following assessment, patients would be admitted to the inpatient unit for additional care if warranted. Patients are either brought to the institute via ambulance, walk-in as a self-referral, or referred by family, friends, or community providers. Patients who require outpatient services contact the intake department. Intake workers enter patient information into the organization's intake database and guide patients to the appropriate services.

The shortage of psychiatrists puts communities at risk of poor access to care (Bishop et al., 2016). As with most behavioral health facilities, access to services at BHH becomes a challenge due to high volume and long waitlists. According to Participant 5, vacancies within the psychiatrist positions have contributed to decreased access. Communication with patients about realistic timeframes of wait time for services is

communicated during the intake call. According to BHH leadership minutes, if access availability has not defined time, patients are given community resources to explore another facility that may have sooner availability. Discharge planning efforts have been the focus of internal quality improvement projects to dive deeper into ways to improve access.

BHH's patient care documentation is entered into their electronic medical record system. All patient information such as assessments, progress notes, medications, allergies, treatment plans, releases of information, and other areas pertinent to patient care are included in their electronic record. The organization's policies and procedures guided by regulatory entities such as the Department of Health and The Joint Commission include timeframes for completing documentation. For example, outpatient providers must complete a patient treatment plan within 30 days of the initial visit and update it every six months (The Joint Commission, n.d.). Since the patient electronic medical record has sensitive information, ethical considerations such as where documents are stored and who should access the information are covered in policies and provided as refresher training through yearly competencies. Employees are reminded not to get into a patient's chart or go into particular sections of patients' charts without a business need. Along with training, leadership frequently explores ways to improve employee productivity. Since delivering quality research is part of BHH's vision, leadership established a research committee to assist with research efforts to make the research process, such as applying for grants, easier for psychiatrists so they could focus on other job duties.

### **Analytical Strategy**

A case-study research design addressed whether behavioral health leadership influences psychiatrists' level of job satisfaction and their decision to leave an organization. The case study methodology allowed me to explore the phenomenon of the psychiatrist shortage from the perspective of the organization's leadership and analyze the data of BHH. This approach was based on qualitative interviews with BHH leadership to understand the problem related to the psychiatrist's retention intentions and leadership role. Secondary data was also gathered from the behavioral health organization to highlight the specific reasons for psychiatrists leaving the organization and the frequency of leaving it. This section will address the role of the researcher, researcher bias, and study procedural details.

### **Credibility**

Triangulation was used in this study to establish the conclusions' credibility by integrating various data sources. Content analysis strategies to ensure trustworthiness include diagrams, triangulation to diminish the effects of researcher bias, and confirmability (Renz et al., 2018). After the interviews, qualitative analyses was used to summarize leaders' behavioral observations of employees' job satisfaction, identify common reasons for leaving the position, and compare to the key factors of the Baldrige framework (National Institute of Standards and Technology, 2019). These interview outcomes were compared to other data sources to identify and confirm themes within the data collected.

### **Role of the Researcher**

The epistemology of qualitative research can bring up values and moral conflicts that the researcher may not be aware of while interpreting data (Karagiozis, 2018). In this study, I am a clinician and administrator by profession. I have experienced leadership's influence on my decision to leave an organization and my level of satisfaction with my job. Although I have some biases related to what my study participants may have experienced, I ensured my role as a researcher and research according to protocol, certify accurate accounts of study participants' perceptions and provided security of confidentiality with data. As a researcher, I was aware of the influence of my interview questions and mindful of how if not presented properly, they could lead to biased responses and create doubt about the trustworthiness of the findings (Caines-Lee et al., 2022).

### **Data Collection**

Seven BHH psychiatrists in key leadership roles completed one-on-one interviews. I asked semi-structured interview questions to gather leadership perspectives on employee job satisfaction and employees' reasons for leaving the position (See Appendix B). I gathered general workforce information from BHH's Chief Medical Officer (CMO). Interviews were conducted via the zoom virtual platform, and the time blocked for the interview was one hour. I ensured the location where I conducted the interview was private and free from background noise and other potential distractions.

BHH collected data on their leadership team to understand their leaders' communication styles and improve interactions between leaders, managers, and program



leads. All participants completed a survey, which MBS analyzed. MBS distributed the results of the survey through its website. I accessed data for the study via the MBS database with permission from BHH to use their organizational login information.

I collected archival data via public domains such as BHH's website and organizational documents such as department newsletters, town hall meeting minutes, policies and procedures, orientation manuals, psychiatrists' departure data, and employee satisfaction reports. Interview transcriptions were coded, and qualitative analysis was completed to identify themes and additional information to gain insight into the practice problem. Themes were identified by similar phrases and repeated words from the interviews.

## **Research Process**

### ***Procedures***

After identifying a behavioral health organization and creating a partnership with the organization's representative, gaining approval from Walden University's Institutional Review Board was vital. I scheduled a Zoom video conference with the representative, discussed the practice problem, explored secondary data options, and completed the necessary paperwork to access the data sources. I gathered a list of potential study participants in key leadership positions and invited them to participate through an informational email to be a part of the study. Upon their acceptance, I sent invitations to participate in the interview process. I emailed Walden University's informed consent form and outlook meeting requests with potential interview dates. As a confirmation, I emailed an invite with Zoom video conference information and the

interview date. This process allowed time for the consent form to be returned. Interviews were scheduled over a six-week timeframe with a sixty-minute time block. Semi-structured interview questions (see Appendix B) were created utilizing the Baldrige Excellence Framework (National Institute of Standards and Technology, 2019).

At the beginning of each interview, participants were informed that I used a digital recorder. Start and stop recording periods were communicated to ensure participants knew what statements would be included. Participants were reminded of confidentiality measures I took for their participation and the overall study. In order to maintain confidentiality, each participant was assigned a code, P1, P2, P3, P4, P5, P6, or P7. After each interview, participants were asked an open-ended question about additional information they wanted to add. I thanked each leader for their participation and for volunteering their time. Interviews were manually transcribed, and a qualitative analysis of the interviews was conducted. I ensured no ethical issues arose during the interviews with study participants.

### **Summary and Transition**

Studies highlight the importance of the relationship between leadership and retention and how factors such as trust impact whether or not an employee decides to stay with an organization (Klimchak et al., 2019 & Mey et al., 2021). Exploring the sources of evidence, such as exit interviews and completing qualitative interviews with BHH leadership, gathered valuable information to see how the findings align with the available literature.

Workforce challenges are vital for healthcare leaders to address, especially in predicting growth in healthcare jobs (Parsons, 2019). Section 3 focuses on the workforce and operations of BHH with an analysis of the organization's environment and knowledge of its processes and infrastructure to gain a deeper understanding of how it related to the practice problem.

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

### **Introduction**

BHH has provided the community's behavioral health services described on its website since 2008. While trying to remain competitive during a nationwide shortage of psychiatrists, exploring the study question of whether behavioral health leadership influences psychiatrists' level of job satisfaction and their decision to leave an organization is beneficial for BHH. The mission of BHH is to provide high-quality services via excellent clinical service delivery; therefore, leadership gaining knowledge of their behaviors affecting the mission is invaluable.

Sources of evidence included secondary data such as psychiatrists' peer provider reports, psychiatrist turnover data, employee satisfaction surveys, leadership meeting minutes, town hall meeting minutes, orientation manuals, annual reports, and department newsletters. I reviewed leaderships' MBS survey profiles and completed qualitative interviews of current and past leadership members who are also psychiatrists. These leadership members are essential as their perspectives provide an understanding of the practice problem. Peer-reviewed journals provided research outcomes on job satisfaction, turnover intention, and leadership influences.

### **Analysis of the Organization**

#### **Workforce Environment**

BHH prides itself on the variety of career opportunities available in the behavioral health field. Rewards highlighted on the website include the benefits package, flexible

schedules, and competitive salaries. When focusing on psychiatrists' recruitment, human resource recruiters review applications for eligible/board-certified physicians for inpatient and outpatient positions. According to BHH leadership, once there is an interest in an applicant, their curriculum vitae is sent to the head of the search committee.

Representatives of the department are invited to participate in an additional recruiting process where the agenda includes a meeting with several department leaders who further assess skills. Though new employees are expected to come in with a certain skill set, existing employees' competencies are built upon throughout the year. BHH's 2019 Annual Report discussed regulatory training that physicians are expected to complete and training relevant to the current community needs. The accountability of continuing education training ensures the providers have the knowledge and skills to perform at a high level of service delivery.

Leadership needs to be a part of setting and holding employees to the standard of professionalism, and diverse employees can be retained if they feel valued and included (Alexis et al., 2020). BHH leaders are committed to a participative approach to establishing an effective and supportive workforce environment. According to Participant 6, monthly staff meetings are held where leadership can address performance improvement and discuss operational needs, and employees can share complaints, concerns, and challenges. If a situation cannot be resolved during the group meeting, an additional individualized meeting will be held to address the concerns raised and escalate the situation to a higher leadership level as warranted (Participant 6, personal communication, March 8, 2022).

## **Workforce Engagement**

Workforce engagement was vital to my practice problem, especially regarding retention. BHH leadership explained the organization participates in annual employee satisfaction surveys and addresses trending concerns. One of the organization's challenges is psychiatrists do not feel enough opportunities for professional growth. As per BHH 2019 Annual Report, the organization has made efforts to enhance clinical education for staff by expanding training opportunities to increase knowledge. According to the BHH Leadership, the organization has also focused on strengthening career development support for its providers. However, according to Participant 1, BHH psychiatrists have considered leaving the organization due to a lack of advancement in their professional roles (Participant 1, personal communication, February 23, 2022).

A few study participants commented they have repeatedly heard that providers feel the orientation process could improve. Onboarding is an overlooked opportunity to improve productivity and retention rates (Harsh et al., 2021). BHH has an orientation checklist to ensure the documentation process is reviewed and the electronic medical record system training is completed. The orientation manual stated organizational policies and procedures are also shared with new employees. The BHH leadership explained the orientation process is being reviewed where there is more accountability on the manager's part to ensure the staff feels that they have what they need to do their job and the appropriate resources to help them through. Another key element is that employees are also encouraged to set yearly goals focusing on departmental and

organizational areas to have input on supporting organizational growth and personal investment.

### **Knowledge Management**

Physicians' job satisfaction influences turnover and impacts patient satisfaction and quality of care (Chang et al., 2017). This knowledge highlights the importance of performance measurement in key areas, such as employees' contentment, turnover rates, patient safety, and efficiency of care, relevant for organizational success. As reported by BHH leadership study participants and confirmed by documentation review, BHH gathers data to learn more about employee satisfaction and the efficiency of daily operations such as providing patient care. Job satisfaction is vital in the retention of health care staff, and measurement of employee satisfaction is essential to creating models that will address the growing workforce shortage of healthcare staff (Chang et al., 2017). BHH measures employee satisfaction via an employee satisfaction survey link biannually by a third-party vendor who analyzes the data through their software platforms and distributes the findings throughout the organization via top-down reporting structures such as senior leadership to department heads. Department leaders hold meetings with their management to dive deeper into the information, increase awareness of how it relates to their area, and explore strategies to address areas of concern to improve.

One key area of operation that is measured is the quality of care given to patients by providers. Peer comparison reports are sent to management and psychiatrists to see how they perform individually compared to other department providers. The report shows data from the previous year, so the psychiatrist can see the direction in which they are

trending. Patients can comment about the provider via survey questions, and there are open-ended opportunities for patients to leave additional comments about the psychiatrist who provided care. The report is distributed every 6 months with an organizational goal to get it to providers quarterly.

Although BHH has made improvements for the organization to communicate the findings of surveys conducted and solicit input for employee improvements, there are still opportunities for improvement. Five of the seven BHH study participants commented that they do not feel the employees' survey results represent their specific department, making it difficult to connect to the data. Three of the seven BHH study participants stated they would like to see employee recommendations in action to validate that they were acknowledged. According to Participant 3, the lack of evidence that the surveys are relevant to them specifically or that their voice was heard creates an environment of physicians feeling devalued, negatively affecting employee satisfaction (Participant 3, personal communication, February 25, 2022).

BHH values its knowledge asset and utilizes technology to manage the data collected and outcomes. Along with third-party vendor technical platforms, the organization's email is one of the technological ways to educate employees about the purpose of the survey and connect them to the third-party vendor's link to provide their input. The peer comparison results are delivered to psychiatrists via this method as well. Although the survey information is given to employees individually, the volume of emails psychiatrists receive could cause these important feedback opportunities to be



missed without frequent reminders on the employee webpage and verbal reminders during leadership meetings.

### **Summary**

Section 3 showed workforce management's importance in employee retention and highlighted the benefits of utilizing employee satisfaction data. Although BHH makes efforts to measure the data and create strategies based on the known information, employees do not feel their feedback is considered, creating obstacles to employee satisfaction and retention efforts. The organization's leadership team actively communicates knowledge from survey results and holds management teams accountable for addressing concerns. Section 4 discusses the data collected for the study and the findings. I also discuss implications for BHH and provided potential implications for positive social change.

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

### **Introduction**

According to Participant 2, several psychiatrists at BHH are becoming discontented or have left the organization for reasons such as receiving better offers from competitors (Participant 2, personal communication, February 24, 2022).

Notwithstanding income, the nationwide shortage of psychiatrists affects individuals (Harrar, 2022). BHH leadership has recognized the need to retain psychiatrists and recruit quality providers and was eager to gain insight into ways to be successful. The research question that guided this study was “Does behavioral health leadership influence psychiatrists’ level of job satisfaction and their decision to leave an organization?”

Identifying the level of impact leadership has on the job satisfaction of psychiatrists and exploring the tangible area for improvement will allow BHH to grow in awareness of how to retain quality providers in areas besides competitive salary and continue in its mission of providing high-quality services via excellent clinical service delivery.

Sources of evidence included reviewing secondary data such as psychiatrists’ peer provider reports, psychiatrist turnover data, and employee satisfaction surveys.

Leaderships’ MBS survey profiles and complete qualitative interviews of current and past leadership members who are also psychiatrists were reviewed. These leadership members are essential as their perspectives explain the practice problem. Peer-reviewed journals provided research outcomes on job satisfaction, turnover intention, and leadership influences.

## **Analysis, Results, and Implications**

BHH is a psychiatric institute that delivers inpatient and outpatient services through multiple programs for clients of all ages. BHH strives to ensure its community members receive high-quality care from dedicated employees who strive to be the best in their field. I analyzed data from multiple sources such as public domain, organizational documents, archival data, literature reviews, and semi-structured interviews with BHH leadership. Interviews were transcribed, and I identified themes from the comprehensive data collected. The themes that emerged related to the research question identified in the workforce-focused area include (a) poor person-organizational fit, (b) lack of focus on employee needs, (c) the inattention of leadership to employee input, and (d) lack of workload management. Leadership and governance themes that were related to the research question include (a) leadership impact, (b) transparency builds trust, and (c) leadership development

### **Client Programs, Services, and New Initiatives Effectiveness**

Based on the evidence collected, BHH is committed to understanding the community's mental health needs and providing quality behavioral health services delivered (see Appendix A) with the highest quality by providers with unique, diverse specializations. Data reviewed via the BHH website (2022) showed that the organization participated in several community health needs assessments in 2012, 2015, and 2021. Community health needs assessments identify key health needs of a state, tribe, local or territorial community by systematically completing comprehensive data collection and analysis (Centers for Disease Control and Prevention, 2018). Through multisector

collaborations, identified needs were broken into three areas: behavioral health, healthy lifestyles, and disease management. A plan was developed to include six surrounding counties as part of their commitment to improve community health and reduce health disparities. Following each assessment, an attempt at transparency was displayed with a full report of findings listed in BHH Community Health Needs Assessments (2012, 2015, 2021), and the implementation strategy plan was created and shared on BHH website. An example of the 2019–2022 implementation plan specifically for behavioral health includes addressing the overall goal of reducing substance use disorder to decrease yearly deaths due to drug poisoning.

Action steps for BHH and partnering organizations were identified in the plan with a three-year timeline to focus on education, prevention, and access to services utilizing evidence-based strategies. Once the responsible parties are identified, program goals are created and short-term indicators listed. Some of the program goals were to coordinate education and prevention efforts among medical professionals, community members, and students and reduce the occurrences of fatal overdoses in the community to address the epidemic. Examples of the short-term indicators that progress is being made include creating an educational website for professionals with addiction topics, drug, and substance abuse educational programs for community members, and a task force creating opioid prescription and tapering guidelines.

Evidence collected via newsletters and interviews revealed that BHH senior leadership is invested in expanding services and delivering innovative care to their patients. The CEO and Chief Medical Officer (CMO) expressed an awareness of the

community's varying needs, understanding the depth of treatment being provided, the skill level and knowledge needed by providers, and the support to grow staff. As highlighted in the 2019 BHH Annual Report, CMO credits the success of treatment improvements and growth to the clinical excellence of their providers. While interviewing BHH study participants, Participant 3 and Participant 5 commented that they felt there were missed opportunities for transparency at BHH. They explained psychiatrists are unclear about how they fit into organizational strategic plans. They do not feel their input is sought after as steps to improve service delivery are created.

Participant 5 elaborated with a specific example:

I mean, transparency is a big thing. People in leadership really being open and candid about their thought process and what their vision is, and sharing that with the physicians and then also making known what their plan is to either ultimately address staffing or reach the goals that they have set for the department or organization. I think most importantly really allowing the physicians or encouraging the physicians to share their thoughts, to make them part of the process.

Participant 1 discussed the obstacle of psychiatrists conducting non-clinical tasks, such as clerical work or excessive documentation requirements, creating a barrier to expanding clinical time with patients. They expressed the idea of some of the tasks mentioned being completed by support staff instead of physicians. Participant 1 was not clear whether ways to address this concern were acknowledged by a leadership member or included in any organizational strategic plan.

## **Client-Focused Results**

Part of BHH's behavioral health services includes outpatient and inpatient hospitalization programming (see Appendix A). The organization has a comprehensive team of specialists who bring compassion and empathy to their work service, which is passed down in the care patients receive. A patient's satisfaction with the services they receive is an indicator of their quality of care (Stamboglis & Jacobs, 2020). Having a method to measure patient satisfaction is essential. Using the Baldrige Framework of Excellence, I assessed how BHH engages their patients and how their voices get heard. Although BHH's patients who receive treatment in the inpatient unit get a patient satisfaction survey generated after discharge, there is a missed opportunity with the patients who receive outpatient services where there is no patient satisfaction survey distributed (Participant 7).

There is a positive relationship between an employee's satisfaction and intent to remain with an organization and patient satisfaction as a measure of organizational performance (Ogbonnaya et al., 2018). Understanding BHH leadership's influence on a psychiatrist's job satisfaction and decision to leave an organization, which is related to this case study, will strengthen BHH's ability to grow behavioral health services applicable to the needs of those in the community. While retaining quality providers who enjoy working for the organization, they can conduct further research and increase their knowledge of the field to expand the therapeutic techniques that would benefit the patients' treatment.

## Workforce-Focused Results

All participants' perceptions revealed multiple common factors psychiatrists decided to leave the organization. These reasons included work–life balance, better salary or career position, and not being satisfied with their job. A review of BHH's psychiatrist departure data provided information on why their psychiatrists have left from 2017 through the first 4 months of 2022. There was a total of 20 psychiatrists departed during that time. Table 2 lists the top four reasons they left the organization.

**Table 2**

*BHH Psychiatrist Departure Data*

Year departed	Work–life balance	Salary	Leadership opportunity	Job dissatisfaction
2017				1
2018	1	1	1	1
2019		1		
2020	1	2	2	1
2021	3	2	1	
2022	1			1
Total	6	6	4	4

Two of the leading reasons psychiatrists departed from BHH were providers wanted a better work–life balance, and the other was the opportunity to increase their salary. Participant 4 has known providers moving out of the area due to having younger children and the increased need to be closer to extended family to assist with a better work–life balance. Participant 1 shared similar sentiments reviewing departures due to family needs and situations. Participant 5 suggested that the pandemic had played a role in the increased focus on departures related to work-life balance. On the topic of salary, according to Participant 4, “psychiatrists have also left because they received a different

position that was more financially lucrative,” and Participant 2 commented that the psychiatrists had “better offers.”

Four psychiatrists also left for leadership opportunities, such as executive positions or other managerial roles. Whereas Participant 6 mentioned a reason for departure being an advancement in career opportunities, Participant 1 elaborated,

If you are in an academic position, you need to have a specific number of times in the organization before you can move up and have some other things like scholarly things that you need to have done before moving up. But, overall, it may not be readily available at that time when the person wanted it, so maybe opportunities at other organizations are present right away, that’s why the move happened before the growth in this organization was available.

Departure data also revealed four BHH providers left because they were unsatisfied with their job. Participant 3 commented, “some have left the job because they did not like the clinical workload.” Participant 6 commented that psychiatrists were known to leave due to dissatisfaction with the workload and expanded the thought that since the level of patient need is high, it could attribute to burnout and stress. Participant 4 gave another perspective of why a psychiatrist left due to being unsatisfied with their job:

I guess it’s just sometimes that the person’s not really satisfied with the job that they have in the organization, and it’s just no professional satisfaction with what they’re doing, you know, with the position that they’ve been given.



Further review of BHH's psychiatrist departure data listed additional reasons for a psychiatrist leaving that were not shown on the table. Two psychiatrists left for increased educational opportunity, three were listed due to performance, and one was listed as "other" according to BHH's psychiatrist departure data. Five psychiatrists had a combination of reasons for leaving. In contrast, one psychiatrist left due to work-life balance and job satisfaction, money, and leadership opportunities were listed for three psychiatrists, and work-life balance and money were the final combinations of reasons psychiatrists left BHH.

The participants discussed multiple common factors for psychiatrists' departure from BHH. Utilizing the Baldrige Excellence Framework to assess workforce environment and engagement guided interview questions, allowing participants to think about additional aspects of the psychiatrist's departure. They recalled peer discussions in areas such as organizational culture, which expanded factors to consider for departures.

Participant 2 described psychiatrists being displeased for a reason such as leadership needing to accomplish a goal for their department and not including the psychiatrists affected by the task of achieving the goal in the problem-solving discussion, realizing that they are not a good fit with the organization and expectations of being employed by BHH were missed. Similarly, Participant 4 discussed some psychiatrists noticing their own goals that they had professionally would not be fulfilled by remaining within BHH. Not feeling valued by BHH and conflict with leadership, especially due to missed expectations, are additional reasons psychiatrists have confided as reasons for departure according to Participant 4. Overall, BHH departure data and participants'

perspectives on factors psychiatrists leave formed the theme of poor person-organization fit. Person-organization fit is defined when an employee and organization have compatible values and goals (Andela & van der Doef, 2019). Literature shows poor person-organization fit can impact job satisfaction, and when employees are not satisfied, it can influence their decision to leave an organization (Hilmiana et al., 2020 & Zhang et al., 2017). Discord of values and goals between employees and BHH was repeated throughout the data.

Another theme that was identified was the lack of focus on employee needs. While exploring retention efforts by BHH via the Baldrige Excellence Framework and understanding the study question of whether leadership influences psychiatrists' job satisfaction and their decision to leave an organization, study participants were asked about their knowledge of leadership addressing the retention of psychiatrists in a strategic plan. Participant 4 did not feel it was a top priority of BHH. They specifically felt BHH should strategize how to understand what psychiatrists are looking for and what identified needs should be addressed to increase job satisfaction. Participant 4 did acknowledge that BHH could be strategizing retention efforts; however, they suggested the efforts need to be visible across the organization's hierarchy so that the plan is clear and known. Using their position as a leader, Participant 1 responded their efforts in retention include making themselves available to listen to employee concerns, understanding the importance of employees expressing their needs to administration, and advocating for the employees as warranted, which helps with employee satisfaction as well.

Understanding how BHH was managing the retention of psychiatrists was valuable information to employees. However, there was a repetition of participants feeling that the needs of psychiatrists were not clearly understood and were not a priority. Organizations can become distracted by an end goal and lose focus on the meaning of the goal and the best route to achieving it (“Long engagement: Understanding the importance of employee support and loyalty”, 2021). Employees can become discontent if they do not feel heard or see action. The listening skills of leaders can have a strong impact on job satisfaction (Bregenzer, 2020). Employees feel valued when they are included in improvement decisions (Kreimer, 2019).

The inattention of leadership to employee input was another theme that emerged. Study participants knew that the organization conducted an employee satisfaction survey. Participant 1 felt that the one-to-one approach with employees is more important than just responding to a survey since the survey is so general. According to Participant 6, employee satisfaction surveys are a mechanism to gather employee input; however, it does not allow an opportunity to fully express various areas of whether or not they were satisfied with their job. Participant 7 shared similar thoughts that the survey questions and results were irrelevant to the psychiatrists. After further exploration of the employee satisfaction data, there was no clear way to identify comments and outcomes from psychiatrists, specifically due to confidentiality measures in place for employees. The barrier of not knowing what profession is raising specific concerns creates a challenge for BHH’s leadership to have awareness and address the needs of a particular employee

group. The lack of knowledge also hinders building an effective and supportive workforce environment, an area the Baldrige Excellence Framework focuses on.

Participants 4 & 6 could not point to a specific policy or official procedure known as a way for physicians to voice their concerns. Information gathered from the review of BHH policies supported participants' belief of lack of policy. However, according to Participants 4, 6 & 7, there were several known venues and unwritten policies, such as regular staff meetings and an open-door policy with their manager, that psychiatrists are aware of and have utilized to get their concerns heard. This knowledge serves as a starting point for conversations about needs and concerns. Participants 1 & 7 shared that they have a process for their staff to voice their concerns depending on the nature of the concern. This method includes a hierarchy process with clinical area managers, assistant medical directors, and medical directors. If the nature of the concern is a significant health concern, it will be discussed with the CMO. The employee will be directed to the operations manager if it's a financial concern the employee would like addressed. While BHH obtains employee input via satisfaction surveys and feedback via meetings and unofficial procedures, it is not being acted on to redress employee concerns. One of the fastest ways to decrease employee morale and motivation is to ignore their feedback, especially when you request it (4 ways to kill motivation fast., 2017).

Lack of workload management was another theme that materialized. Participants 3 & 6 expressed workload affects the job satisfaction of psychiatrists and is a known factor in why some psychiatrists choose to leave the organization. There has been an increased workload, according to Participant 6, due to the particular challenge of several

vacant psychiatrist positions. When asked what a fully staffed workforce would look like (see Appendix B), Participants 1, 4 & 7 felt there was a need for more psychiatrists even with a fully staffed unit. Participant 4 explained expecting more productivity with fewer providers has contributed to dissatisfaction and increased the perception that leadership is not doing enough in recruitment. The misconception that leadership is not doing enough to bring in more providers could impact whether or not a psychiatrist decides to stay with the organization. Excessive workloads have been linked to one of the factors associated with physician burnout (Patel et al., 2019 & Sultana et al., 2020). A review of BHH workforce data and interview workload descriptions show the process challenge of work distribution.

### **Leadership and Governance Results**

People do not leave bad organizations; they leave bad managers (Kelly, 2019). Participant 5 agreed with that statement and further expressed that when employees feel supported, they stay. Participant 6 commented that leadership style plays a significant role in deciding whether or not to leave an organization and mentioned psychiatrists have left due to conflict with leadership. A common theme all study participants agreed that leadership impacts job satisfaction and retention of psychiatrists. The conduct of a leader can influence job satisfaction (Mey et al., 2021), and in addition to job satisfaction, management is an important factor in turnover (Sainju et al., 2021). Participant 1 stated in their interview that “leadership represents the organization.” Participant 7 commented that leadership’s impact could be felt if expectations promised during the hiring process

are not upheld and further explained if leadership's word is not honored, it could create distrust.

Evidence collected from BHH study participants supports the theme of transparency as an area for BHH to build upon to increase trust and open communication with psychiatrists. High levels of employee trust are linked to organizational transparency and leadership behaviors (Jiang & Luo, 2018). Participant 4 expressed the importance of leadership being candid about their thought process and sharing their vision and intended goals. In addition, Participant 3 expressed that leadership needs to follow through with initiatives started, and feedback about initiatives is given so that the psychiatrists feel heard. There is a benefit of psychiatrists being able to see their input in action.

Leadership development was another theme throughout the data. Organizational success and benefits of patient outcomes are associated with leadership development interventions (Geerts et al., 2020). BHH tried for the leadership team to grow self-awareness via the MBS survey. MBS aims to raise awareness about an individual's character to understand communication style to improve positive working relationships and effectively achieve goals (*MBS. Management By Strengths, 2021*). Although Participants 1 & 6 expressed there was a benefit to learning one's personality type and growing in self-awareness, Participants 2 & 3 felt the results did not reflect their personality accurately and were not advantageous to learning communication styles to improve leadership techniques. The leadership team is receptive to growing knowledge of how to improve their leadership skills; however, educational tools for skills training and implementation need further exploration.

BHH study participants were given the opportunity via an open-ended question to share their perspective of tangible things that leadership can do to increase job satisfaction or improve the chances of a psychiatrist staying within the organization (see Appendix B). As shared in Table 3, two participants felt it would be beneficial for leadership to figure out a way to include frontline staff, meaning staff who are full-time clinicians only, in strategic goals. Participant 2 expressed leadership should help frontline staff connect how the everyday function is part of the bigger picture. Participant 1 shared that there may be pressures that leadership is under that the frontline staff may be unaware of, which could assist with a clearer understanding of leadership limitations if the frontline staff is more involved.

**Table 3**

*BHH Leadership Improvement Opportunities*

Improvement areas	Sample statements
Involvement of frontline staff	<p>“Involve the doctors, who are actually in the trenches, in the problem-solving.”</p> <p>“It’s really important to just find ways to bring the frontline physicians closer to what the organization wants to do.”</p>
Clear expectations	<p>“Give people a realistic impression of what they are hired to do.”</p>
Support from leadership	<p>“It starts at the beginning when you are interviewing.”</p> <p>“Just knowing that my managers have my back.”</p>
Being mindful of risk factors	<p>“I would say a holistic approach, take a look of the important factors and take action appropriately.”</p>
Mirror organizational values	<p>“Overall for leadership to represent also helps with retention.”</p>

Another area for leadership to make improvements in is setting clear expectations with employees. According to Participant 3, expectations should be clear starting in the interview process through daily work performance. When changes are made, expectations should be reevaluated to ensure they are clear. According to Participant 5, feeling supported by leadership to make decisions and also when challenges arise is impactful from an employee perspective. There are factors such as workload, market condition and stress that are common stressors for physicians. According to Participant 6, it is essential for leadership to be preventative in monitoring staff in these areas to ensure support is there and address challenges as warranted. Mirroring organizational values was another improvement opportunity. According to Participant 1, leadership is a representation of the organization; if an employee feels heard and can count on leadership for support, that would give an employee the feeling of stabilization in the organization as a whole.

### **Financial and Marketplace Performance Results**

A financial impact theme was seen throughout the data. The need for mental health services increased across the behavioral health market during the COVID-19 pandemic (Czeisler et al., 2020). According to the respective BHH annual data reports, adult inpatient services lead the revenue-generating service lines with 39.5% in 2019 and 41.5% in 2020. Child and adolescent inpatient services are the next highest, with 19.3% in 2019 and 21.7% in 2020. The Department newsletter reflected on BHH during the COVID pandemic in 2020 and discussed the difficulty of recruiting providers to the organization and the state as a whole. According to BHH hiring and departure data, eight psychiatrists were hired from 2019 thru half of 2022 compared to fifteen that have left



during that period. With an increased need for services, BHH continues to have inpatient psychiatry positions vacant as indicated on their website. Physician turnover has financial implications and undermines institutional profitability (Underdahl et al., 2018). Filling their vacancies could assist BHH with increasing revenue. They understand an answer to the study question of whether leadership's impact on psychiatrists' job satisfaction and retention intention will also be profitable for BHH.

## **Findings and Implications**

### **Workforce Focused Findings**

The analysis of the workforce-focused results revealed a main finding among the themes: there is an inconsistency in the reasons provided for psychiatrist departure. Specifically, the reasons provided to the organization for psychiatrists' departure differ from the reasons those who left provided to colleagues. The review of BHH interviews and BHH departure data showed a discrepancy between the official factors psychiatrists reported they had left the organization and their reasons shared with peers and colleagues. For instance, BHH Psychiatrists' Departure Data did not include topics such as, employees not feeling valued by the organization; as Participant 4 discussed this had been a factor in confidential conversations with peers. Obtaining data on why an employee leaves an organization is challenging due to the distortion of responses. Still, the feedback is valuable so the organization can understand problem areas from an employee perspective (Givens-Skeaton & Ford, 2018). This finding implies that leaders are unaware of the challenges causing them to lose valuable employees and lack attention to the areas that need to be addressed (Singh, 2019).

## **Leadership and Governance Findings**

There were two main findings in the area of leadership and governance. The first finding highlights BHH study participants' recognition that leadership impacts retention. Leadership is vital in reducing turnover (Fukui et al., 2018). The implication of this finding is leadership not being able to establish trust, communicate and show support to psychiatrists could contribute to the mitigation of retention intention (Hongyun, 2020). Secondly, BHH conducts employee satisfaction surveys; however, psychiatrists do not feel the questions are relevant to expressing job satisfaction or that it's an adequate method to get their voices heard. In healthcare, job satisfaction is an important factor in retention (Chang et al., 2017). This finding suggests that BHH is not getting an accurate assessment of the level of employee job satisfaction.

## **Implications for Positive Social Change**

It is hoped the findings from BHH's case study will assist behavioral health organizations with positive social change by increasing their understanding of leadership behaviors that may increase psychiatrists' job satisfaction and impact their decision to stay with the organization. The leadership role is vital to the staff resignation rate (Singh, 2019). The turnover intention rate of psychiatric professions is high, contributing to a global shortage of psychiatrists (Yang et al., 2022). This growth in organizational knowledge will assist behavioral health organizations with weathering the psychiatry shortage by ensuring leadership is focused on this challenge and enhancing workforce sustainability efforts. According to the study by Yang et al., one-fifth of the psychiatrists in China who were on the frontlines of COVID-19 reported that their decision to leave

their organization was due to low job satisfaction and high job-related stress burdens (2022). Psychiatrists will benefit from an improved work environment.

Secondly, the study may help organizations remain competitive in the field by retaining psychiatrists who are satisfied with their job while providing quality care to patients and building healthier communities. Patient safety and the quality of care they receive can be influenced by the job satisfaction levels of their physician (Kader et al., 2021). The study promises positive social change as it increases the caliber of psychiatrists and the standard of patient care received, especially during an increased nationwide need for mental health support following the COVID-19 pandemic.

### **Strength and Limitations**

#### **Strengths**

A strength of this case study approach was the utilization of qualitative information. The data gathered from interviews with BHH leadership allowed for a detailed investigation of the impact of leadership on a psychiatrist's job satisfaction and decision to leave an organization from multiple perspectives. Another study strength is the Baldrige excellence framework being utilized as a guide to complete the organizational evaluation of BHH. Multiple organizations utilize the Baldrige Excellence Framework to assist in an internal evaluation of strengths and use the results to empower organizations to overcome challenges and prepare for obstacles ahead (National Institute of Standards and Technology, 2019). Finally, once the organization's results are known, plans to improve identified areas are created to help the organization be competitive in its field. Findings from this case study can apply to other behavioral health organizations.

## **Limitations**

The current study was limited to two areas. First, only one behavioral health organization is part of this study. The only perspectives considered were those of the seven BHH leaders; therefore, the data obtained by the interviews may not correlate with other leaders within other behavioral health organizations or broader workforce groups. Another limitation was anonymity as a result of having a small sample size. The process of anonymization, which is de-identifying participant data (Kamanzi & Romania, 2019), was completed on all data.

## **Summary and Transitions**

Section 4 examined BHH's client services along with programs and focused results for the areas of clients, workforce, leadership, financial, and marketplace. Data analysis was completed, and key findings and implications were discussed. The present study suggests that BHH leadership is not as transparent as they may view themselves. Job satisfaction depends on trust in leadership and employees feeling valued. According to Participant 4, psychiatrists have left the organization due to not feeling valued, and psychiatrists currently within the organization may not understand their significance related to organizational advancements. Participant 2 expressed the need for psychiatrists to relate their everyday functions to the organization's bigger picture, which would help them feel more part of the organization and factor into their stay decisions. Additionally, implications for social change were discussed as well as the strengths and limitations of the study. In section 5, the study will conclude with recommendations for BHH related to the key findings.

## Section 5: Recommendations and Conclusions

### **Recommendations**

This qualitative case study explored how leadership impacts a psychiatrist's job satisfaction and turnover intention. As a result of the data analysis and findings discussed in Section 4, there were several growth opportunities and recommendations for BHH. Section 5 will provide recommendations that may assist in the challenges that were brought to awareness from the results.

#### **Workforce Recommendations**

##### ***Recommendation #1: Enhance Employee Satisfaction Surveys***

Research has indicated that there is a need to improve the job satisfaction of psychiatrists, especially during the shortage of the profession (Jiang et al., 2018). The current study supported these findings, particularly regarding dissatisfaction with pay and a heavy workload, though this study's findings diverged in the contentiousness between patient and doctor.

Data from this study also showed that BHH has an employee survey conducted yearly via a third-party vendor. The survey asks employees 83 questions about areas such as leadership, the organization, and overall employee satisfaction, utilizing a Likert-type rating scale ranging from 1 being strongly disagree to 5 strongly agree. A review of the BHH employee satisfaction survey provided examples of some of the questions, including:

- The person I report to cares about my job satisfaction
- The organization treats employees with respect

- I am satisfied with the recognition I receive for doing a good job
- I would like to be working at this organization three years from now

The satisfaction surveys do not reflect authentic comments of the employee since the results of the employee feedback are via a closed-ended rating scale as opposed to open-ended questions, which would produce more detailed answers. A recommendation is that an addendum survey is developed for psychiatrists and include topics such as professional growth goals, missed expectations experienced, and specific challenges experienced. For instance, asking open-ended questions allows employees to expand on their response to whether or not they feel their manager cares about their job satisfaction. The survey could be conducted mid-year, 3 months following the systemwide employee satisfaction survey, and results could be reviewed by BHH leadership. The outcome of the surveys should be presented by leadership during a physician staff meeting, along with a strategic plan to address concerns among the group. This action will assist in addressing the theme of the inattention of leadership to employee input. Leaders should continue conversations about the strategic plan during 1:1 meeting with the psychiatrist to discuss individual concerns and open themselves to feedback. The Baldrige Excellence Framework (2019) supports the operations of an effective leadership system which includes mechanisms for leaders to receive feedback that guides improvement and building loyalties and teamwork based on aiming for shared goals.

### ***Recommendation #2: Enhance Employee Engagement***

One of the findings of this study related to leadership's impact on a psychiatrist's job satisfaction and retention intention is the lack of focus on employee needs. Several

study participants explained that psychiatrists would like more input into action steps put into strategic plans to achieve organizational goals. Since these tasks affect their daily workload, and lack of workload management was another theme of the findings, the employees feel that they would like their input considered. Regardless of their role; employees feel valued when they are included in improvement decisions that involve identifying the problem and exploring solutions (Kreimer, 2019). Leaders with an inclusive style involve employees in decision-making and ensure they are knowledgeable about the organizational goals, improving employee engagement (Mansoor et al., 2021). It is recommended that BHH leadership collaborate with direct care psychiatrists. Leaders should present the goal that is being focused on, allow employees to identify the challenges, and brainstorm opportunities for growth in person or through an anonymous survey. PR Newswire (2021) discussed the importance of organizations adopting the practice of valuing employees, especially post-pandemic. When the psychiatrists see their suggestions supported by the organization and enforced, that will increase their feeling like valued employees, understand the organization's direction of growth, and learn how they can directly impact that common goal. An inclusive management approach could assist with the receptiveness of this process.

### **Leadership and Governance Recommendations**

#### ***Recommendation #3: Utilize Diverse Leadership Styles***

Research indicates that the conduct of leaders can influence job satisfaction, leading to the retention of their workforce (Mey et al., 2021; Yanchus et al., 2017). Mey et al.'s (2021) findings indicated a positive, significant correlation between certain

leadership behaviors and retention and identified the behaviors through factor analysis, including inclusivity, respect, empowerment, and engagement. This study's findings align with the leading factors that are impactful in the areas from Mey et al.'s study and mentioned additional factors such as leaders being the example of the organization's values and trustworthiness. It has also been found that the leadership style, servant leadership, has had positive outcomes on job satisfaction and turnover intention (Kelly & Hearld, 2020), and empowerment and engagement are characteristics of transformational leadership style and influence retention (Mey et al., 2021). Transformational, democratic, and autocratic leadership styles positively impacting organizational performance (Al Khajeh, 2018). The outcomes of this study lend to the importance of organizational awareness of the impact of leadership. Organizations could benefit from the knowledge of their leadership team's styles to utilize these leaders' strengths to improve job satisfaction, retention, and overall organizational success.

Management is an important factor in employee satisfaction and turnover (Sainju et al., 2021). As discussed in Section 4, BHH has demonstrated a vested interest in utilizing MBS to increase leadership's awareness of their communication style to improve positive working relationships. It is recommended that BHH compile a profile of the leadership styles within their group and task each group, as appropriate, with strategic goals in addressing employee voiced challenges. For example, empowering and supportive leadership styles reduce employees' mental distress (Flovik & Christensen, 2020). Participant 6 expressed his perception that the workload in the acute care setting is high, which could contribute to burnout and stress. Leaders with empowering and



supportive styles can be tasked to create a strategy to address minimizing risk factors, as Participant 6 discussed in Section 4.

***Recommendation #4: Strategic Transparency***

Employees' trust is positively impacted when they perceive the information disclosure from an organization is high (Klimachak et al., 2020). This aligns with evidence collected from BHH study participants who expressed transparency as an area that would increase trust with their psychiatrists. Research indicates that authentic transformational leadership styles have transparency characteristics that positively impact employee satisfaction (Al Khajeh, 2018; Murari & Mukherjee, 2021). The study by Hofmann & Strobel (2020) included areas of disclosure that were important to faculty in higher education institutes: structure, distribution of resources, and performance. The distinction of the population of Hofmann & Strobel's (2020) study may interest the behavioral health hospitals that are academic teaching facilities.

It is recommended that BHH Senior Leadership create a standing agenda item during staff meetings related to identified goals. This action creates an opportunity for awareness of organizational or department goals, for leadership to discuss an update on tasks and progress towards the goals should be discussed, and an opportunity for questions, suggestions, and feedback to be created. Also, when a task is complete, leadership should acknowledge and give credit to those who assisted with achieving the goal. This procedure will also address some BHH leadership improvement opportunities discussed in section 4 (See Table 5).

***Recommendation #5: Opportunities for Leadership Development***

Research demonstrates that empowered employees have higher job satisfaction, and their productivity benefits patient satisfaction (Kang, J.Y. et al., 2020 & Naqshbandi et al., 2018). Empowerment in management practices positively impacts employee engagement, ultimately affecting patient satisfaction (Kang, J.Y. et al., 2020). Another advantage of an empowering leadership style is that it creates an environment of employee inclusion and involves them in applicable decision-making (Naqshbandi et al., 2018). According to Participant 4, some employees have left BHH due to not feeling valued; a recommendation would be to provide education for leadership to learn empowering management skills. Empowering leadership is an essential model with motivation support, power-sharing, and development support (Webber et al., 2019). During the education session, assess whether the management group feels empowered in their roles, brainstorm ways to address within the group, and create a plan to empower the other psychiatrists.

**Recommendations for Future Studies**

Several recommendations for future research were developed from this study. The current results show that employees are more detailed with colleagues regarding their reasons for leaving an organization than their official reasons for leadership. The underlying factors related to their departure need to be known to address the challenges leading to job dissatisfaction and contributing to psychiatrists deciding to leave an organization. Future researchers should do a more in-depth study on colleague confided reasons versus officially reported reasons for leaving. This knowledge would increase

leadership awareness in enough time that they could address the concerns and retain the psychiatrist. Additionally, future research should consider expanding semi-structured interviews to frontline psychiatrists who do not have administrative responsibilities. They may add different perspectives due to not having a managerial role. The study participants agreed there is some truth to employees leaving organizations as a result of managers. A comparative study would benefit employees with good managers; however, organizational challenges make it a difficult work environment.

### **Conclusion**

This study explored leadership's impact on a psychiatrist's job satisfaction and retention intention. Data from this study contributed to the limited research on psychiatrists in health care facilities. The findings support that leadership impacted job satisfaction; however, the leadership influence associated with the root cause of the psychiatrists' departures was unclear. Characteristics from leadership styles such as transformational, servant, empowering, and inclusive have been found to have a positive effect on job satisfaction. This knowledge allowed this study to provide useful insight into training opportunities for leadership teams to assist in growing their awareness of the importance of these characteristics.

The lack of clarity on leaders' impact on retention intention resulting from this study draws attention to how vital the need for future research in this area is. Data from this study indicate there are opportunities for BHH and behavioral health care organizations in general to learn additional factors leading employees to leave the organization. This knowledge is essential for leadership teams to address the root cause

of the factors affecting their psychiatrists currently, along with leadership creating strategic preventative measures to improve retention overall. The prevention measures can be implemented during orientation or while developing processes and procedures, for example. Additionally, the findings highlighted growth opportunities for BHH, which has methods in place, such as employee satisfaction surveys, that need to be enhanced to get relevant information and empower leaders to take measures to improve their influence. The outcomes of this study are important as it calls attention to the growth opportunities for psychiatric institutes to focus on to increase the chances of employees staying with the organization, being satisfied with their jobs, and being positively impacted by leadership.

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## Appendix A: BHH list of Behavior Health Services

Services	Level of Care	Ages
<i>Outpatient Programs</i>		
Child/Adolescent	Psychiatric evaluations, Individual therapy, Medication Clinic, Family therapy, Parent Educational groups	Ages 5-18 (still in school)
Adult Services	Psychiatric evaluations, Individual therapy, Medication Clinic, Family therapy	Ages 18 and older
Mature Adult Services	Psychiatric evaluations, Medication management, Group Therapy <i>For Mature Adults who have chronic psychiatric problems</i>	Ages 65 and older
<i>Specialty Outpatient Clinics</i>		
Mental Health/Intellectual Disability Outpatient Clinic	Psychiatric evaluations, Medication management <i>For Adults with primary mental health disorders and a profound to borderline intellectual disability</i>	Ages 19-65
Hispanic Outpatient Program	Individual therapy, Family therapy <i>For Individuals who are more comfortable speaking Spanish</i>	Ages 5 and older
Dialectical behavior Therapy	Skills class, Individual therapy, Coaching call, Family therapy sessions, Psychiatric evaluations, and Medication management <i>For adults with a primary diagnosis of borderline personality disorder</i>	Ages 18 and older
CAPSTONE Program First Episode Psychosis	Medication Management, Individual resiliency training, Family Therapy, Family Education, Case Management, Supported Employment, and Education. <i>For Young Adults who have recently experienced their first documented episode of psychosis</i>	Ages 16-26



Dementia Assessment	Geriatric Psychiatry evaluation and Medication Management (as needed) <i>For Adults who appear to be experiencing cognitive problems, memory loss, or new onset mental health problems</i>	Ages 19 and older
Persistently Mentally Ill Outpatient Care	Psychiatric evaluations, medication management, Individual Therapy, Long-acting intramuscular injections of antipsychotic medications, Supportive group therapy for patients on Clozaril (every two weeks) <i>For Adults with serious and persistent mental illness</i>	Ages 19 and older
Advancement in Recovery Program	Primary Medical Care, Medication-assisted treatment, Counseling and Intensive Outpatient Therapy <i>For individuals with an opioid use disorder</i>	Ages 18 and older
Electroconvulsive Therapy	Electroconvulsive Therapy treatments, usually 6–12 treatments over 2–4 weeks	Ages 18 and older

<i>Partial Hospitalization Programs</i>		
Child/Adolescent	Psychiatry, Group therapy, Individual therapy, Family therapy, Psycho-Educational groups, <i>Bilingual Psychiatrist, Therapist, and Staff are available.</i>	Ages 6-18
Adult Services	Psychiatry, Group therapy, Individual therapy, Family therapy, Psycho-Educational groups, Care Planning	Ages 18 and older (Age 17, if not enrolled in School)
<i>Inpatient Hospitalization Programs Services</i>		
Child Services	Psychiatry, Group therapy, Individual therapy, Family therapy, Activities therapy, Play therapy	Ages 4-12
Adolescent Services	Psychiatry, Group therapy, Individual therapy, Family therapy, Activities therapy, School classes	Ages 13-18 (still in school)

Adult Services	Psychiatry, Group therapy, Individual therapy, Family therapy, Activities therapy	Ages 18 and older
Electroconvulsive Therapy	Electroconvulsive Therapy treatments, usually 6–12 treatments over 2–4 weeks	Ages 18 and older

## Appendix B: BHH Interview Questions

### **Leadership/Strategy Questions**

- How can trust be built between leadership and psychiatrists to have open communication?
- How do leaders communicate key decisions and needs for organizational change?
- How do you think knowledge of the MBS survey outcomes contributed to your leadership methods with employees.
- How do you feel about the statement “people don’t leave jobs, they leave managers”?
- How do you think leadership impacts a psychiatrist’s decision to leave the organization and job satisfaction?
- How does the statement “managers don’t know what they don’t know” resonate with you?
- Has the retention efforts of psychiatrists been addressed in a BHH strategic plan?
- How is employee satisfaction data gathered and used?

### **Workforce Questions**

- What reasons have psychiatrists provided as factors in why they decided to leave BHH or affected their job satisfaction?
- What is your organization’s policy or procedure for psychiatrists to voice their concerns?

- How much of a factor did the organizational culture play in the decision for psychiatrists to leave?
- What would you suggest that BHH invest in to help them with retention and job satisfaction?

### **Operations Questions**

- How would you describe BHH's competitiveness in attracting and retaining psychiatrists?
- Describe what a fully staffed psychiatry workforce would look like at BHH.
- What barriers do you think affect psychiatrists from doing their job?

### **Open-Ended Question**

- Is there anything you would like to add from your perspective on how leadership affects psychiatrist job satisfaction or retention intentions?
- Are there any tangibles that leaders can improve that would assist in the increase of job satisfaction or prevention of psychiatrists leaving?