

2022

Leadership Strategies for Obtaining Employee Involvement in a Behavioral Health Organization

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Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

David H. Thompson, Jr.

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

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Walden University
2022

Abstract

Leadership Strategies for Obtaining Employee Involvement in a Behavioral Health

Organization

by

David H. Thompson, Jr.

MHA, Lincoln University, 1999

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

August 2022

Abstract

Maintaining a stable and engaged workforce is essential in providing quality treatment to individuals with behavioral health disorders. Soliciting and accepting input and feedback from workforce members is vital in ensuring that competent staff is available to this vulnerable population. Behavioral health leaders can facilitate this goal by cultivating environments that support employee involvement in organizational decision-making. This case study focused on identifying strategies for obtaining employee involvement by examining organizational culture and perceptions, with specific attention to existing opportunities for engaging the workforce in corporate decisions. Using the Baldrige Excellence Framework conceptually, data collection comprised five leadership interviews, organizational policies, quality reports, strategic planning documents, and external licensing and accreditation reports from a behavioral health organization operating in an urban city in the northeastern United States. Findings indicated that employee involvement was present and valued in the organization. However, health and safety measures implemented to reduce risks of COVID-19 exposure contributed to a perception of reduced employee involvement. Other findings suggested the presence of paternalistic leadership and a family orientation in the agency. Recommendations included implementing processes that support the organizational culture and employees' need for affiliation while protecting employee health and safety. Study findings contribute to positive social change by providing behavioral health leaders with strategies for maintaining a stable workforce that can provide quality treatment and care.

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Dedication

This study is dedicated to every smart Black boy. There are environments where being smart, Black, and male is not celebrated. In these environments, there may be times when you choose to diminish your light for your personal and emotional safety. While that decision in the moment may be necessary, it is not forever. There will come a time when being smart will be celebrated, allowing you to shine brightly.

Acknowledgments

I would like to acknowledge my ancestors. Who and what I am is the result of your sacrifices. You passed on to me your strength, determination, wisdom, and intelligence. These gifts allow me to accomplish anything I direct my energy toward. I would also like to acknowledge my sons, Kanden, Darnell, Darrin, and Kolin. The four of you inspire me. Darnell, Darrin, and Kolin, you have been extremely patient, giving me the space and time to engage in my academics without ever complaining. There is never a time when I am not thinking of you. You make me better.

Finally, I would like to acknowledge Dr. Mark Arcuri and Dr. Shannan Simms. Your support and guidance through this process were invaluable. I want to recognize Dr. Mark Arcuri, my chair specifically. You were the chair I needed. Your directness helped clear self-imposed barriers and disciplined my thinking in several instances. You helped me see the end, which was highly motivating.

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Section 1a: The Behavioral Health Organization

Introduction

XY Behavioral Health is a small behavioral health organization (BHO) serving an adult population in a large metropolitan area. During an initial fact-finding conversation in January of 2021, a senior leader revealed that the organization has a \$4.5 million budget, comprises 45 employees, and serves over 150 patients weekly. According to their brochure from 2020, service offerings include mental health, substance use, psychiatric rehabilitation, case management, medical services coordination, withdrawal management, and community housing. Discussions with senior leadership revealed that XY Behavioral Health functions in a competitive environment with a significant provider presence and a mission of providing evidence-based treatments while expanding access to behavioral health treatment. The organization is a single-owner for-profit entity with its values operationally anchored, which was considered by leadership as a strength in maintaining service and mission alignment. Furthermore, its primary funding source is Medicaid fee-for-service billing, with 99% of the patient population meeting the income criteria for government-subsidized entitlements.

The organizational mission is to provide high-quality therapeutic services using strategies proven effective in empirical studies. The vision is to improve access to clinically sound treatments for those populations that may struggle with identifying high-quality services. According to a senior leader, providing clinically sound and evidence-based treatment is the organization's guiding value. The leader further established that

organizational values involved treating individuals regardless of race, class, culture, sexual orientation, or disability.

Practice Problem

Employee involvement is a workforce's ability to participate in an organization's decisions (Hussain et al., 2018; Obiekwe et al., 2019). There is a positive association between employee involvement and organizational outcomes. Robust employee involvement improves stress, productivity, work attitudes, and job satisfaction (García et al., 2019; Hossain et al., 2018, Mu et al., 2018; Ullah et al., 2019). Additionally, organizational change efforts encounter less resistance and are more successful when employees contribute to the process (Amarantou et al., 2018).

Conversely, researchers have found that low employee involvement correlates with adverse organizational outcomes (Thomas et al., 2018). There is more resistance to organizational change when leaders do not include employees in the conceptualization and planning process (Amarantou et al., 2017). A lack of employee involvement is associated with employer mistrust, dissatisfaction, and disgruntled feelings (Thomas et al., 2018). Moreover, insufficient employee involvement is related to counterproductive workplace behavior (Ike et al., 2017).

The practice problem for the present qualitative study was that XY Behavioral Health leadership had struggled with strategies to obtain employee involvement in organizational decisions and operations. An interview with an executive showed that organization leaders have no formal process for retrieving employee feedback in corporate decisions, planning, or implementation. An example of this phenomenon was

the leadership's plans to implement integrated behavioral health in the fall of 2022.

Providing integrated behavioral health care will materially change XY Behavioral Health's service and treatment structure; however, mechanisms used to garner employee input have been unclear. Thus, the questions guiding this study were:

- RQ1. How does XY Behavioral Health's organizational culture support employee involvement?
- RQ2. What perceived effect does low employee involvement have on XY Behavioral Health's organizational operation and outcomes?
- RQ3. In what ways can employee involvement be integrated with established organizational processes?

Purpose

The purpose of this case study was to explore leadership strategies for obtaining employee involvement in a medium-sized for-profit BHO treating adults, children, and adolescents in a large urban in this case. I investigated employee involvement in the context of the Baldrige Excellence Framework (National Institute of Standards & Technology [NIST], 2020). The Baldrige framework is used to help improve quality in health care, education, and other industries. The present study conceptualized the practice organization's capacities using elements from several categories, including leadership, workforce, strategy, customers, operations, and results (NIST, 2020). How leaders had prepared personnel for structural change was explored using a culturally-based assessment to understand whether the organizational climate supports employee involvement. The current examination contained two data collection strategies:

interviews with senior leadership and archival data review. The chief executive officer (CEO) and chief of staff approved organizational leaders to provide access to archival data and make themselves available for individual interviews

Significance

The study site was a small-sized BHO located in a large metropolitan area. Leaders planned to implement integrated care in the fall of 2022, changing the organization's focus from behavioral health to integrated health care. Clark et al. (2017) suggested that implementing integrated health affects every facet of organizational operations. The Baldrige framework was used to examine the organization's leadership, workforce, and strategy. Study results may help inform project site leadership about how employees are involved in organizational decisions to enhance employee involvement in the future as the organization expands its focus. Study results may also help inform project site leadership on procedures to garner employee involvement and improve employee satisfaction.

Social Change Impact

There is a positive association between employee involvement, productivity, innovation, and profitability (Mu et al., 2018; Tian & Zhai, 2019). When health care employees are involved in decisions and allowed to provide input, the organization experiences increased innovation and quality (Mu et al., 2018). Study results could advise behavioral health leaders on best practices for facilitating staff contribution. Forty-five percent of behavioral health practitioners leave their employment within 3 years, and turnover can be costly and negatively impact care quality (Herschell et al., 2020). A

stabilized behavioral health workforce improves quality treatment standards across the industry. Thus, results could enlighten leaders on strategies to expand behavioral health staff's longevity.

Summary

XY Behavioral Health is a small organization operating in a densely populated metropolitan area. Organizational leadership is committed to implementing an integrated behavioral health model, thereby changing the organization's structure. Researchers (García et al., 2019; Mu et al., 2019; Thomas et al., 2019) have found that employee involvement increases productivity and innovation and supports successful change. A successful change process could potentially strengthen XY Behavioral Health.

Section 1b contains the organizational profile, which consists of a descriptive representation of XY Behavioral Health using the Baldrige framework as context. Discussing the company's mission, vision, and core capabilities help demonstrate the degree to which organizational alignment exists. The profile also contains an in-depth presentation and assessment of the organization's workforce and the expertise associated with its employee complement. A review of organizational assets, governing regulation, and standards provide a structural and cultural analysis of the agency's total operations.

Section 1b: Organizational Profile

Introduction

The present case study's purpose was to explore leadership strategies for obtaining employee involvement in a medium-sized for-profit BHO treating adults, children, and adolescents in a large urban area. The study problem centered on the organization's struggles with employee involvement in organizational decisions and operations. The research questions involved understanding whether corporate culture supports employee involvement and the effects of not engaging in the practice on outcomes. The research questions also addressed if opportunities existed to solicit staff feedback.

This section contains XY Behavioral Health's organization profile. The organization profile includes a company description related to offered services, operations, financial management, workforce and lists key factors critical to the organization and its mission, goals, and outcomes. In addition, Section 1b contains a contextual depiction of XY Behavioral Health's background, focusing on the laws and standards that govern clinical and administrative practice.

Organizational Profile and Key Factors

Organizational Environment

XY Behavioral Health is a small organization with 52 employees in a large metropolitan area. Staff primarily serve adults with co-occurring behavioral health disorders and provide treatment and services to 150 patients per week (personal communication, January 14, 2021). According to the brochure, treatment and services

include (a) outpatient mental health and substance use treatment, (b) psychiatric rehabilitation, (c) residential care, (d) withdrawal management, and (e) community housing. During a preliminary fact-finding discussion, a senior leader disclosed that the organization began in 2012 as a single-provider private counseling practice. The leader indicated that an intensive outpatient program (IOP) in substance abuse treatment began in 2017, and the organization grew in structure with a new program added each year until 2020. The leader further revealed no substantial growth in 2020 and noted the organization transformed treatment delivery from in-person to 100% virtual and operated in that capacity until September 2021.

Mission, Vision, Values, and Culture

XY Behavioral Health's mission is to provide evidence-based treatments, and its vision is to provide evidence-based interventions to individuals without access to high-quality treatment. Organizational values center on providing clinically sound and evidence-based practice which aligns with the organization's mission and vision. Although not written, according to discussions with leadership, there exists an implied value of competence, ingenuity, and initiative. There are representations of evidence-based practice throughout the organization, including posters of the phases of change associated with motivational interviewing and other visual reminders of clinical orientation consistent with its mission and vision.

Workforce

Employee Classifications and Credentials

According to a human resources [HR] report for the organization released in March 2022, XY Behavioral Health has 52 clinical, administrative, service, leadership, and program support personnel. There are licensed clinical staff and certified clinical staff. Licensed employees have master's degrees and are licensed clinical professional counselors (LCPCs) or licensed certified social workers-clinical (LCSW-C). A clinical subgroup includes nurse practitioners with master's degrees in nursing who are licensed to treat psychiatric or somatic conditions.

The senior leader described administrative employees as generally holding clerical or paraprofessional roles and not having college degrees. According to the 2022 HR report, case managers, medical coordinators, and housing coordinators compose the service personnel. These individuals may have college degrees or certifications; however, degrees or certifications are not required for these positions.

There is no requirement for senior leaders to hold degrees unless their specific roles require specialized education, certification, or licensure (S. Leader, personal communication, January 14, 2021). The senior leader further reported that the program support group includes transportation drivers and program assistants, who are not required to hold degrees or certifications. The organization does not have a bargaining unit or health and safety requirements (S. Leader, personal communication, January 14, 2021).

Oversight and Supervision

XY Behavioral Health has a hierarchical management structure that uses a one-person-one-supervisor model (S. Leader, personal communication, January 14, 2021). Each employee has a supervisor who provides oversight and management. Although all employees must receive individual supervision, one leader indicated the scope and contents of the interaction lie with the manager. Supervision meetings are formalized processes with clinical staff receiving individual and group supervision (S. Leader, personal communication, January 14, 2021).

Turnover and Engagement

According to XY Behavioral Health's 2020 Annual Quality Report, the organization experienced a 1% turnover in 2020. There are several vital issues to consider when assessing an organization's workforce. How leaders communicate priorities provides insights into organizational climate and culture (NIST, 2020). Other factors affecting turnover and engagement include the change management process, opportunities for growth, and employee development (NIST, 2020). According to XY Behavioral Health's 2021 quality report, leadership members are engaged with structured didactic leadership development training. In addition, the organization's strategic plan indicated the organization offers direct support staff development and management development.

Leadership Stability

XY Behavioral Health has stable leadership. An organization leader reported eight directors, four employed for 3 or more years, with the remaining four having hire

dates of 1 year or more. The senior leader further noted that there had been no turnover in senior leadership staff since 2017 when the organization expanded from a group practice to a full-service behavioral health organization.

Services

The 2020 XY Behavioral Health Services Brochure indicated the organization's service offerings included outpatient mental health and substance use treatment. Additionally, the treatment array comprises (a) community-based psychiatric rehabilitation, (b) supervised housing, (c) case management, (d) medical case management, and (e) residential substance use treatment. By the end of 2021, services also included somatic care and supported employment. A senior leader stated that since the COVID-19 pandemic, most services and treatments had occurred virtually. The leader further indicated that in mid-July 2021, the leadership implemented a hybrid treatment model of in-person and virtual treatment.

Suppliers and Partners

The organization has few suppliers and partners. Suppliers generally include entities from which the organization purchases office supplies and equipment. A senior leader reported that collaboration with other organizations involves reciprocal referral agreements. Moreover, the staff and leadership are responsible for accomplishing organizational goals.

Competitive Environment

XY Behavioral Health operates in a highly competitive urban environment. Nearly 600,000 individuals reside in the large metropolitan area (U.S. Census Bureau,

2020). On its website, the local core services agency (CSA; n.d.), providing oversight to behavioral health services in the region, reported 115 outpatient substance use and 85 mental health programs currently operating. Ninety-five similar programs are running within 10 miles of XY Behavioral Health (CSA, n.d.). Thus, the organization competes with nearly 200 organizations for patients and qualified employees, with the vast majority operating within 10 miles or less.

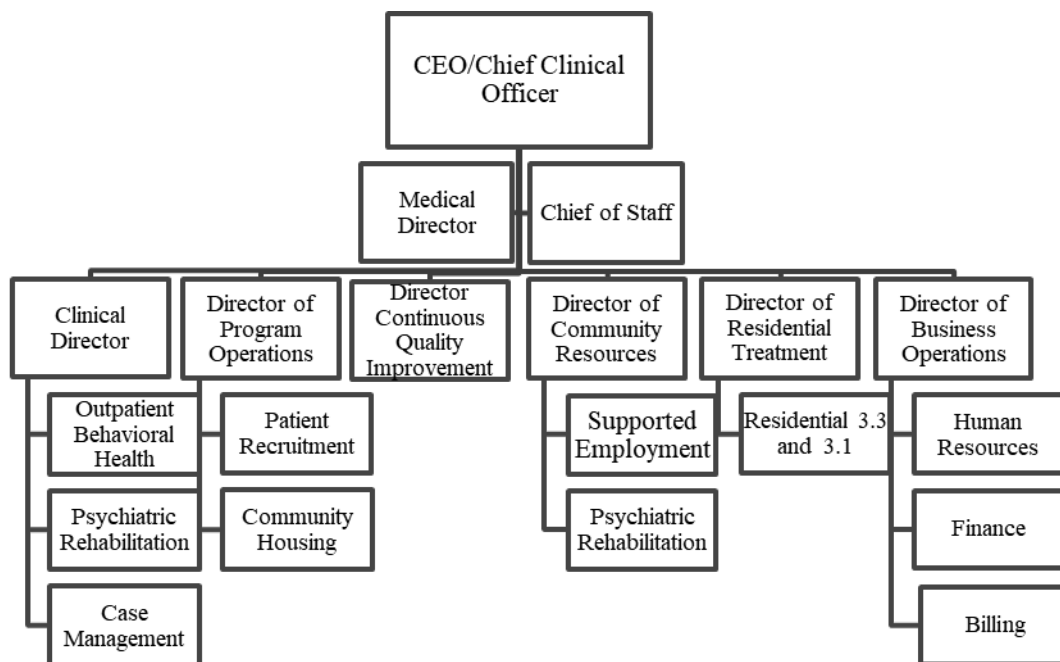
Organizational Structure

During a preliminary conversation, a senior leader stated that XY Behavioral Health is a for-profit owner-operated organization. As a private owner-operated company, governance is executed solely by the owner. Besides regulatory and accreditation compliance, one leader reported that no entity oversees organizational operations other than the CEO and the senior leadership team.

The organization has what Charns et al. (2020) called a modified program structure. Corporate divisions comprise teams that deliver a specific service (Charns et al., 2020). Program directors, who manage company divisions, report to the chief executive who functions across all divisions. Charns et al. identified this role as an integrator or liaison primarily responsible for ensuring operations coordination throughout the company. Consequently, the senior leadership team consists of six directors, a chief of staff, and the CEO. Figure 1 represents the organization based on a senior leader's description.

Figure 1

XY Behavioral Health Chart (2021)



Key Factors

The Baldrige framework lists multiple areas in which organizational leaders can improve outcomes and overall care quality. However, XY Behavioral Health focuses on three categories: senior leadership, strategy, and workforce. In senior leadership, the management staff concentrates on communication-related to employee involvement. Communication denotes how leaders facilitate engagement and messaging (NIST, 2020). Organizational leaders want to understand the role of communication in developing a culture where employees are involved in decision-making. Workforce plans in the strategy category are also crucial for preparing staff for organizational change. Leadership has also identified workforce environment and change as areas of strategic importance.

Stakeholder Communication and Engagement

Stakeholders for XY Behavioral Health are employees, patients/clients, state and local government, and accreditation bodies. Email is the dominant communication strategy for the organization, and leaders communicate to state and local entities based on statewide regulations and accreditation standards. The organization communicates with governmental and accreditation officials by responding to requests for information.

Organizational leaders must develop mechanisms to communicate effectively with all stakeholders. Communication structure, timing, and engagement methods ensure high performance and goal attainment (NIST, 2020). Positive communication strategies include processes that allow for reciprocal ideas and sharing commentary. An effective communication strategy is significant in communicating organizational direction and reinforcing the corporate mission and vision. A 2021 accreditation report suggested that the organization communicated adequately with its stakeholders.

Quality Management

Organizations must have a process of ensuring quality treatment or service delivery. Performance measures should align with the organization's mission and vision (NIST, 2020). Moreover, performance outcomes should inform decisions concerning resource allocation and strategic direction. Thus, the quality management process must be fluid and continuous.

XY Behavioral Health uses a continuous quality improvement (CQI) process to maintain regulatory and accreditation standards. The organization has a quality plan incorporating regulatory, accreditation, and corporate standards. The XY Behavioral

Health 2021 CQI Plan showed the organization employs a quality assurance (QA) team to manage and implement the CQI process by collecting data from sources, including corporate record reviews and patient and employee surveys. The 2021 CQI Plan also indicated that data collection occurred monthly, with a findings report generated and distributed to divisional directors through the CEO. Measures not meeting established thresholds require correction plans.

Financial Management

Successful financial management is vital to a successful organization. This process is part of what NIST (2020) identifies as organizational operations. Organizational leaders need to compare financial performance with market expectations. Financial management is also crucial in resource allocation. There must be an alignment between available resources and planning for growth based on the organization's strategic vision.

XY Behavioral Health's revenues come from insurance fee-for-service billing. Ninety-nine percent of patients receive Medicaid coverage. Consequently, the organization bills Medicaid for treatment rendered. Thus, revenues are contingent upon the number of individuals receiving treatment. XY Behavioral Health bills and receives payment for all visits performed weekly. However, psychiatric rehabilitation is paid 3 weeks from the claim submission date. As such, the organization engages in a cash-based accounting system.

The XY Behavioral Health 2017 Accounting Policy suggested the company operates using an annualized budget process and a fiscal year of January through

December (). In December, the CEO creates an annualized budget effective January 1. Both divisional and organization revenues and costs appear in the budget, and the operating budget includes annual revenue and expense projections from prior years' experience. After January 1, the CEO reviews and shares the annualized budget with the senior leadership team and provides quarterly reports. Profits fund expansion and equipment purchases. The company initiates standard acceptable accounting practices in finance, including oversight and control.

Compliance and Ethics

Compliance with regulatory bodies and ethical behavior are also key factors of organizational performance (NIST, 2020). Monitoring processes established to review organizational behavior is one method of ensuring all corporate members act within the confines of universally understood ethical standards. These monitoring systems can also support attention to compliance and regulations. In addition, policies and standard operating procedures help to solidify expectations or behavior and performance.

XY Behavioral Health has robust written compliance and ethics policies per its 2018 Corporate Compliance Plan. Based on my observations, the organization adheres to those policies. XY Behavioral Health has employed a compliance officer who operates autonomously and reports directly to the CEO. The CQI plan incorporates measures addressing compliance with monthly monitoring. All staff are oriented on ethical standards and must demonstrate their understanding through written testing.

Organizational Background and Context

Need for the Study and Institutional Context

XY Behavioral Health operates in a highly competitive environment with over 200 BHOs in the metropolitan area (CSA, n.d.). As such, employees have multiple employment options. Herschell et al. (2020) found that 45% of behavioral health practitioners left their employment within 3 years. Employees' ability to comment and provide feedback on workplace matters is a positive determiner of job retention (Silva et al., 2019). Consequently, to maintain a stable workforce necessary to provide quality treatment and services, behavioral health leaders must make a targeted effort to develop strategies to facilitate employee involvement.

Behavioral Health Policy and Law

State law and regulations require licensure to provide behavioral health treatment and enrollment as a Medicaid provider. One state regulation requires BHOs to maintain national accreditation. A senior organizational leader stated that XY Behavioral Health received accreditation from two national entities. Outpatient services hold accreditation from one organization, while residential treatment, withdrawal management, and psychiatric rehabilitation have another.

Organizational Terminology

Commonly used terms in the organization include the following:

- *IOP*: intensive outpatient program, which at XY Behavioral Health is outpatient substance use treatment.
- *OP*: outpatient substance use treatment.

- *Residential*: 30-day inpatient substance use treatment.
- *Housing*: agency-provided housing for patients receiving treatment and who are homeless; and
- *Co-occurring disorder*: The existence of both a mental illness and a substance use disorder.

Summary and Transition

Section 1 provided background on XY Behavioral Health and the research problem, namely a lack of employee involvement. Section 2 contains literature addressing employee involvement and the efficacy of the practice. Furthermore, the function of employee involvement in change management is discussed. This study included obtaining new data and using archival data. Section 2 thus consists of an overview of data and collection strategies used to complete the present study and an analysis of organizational leadership and how leadership solicits and uses employee feedback.

Section 2: Background and Approach—Leadership, Strategy, and Clients

Introduction

XY Behavioral Health leadership struggles with obtaining employee involvement in the organization's decisions. Researchers (García et al., 2019; Mu et al., 2017; Smith et al., 2018) found that employee involvement positively affects organizational performance and employee well-being. Senior leaders at XY Behavioral Health make decisions and communicate via email or during staff meetings. Thus, communication is unidirectional, with little opportunity for discussion or establishing buy-in from employees. The present study focused on exploring leadership strategies for implementing employee involvement in a medium-sized BHO in a large metropolitan area.

Section 2 contains a discussion of literature related to employee involvement, the definition of employee involvement, and associated constructs. The process of locating appropriate literature, including search engines and key terms, is also discussed. Sources used to answer the research question in the context of the organizational problem are noted. This section also highlights the leadership's governance, strategy, and client engagement approach. Section 2 then describes evidence collection, analysis, and findings and closes with a summation of key points in the present case study.

Supporting Literature

Search Strategy

I reviewed literature published between 2017 and 2021 on employee involvement and its relevance across industries, paying particular attention to its application in health care. Search parameters included multiple variations and qualifiers to elicit a broad

review of the concept and its dynamics. Table 1 shows the search engines and terms used to locate relevant literature.

Table 1

Search Engines and Terms

Search engines and databases	Search terms
ProQuest (all databases)	<i>Health care organization AND employee involvement</i>
APA PsycNet (all databases)	<i>Health care organization AND employee involvement AND change</i>
ScienceDirect	<i>Employee involvement AND job satisfaction</i>
Google	<i>Employee involvement AND productivity</i>
	<i>Organizational change</i>
	<i>Case study</i>
	<i>Case study research</i>
	<i>Case study approach</i>
	<i>Behavior health organization AND employee involvement</i>
	<i>Leadership AND change</i>
	<i>Leadership AND employee involvement</i>
	<i>Leadership models AND employee involvement</i>

Relevant Literature

Employee Involvement Overview

Employee involvement has a positive effect on organizational and worker performance, productivity, corporate climate, and worker–manager relationships (Bakotić & Rogošić, 2017; Lawler, 1992; Obiekwe et al., 2019; Odera & Makori, 2017; Qi & Wang, 2018; Smith et al., 2018). Employee involvement is the process by which workers can participate in an organization’s decisions (Hossain et al., 2018; Lawler, 1992; Obiekwe et al., 2019; Qi & Wang, 2018). The existence of employee involvement constitutes a mutual understanding between staff and leaders where workers possess the power to shape the course and outcomes across organizational domains (Bakotić &

Rogošić, 2017). In this dynamic, the employee shares decision-making responsibility, allowing for a more profound psychological connection with the company (Hossain et al., 2018). Delegating this authority fosters positive manager–worker relationships and a positive organizational climate (Smith et al., 2018).

Four constructs comprise employee involvement: power, information, knowledge, and rewards (Lawler, 1986). Power involves employee delegation, allowing engagement in bidirectional communication with leadership (Lawler, 1992). Power must also include empowerment to solve problems independently and act autonomously (Lawler, 1992; Obiekwe et al., 2019). In addition, employees must have access to information concerning the business’s operations to enable thoughtful and responsible decision-making (Lawler, 1992; Qi & Wang, 2018). Empowered individuals must possess organizational, industry, and personal knowledge to fully participate and make determinations in the agency’s best interest (Obiekwe et al., 2019). Rewards are pay, ownership, or other recompense incentives (Lawler, 1992; Qi & Wang, 2018).

Proven Organizational Strategy

Much research supports the efficacy of employee involvement (Clark et al., 2017; García et al., 2019; Hossain et al., 2018; Mu et al., 2018; Ullah et al., 2019). Hossain et al. (2018) discovered a significant association between high involvement and productivity. When workers have an opportunity to share in a company’s direction and practices, they develop a psychological link that facilitates productivity and performance (Qi & Wang, 2018; Smith et al., 2018). Odero and Makori (2017) demonstrated an excellent example of this construct in practice for their study of university professors.

Part-time professors who routinely provided input and feedback to university leadership performed 40% better than their counterparts who did not (Odero & Makori, 2017). Moreover, Tian and Zhai (2019) found a positive association between involvement practices increase, organizational performance, and profitability.

The presence of high employee involvement has a positive effect on productivity, performance, and organizational quality (Gözükara et al., 2018). Employee involvement is positively associated with successful quality management outcomes (Van-Asse, 2020). Involved employees have an intimate understanding of organizational needs, business practices, mission, and vision, resulting in closer attention to quality practices and adherence to corporate standards (Bakotić & Rogošić, 2017). Quality management standards, procedures, or practices will likely not have a positive effect on organizational quality without employee involvement in planning and execution (Bakotić & Rogošić, 2017; Gözükara et al., 2018). Participative planning, goal setting, and implementation methods glean commitment to quality management, thereby inculcating standards and practices in organizational culture (Van-Asse, 2020; Bakotić & Rogošić, 2017). Quality services and employee involvement are related constructs necessary for continuous improvement (Van-Asse, 2020).

Evidence shows that employee involvement positively affects job satisfaction and motivation and supports a positive organizational climate with less job stress (Ullah et al., 2019). When employees are empowered to be full partners in an organization, they experience increased enthusiasm and fulfillment (Gözükara et al., 2018). Ullah et al. (2019) found that a one-factor increase in employee involvement resulted in a 35%

decrease in job stress among the Bank of Khyber employees. Consequently, as work stress lessened, motivation and job satisfaction increased (Ullah et al., 2019).

Organization members gain critical knowledge through robust communication when empowered to participate fully. They experience the transparency of mission and vision, which are strong motivating factors (Razzak et al., 2019). Additionally, the increased motivation promotes job satisfaction, positive performance, and more benignant behavior, thereby creating a positive organizational climate (Ike et al., 2017).

Literature Relevant to the Problem

XY Behavioral Health struggles with implementing employee involvement strategies. Recently, the leadership team decided to transition the organization from providing exclusively behavioral health treatment to offering somatic care. Leaders informed employees of the change during an all-staff meeting without the opportunity for comment or discussion. Without employee participation, successfully implementing changes like this is questionable (Razzak et al., 2019).

Employee involvement is vital to the successful implementation of organizational change efforts. Leaders and managers must empower employees to provide consultation, feedback, and discussion on the change and the execution process (Farb et al., 2018). When employees participate in planning change, there is a reduction in resistance-related behavior (Amarantou et al., 2018). Clark et al. (2017) and Thomas et al. (2018) found that employee participation in change processes strengthened their commitment to reaching an outcome. Hussain et al. (2018) showed that employee involvement is the most effective strategy for successful change management.

Literature Relevant to Healthcare

There are benefits of employee involvement in healthcare industries. Ahmeda and Samikon (2021) found a positive correlation between employee involvement, health care quality, and organizational effectiveness. Implementing employment involvement cultures in health care institutions can improve physician performance (Tannady et al., 2019). In Amarantou et al. (2018), employee involvement mediated the effects of resistance during hospital change management efforts. Health care facilities integrating behavioral health treatment in their services reported more positive outcomes during change implementation when all staff participated in the planning and execution (Kleve et al., 2020).

Sources of Evidence

Sources of evidence for the present case study included archival data and senior leadership interviews. Archival evidence comprised organizational planning documents, quality reports, published policies and procedures, internal communications, outcome data, and human resources information. Added archival data, included accreditation and state licensing reports. An analysis of archival data, including policies and organizational plans, combined with input from senior leader interviews, demonstrated whether the company possesses a culture that supports employee involvement and opportunities to engage workers. I used quality reports to understand the effects of not seeking staff input on agency matters.

Leadership Strategy and Assessment

XY Behavioral Health's CEO identifies and directs organizational strategy. A senior leader reported that the CEO outlines the strategy with senior leaders. The leader further indicated that the CEO often develops the design and implementation plan, independently sharing it with senior leaders as an information point. When the CEO collaborates, it is generally with the chief of staff or a subset of the leadership team.

Analytical Strategy

Data analysis was a multi-phased process involving description, categorical aggregation, within-case analysis, cross-case analysis, and direct interpretation. During the description phase, I reviewed archival data extensively. Upon reviewing the evidence, I developed a written description of the data. Next, I implemented categorial aggregation to uncover themes in the archival data and interviews. I conducted a cross-case and within-case analysis to discover recurring themes and demonstrate theme consistency. Data analysis concluded with an interpretation including generalizations concerning the organization to answer the research questions.

Archival and Operational Data

Archival and operational data consisted of the quality improvement plan and corresponding reports, current strategic plan, employee and client satisfaction data, most recent accreditation reports, and licensing information. The QA team produces the quality improvement plan and outcome reports. The QA team is responsible for collecting and analyzing the employee and client satisfaction data. XY Behavioral Health holds two

national accreditations; both entities provide a written report. Governmental agencies produce the licensing review reports.

Employee involvement overall and in developing and implementing continuous improvement measures positively affects organization quality (Ahmeda & Samikon, 2021; Bakotić & Rogošić, 2017; Gözükarar et al., 2018). I reviewed the quality improvement plan, reports, and strategic plan to determine if staff were involved in the development process and if employee involvement affected organizational outcomes. I examined accreditation reports that outlined established employment practices standards to determine if the documents contained recommendations related to employee involvement.

Validity issues were a concern for organizational data. An essential aspect of data validity is how an organization engages in CQI. Moreover, the methodology for data collection and analysis must yield legitimate results. I reviewed the agency's process to determine validity and methodology issues and found that XY Behavioral Health uses generally accepted standards for data collection. I found no validity issues during my examination.

During the preliminary fact-finding interview, the senior leader outlined how to gain access to organizational data. I requested documents needed for research from the director of QA in writing using a university email address. The Director of QA determined the request's relevance based on the scope of study and forwarded these documents to me. The Director of QA shared documents using the organization's email

encryption tool, which identified the expiration date for access and prevented me from printing and forwarding the documents.

Evidence Generated for the Study

Participants

Because the senior leadership is a small group, study participants included all eight team members. Seven divisional directors and the CEO comprise the senior leadership team. The sample size is dependent upon how many individuals agree to the interview. All seven divisional directors provided consent to participate in the interview process. Each senior leader supervises multiple employees and knows personnel practices concerning worker involvement. The CEO approved all data and evidence collection.

Procedures

Potential study participants received an invitation for an interview sent to their email accounts. The request contained a research description and a consent form. The consent form outlined the study scope, the process to ensure identity confidentiality, the time allotted for the interview, a section identifying three interview times of their choosing, and an area to select an in-person or virtual interview. Upon receiving the participants' confirmation and signed consent, I scheduled the interviews and sent invitations to the participant's email addresses.

Interview Protocol

I explained the study purpose at the start of each interview. I reviewed the signed consent and explained that participation was voluntary. I also discussed the measures taken to ensure the participant's confidentiality and anonymity. I restated the time

allotted for the interview and informed the participant that I was taking handwritten notes and recording the discussion. Lastly, I solicited verbal consent to begin. I asked each participant the following questions:

1. How long have you been with the organization? Explain your role.
2. Describe the organization's culture.
3. Describe how leaders communicate with the workforce.
4. Describe the opportunities presented to employees to participate in organization planning and decisions.
5. Describe a situation where it would have been helpful to have staff supply input.
6. What are the benefits of involving staff in decisions?
7. What are the drawbacks of having employees participate in organizational decisions or planning?

Summary and Transition

Section 2 contained recent research on the benefits of employee involvement. Employee involvement is associated with increased performance, job satisfaction, innovation, and a positive organizational climate (Li et al., 2018; Tannady et al., 2019; Tian & Zhai, 2019; Ullah et al., 2019). Section 2 provided information on the type of evidence selected for review and the rationale for its use. This section also contained a description of research procedures, including participant number, notification, and selection. Section 3 includes an analysis of the organization's workforce, quality efforts, and operations.

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

Introduction

XY Behavioral Health has a full range of treatment and service offerings and was anticipating a transition to an even broader approach to services in the fall of 2022. However, senior leaders noted they had struggled to involve employees in major organizational decisions and planning. To address this issue, there must be an understanding of whether the organization has a culture to support employee involvement to gain insights into the phenomenon. Moreover, there must be an awareness of the effect of not allowing staff to participate in decision-making and integrating employee involvement activities. As such, the CEO approved exploring the phenomenon by interviewing senior leaders and reviewing agency-provided documents.

Analysis of the Organization

Workforce and Operations

CEO and divisional directors comprise XY Behavioral Health's leadership teams. During a preliminary fact-finding interview, a senior official explained that the leadership team develops policies based on the organization's administrative and programmatic needs. A senior leader reported employees receive policy notifications via emails, during staff meetings, or both. The senior leadership team develops policies and practices predicated on governmental regulations, accreditation standards, and evidence-based treatment.

Organization Climate

Employees are essential to the success of any organization (Redford, 2019; Yusliza et al., 2020). A stable workforce allows goods and services to actualize corporate strategies, mission, and vision (Ashraf, 2019; Redford, 2019; Yusliza et al., 2020). Leaders' abilities to develop and facilitate a supportive corporate culture result in a workforce high in job satisfaction, allowing the organization to attract and retain highly skilled employees (Ashraf, 2019; Yusliza et al., 2020). When the working environment is favorable, staff form a positive psychological connection with the organization, demonstrating optimum performance and constructively driving quality (Ahmeda & Samikon, 2021; Yusliza et al., 2020).

XY Behavioral Health's primary retention strategy was compensation based, and a senior leader reported that XY Behavioral Health had experienced low turnover consistently since 2018. The leader attributed the low turnover to offering salaries and benefits above scale in the area. The leader further indicated that compensation and benefits consume a significant portion of the operating budget. Consequently, there was little flexibility in the budget, and cost containment involved having less access to general office and clinical supplies.

Employee Engagement

Kahn (1990) conceptualized employee engagement as workers' psychological connection with their jobs and the organization. Engagement involves a self-actualizing process where an individual's self-perception receives environmental reinforcement (Kahn, 1990; Oluwatunmise et al., 2020). Engaged employees experience a close

connection with organizational goals, facilitating a commitment to assigned tasks and a deep understanding of how their performance affects the company's success (Kahn, 1990; Kwon & Park, 2019). There is a positive association between employee engagement, job satisfaction, retention, and organizational performance (Burnett & Lisk, 2019; Kwon & Park, 2019; Maurer et al., 2018; Oluwatunmise et al., 2020). Highly engaged individuals demonstrate more motivation, perform better, and display more prosocial behaviors than their less engaged counterparts (Burnett & Lisk, 2019; Mansur et al., 2020).

During a preliminary discussion with a senior leader, there was no revelation of a formal employee engagement process. As a measure of accountability, staff receive annual evaluations, and managers rely heavily on written policies and position descriptions to measure staff performance (S. Leader, personal communication, January 14, 2021). Moreover, managers use progressive discipline for policy infractions or poor performance when employees do not meet standards (S. Leader, personal communication, January 14, 2021).

Operational Management

XY Behavioral Health's senior leaders design programs based on governmental regulations and accreditation standards. According to a senior leader, evidence-based practices are used in service design, implementation, and management. Organizational documents indicated program participants provided feedback in program direction setting through a program participant council. The organization's policies govern program and

service implementation. Policy and procedures explicitly outline each aspect of service provision and administrative functioning.

Clients/Population Served

The organization's 2020 Services Brochure indicated it provides treatment to adults and children requiring behavioral health treatment. The most significant treatment population is adults with co-occurring mental health and substance use disorders. During an initial fact-finding interview, a senior leader reported that clients provide the information needed for treatment during an intake and assessment process. The 2020 Annual Quality Report suggested the organization captured client feedback on service delivery and treatment through a client satisfaction survey. Organizational documents revealed the existence of a program participant council that provides information and feedback to the organization.

Knowledge Management

A senior leader explained that XY Behavioral Health implements a data-driven practice. The QA team pulls data monthly from the organization's electronic health records systems (EHR), a human resources management information system, and electronic accounting software. Data points correspond to measures established in the CQI plan. The QA team develops a quality report and distributes it to the CEO and senior leadership team based on monthly quality reviews. Division directors establish corrective action plans for any area performing below 90.

The senior leader also reported that the organization is nearly 100% electronic. Technology policies direct all staff to store company documents on a shared drive and

service providers to document treatment episodes in the EHR. The senior leader reported that all electronic record storage systems are cloud-based and protected from equipment failure. The agency has a technology policy that outlines information storage processes, security, and privacy protocols.

Preliminary Analysis

I held a fact-finding meeting with a senior leader in preparation for completing this study. Based on the information gained from the conversation, XY Behavioral Health appears to be an organization in which order and rules are valued. Senior leadership sets the policy and communicates expectations to the workforce. It was difficult to ascertain if or how these processes affect organizational culture and climate. The senior leader described the workforce as stable.

The senior leader did not report a mechanism for engaging staff. Communicating a policy or rule is not necessarily indicative of employee involvement. The construct entails a reciprocal process whereby the workforce receives support and encouragement to express ideas and opinions freely. Conversely, there was no sign that implementing employee involvement strategies would be problematic. The directness of the fact-finding discussion showed a willingness to involve employees in some organizational decisions.

The leader described a robust performance management system with heavy technological influence whereby leaders collect data continuously. However, the senior leader did not mention staff input as an information source. Low employee involvement could hamper leadership goals, and it is challenging to implement and sustain quality improvement without involving employees (Yusliza et al., 2020).

Summary

XY Behavioral Health's leaders and managers use position descriptions and progressive discipline as a strategy to promote high employee performance. Employee pay is reportedly above the market rate. Leadership executes a CQI to monitor performance and policies for managing organizational operations. The organization implements a data-driven practice whereby senior leaders make executive decisions based on policy, regulatory requirements, accreditation standards, and data. Senior leaders are responsible for organizational oversight and operations, which they execute autonomously. Section 4 contains data and findings from participant interviews and archival data.

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

Introduction

XY Behavioral Health provides mental health, and substance use supports to an adult population. The organization is transitioning from exclusively providing behavioral health services to an integrated model where it will offer somatic care simultaneously. Organizational leaders decided on and executed the change without seeking feedback from the workforce. Similar issues have occurred throughout the company's history. Consequently, XY Behavioral Health's leaders struggled to seek and secure employee involvement in corporate decisions but had identified that they wanted to address this issue. As such, I conducted this study to determine three things. First, I sought to understand whether the existing culture supports employee involvement. Second, knowing whether the lack of employee involvement hurts company performance was necessary to conceptualize the problem. Finally, identifying opportunities to seek employee involvement can help create and initiate agency changes.

I used several evidence sources to execute the present case study, including archival data and individual interviews. Archival data included corporate policies, performance review data, strategic planning documents, accreditation reports from two national organizations, corporate planning documents, and corporate reports. In addition, I interviewed five of the eight-member senior leadership team. With the CEO's approval, senior leaders distributed documents directly to me. All interviews were voluntary and conducted individually and offsite.

Analysis, Results, and Implications

Client Programs, Services, and New Initiatives

Client Programs and Services Results

XY Behavioral Health provides a comprehensive menu of treatments and services. According to the 2020 Annual report, nearly 150 patients per day with co-occurring mental health and substance use disorders receive services. Seventy percent of the individuals served identify as non-White, and approximately 9% report being LBGTQ+ (XY Behavioral Health Annual Report, 2020). The leadership team has paid particular attention to service accessibility, with 100% of programs and services on a public transportation route (XY Behavioral Health Accessibility Plan, 2021). In addition, the organization provides van service, and public transportation passes at no cost to clients.

The organization implements an intense care management service delivery model called assertive community treatment. Assertive community treatment is an evidence-based practice with proven efficacy in harm reduction while facilitating recovery and wellness for individuals with behavioral health disorders (Penzenstadler et al., 2019). Multidisciplinary teams including mental health, substance use, medical professionals, care managers, housing specialists, and peer recovery specialists provide treatment and services to individuals with complex behavioral health needs. A 2020 Annual Report indicated nearly 30% of organizational expenditures are related to support services, most of which are not reimbursable through the public behavioral health system.

The organization's 2021 Strategic Plan conceptualizes the treatment continuum as a linear model. Agency leaders categorize treatments and services as acute, subacute, supported living, and independent living. This conceptualization simplifies the treatment continuum while providing a staged approach to wellness and recovery. The treatment continuum also illustrates the organization's client recruitment and engagement practice. Records indicated that 98% of the agency's treatment population is homeless, and all services include housing for service participants. Thus, progressing through the continuum provides a stable living environment for more than 12 months for service participants and ensures the agency operates at a low vacancy rate.

XY Behavioral Health implements treatment and business practices based on nationally accepted standards. All of its programs received national accreditation for 3 years in 2018. Achieving this level of accredited status is extraordinary because programs formally began in 2017. In addition, XY Behavioral Health completed subsequent visits for the two accrediting organizations in 2021, earning 3-year accreditation from both, with minor improvement recommendations.

XY Behavioral Health prioritizes quality clinical practice through its commitment to evidence-based practice. The company implements the following evidence-based practices: (a) motivational interviewing, (b) systematic instruction, (c) consumer-centered family consultation, (d) peer support, (e) contingency management, (f) cognitive-behavioral therapy, and (g) integrated behavioral health care. Moreover, the agency has heavily invested in clinical practice by developing an Office of Clinical Practice in the CEO's office. This office provides oversight, support, and training to ensure fidelity in all

evidence-based practices, including leading the organization in the certification process for each modality.

XY Behavioral Health implements a robust CQI process to ensure ongoing care quality and business performance monitoring. The CQI plan integrates monitoring and evaluation of treatment and operational functions. XY Behavioral Health has developed criteria for organizational performance and implements action plans based upon an assessment of data collected. The leadership team established quality care indicators that include (a) reducing substance usage, (b) recovery and rehabilitation, (c) compliance with regulations and accreditation standards, (d) integrated treatment, and (e) engagement in treatment. Leaders set performance thresholds at 90% for each quality indicator. Staff dedicated to the QA division collect data monthly from encounter data pulled from the organization's EHR, client record reviews, employee satisfaction surveys, client satisfaction surveys, incident report data, complaint data, and human resources record reviews.

A 2020 quality data report revealed an overall organization quality performance score of 84.5%. Over 2 years, XY Behavioral Health's quality scores revealed an 8.5% decrease from 2019 (93%) to 2020. XY Behavioral Health's 2020 Annual Quality Report showed several quality indicators scored below the organizational-established threshold, including compliance with regulations and accreditation standards (78%), integrated treatment (81%), and treatment engagement (87%)., While the organization scored below the threshold in several areas, this did not affect its performance for the national

accreditation reviews as XY Behavioral Health achieved 3-year accredited status with both entities.

New Initiatives

XY Behavioral Health has launched an initiative to transform from a behavioral health organization to an integrated behavioral health organization providing psychological and primary care treatment. Integrated behavioral health is an evidence-based treatment model whereby patients receive medical and mental health treatment (Farb et al., 2018). Heath et al. (2013) described five levels of integration, beginning with Level 1, minimal integration, to Level 5, full integration. The organization currently provides Level 4 integration, whereby medical and behavioral health practitioners share sites, regularly collaborate, and share information systems (Heath et al., 2013).

XY Behavioral Health is implementing strategies for Level 5 integration. Level 5 integration would have primary care permanently located onsite, full integration of information systems, and the development of integrated treatment teams comprising somatic practitioners and mental health professionals (Heath et al., 2013). The CEO has acquired a primary care practice and additional building space to prepare for this change. The CEO is also working on the organization becoming credentialed with somatic health insurance carriers. A senior leader reported that the infrastructure necessary for implementation, such as identifying an EHR for system integration, securing appropriate malpractice insurance coverage, recruiting support staff, and purchasing medical equipment and other items, began in mid-2021 and was continuing at the time of this study. The full implementation date is September 2022.

While organizational leaders solicited no employee involvement in planning this significant initiative, the implementation began as scheduled. The acquired somatic care practice is one that the organization has closely partnered with for several years. Thus, staff already have a collaborative relationship with the primary care practitioners. The detailed implementation plan addresses vital tasks, timelines, and expected outcomes. The leadership team embedded it in the organization's strategic plan and collects data to evaluate the ongoing process.

Client-Focused Results

XY Behavioral Health collects data for several client-focused measures. These data include in-treatment relapse, service engagement, client attrition, and satisfaction. The source of all client-focused data except client satisfaction is the organization's EHR. A review of the organization's data revealed the organization had maintained a 2% in-service relapse rate for 2019 and 2020. Client attrition rate improved from 2019 (10%) to 2020 (5%). While many organizations were losing patients, the organization improved in this area.

According to a senior leader, a client satisfaction survey is the source of client satisfaction data. A member of the QA team meets with clients individually to administer the surveys. Surveys contain no identifiers, and the satisfaction report contains aggregate data only. The agency conducted a client survey in July 2020. Eighty-seven individuals completed the questionnaire in 2020, compared to 60 in 2019. Eighty-five percent of the individuals who completed the survey in 2020 received services for fewer than 6 months

compared to 92% in 2019. Table 2 shows the client satisfaction survey questions and responses for 2019 and 2020.

Table 2

Client Satisfaction Scores for 2019 and 2020

Survey question	% agree or strongly agree	
	2019	2020
People happy with the admission and orientation process	87	76
People feeling that they had input in their treatment planning process	75	56
People understand their rights and know how to file a complaint	76	91
People feel respected and able to discuss problems	82	93
People understand and know their treatment goals	74	78
People are happy with the quality of the care received at XY Behavioral Health	83	94
People feel that their quality of life has improved since receiving services	80	89
People feel their beliefs are acknowledged and respected	76	94
People feel the physical location of XY Behavioral Health services are accessible as related to schedules, location of facilities, and equal treatment of clients	79	94
People feel safe while participating in services at XY Behavioral Health	87	90

Note. From XY Behavioral Health Annual Quality Report, 2021.

Client satisfaction increased overall 5.6%, from 79.9% in 2019 to 85.5% in 2020. Despite a 19% decrease in clients feeling that they had input in creating their treatment plans, from 75% in 2019 to 56% in 2020, there were increases in quality of care (11%), feeling respected, and ability to discuss problems (9%), service accessibility (15%), understanding of rights and how to file a complaint (15%), and satisfaction with the intake process (9%).

Several factors could explain the dramatic shifts in the organization’s client satisfaction results. The COVID-19 pandemic began in 2020, and the agency transitioned to 100% virtual treatment until September 2021. It is conceivable that ensuring patients participated in treatment planning may have been overlooked during the worldwide health crisis. However, in 2019 only 75% of clients felt they participated in their treatment planning. It is more likely that the treatment planning process was problematic before the pandemic and became more pronounced after the global health crisis. COVID-19 may have also affected clients’ feelings about accessibility. If clients did not have to leave their homes for treatment and services, it is conceivable that the convenience of virtual treatment contributed to the performance increase.

Workforce-Focused Results

While the organization started in 2012, the evolution to its current form began in 2017 with the licensure of substance use treatment. The beginning employee complement included the CEO, clinical director, one office clerk, and a patient recruiter. The organization now has 52 full-time employees assigned to administrative, direct support, management, and leadership functions Table 3 shows the organization’s current workforce data from the February 2022 Human Resource Report

Table 3

XY Behavioral Health Workforce Demographics (N = 52)

Department or position	<i>n</i>	Female %	Male %	Black %	White %	Length of stay (in years)	Average age (in years)
Administration	10	95.5	.5	100	0	2.9	37.8

Clinical	13	99	1	85	15	2.3	48.8
Direct Support	20	65	35	85	15	1.1	44.5
Leadership	6	67.2	42.8	100	0	3.6	48
Management	3	33.3	66.7	100	0	2.1	48

XY Behavioral Health's workforce is 91% Black ($n = 46$) and 9% White ($n = 5$), all of whom speak English as their primary language. The largest population is Black females ($n = 29$), composing 55.7% of the workforce, with White females ($n = 2$) having the least representation at 3.8%. Fifty-nine percent of the workforce is female, which is significant because 72% of XY Behavioral Health's client population is male. The average employee age and length of employment are 45.1 and 2.17 years, respectively.

XY Behavioral Health has one workforce-focused goal: to achieve 90% employee satisfaction collecting data in 2018 and 2020. Employees receive an electronic employee satisfaction survey to which they respond anonymously. The survey is an unstructured tool with forced-choice and open-ended responses ranging from 20 to 33 questions. The organization has not consistently conducted the survey, having not done so in 2019 and 2021. Moreover, the survey questions have not been consistent, changing from 2018 to 2020, making it difficult to measure and track trends. Tables 4 and 5 present questions and positive responses that align with the research.

In 2018 and 2020, 95% of the respondents indicated that they were satisfied with their job. In both surveys, the organization included qualifying questions to ascertain employee job satisfaction, asking in 2018 if the individual would recommend a friend for

employment and, in 2020, whether they intended to remain with the organization. In both years, responses to the qualifying questions mirrored the job satisfaction rate. In 2018 when asked about satisfaction with employee involvement and managers' propensity to seek suggestions from their staff, workforce satisfaction was 68% and 62%, respectively.

Table 4

2018 Employee Satisfaction Survey Responses

Survey question	Agreement (%)
I feel encouraged to come up with new and better ways of doing things	77.3
How satisfied are you with your involvement in decisions that affect your work?	68.2
Management looks to me for suggestions and leadership.	63.7
XY Behavioral Health does an excellent job of keeping employees informed about matters affecting us.	90.4
XY Behavioral Health clearly communicates its goals and strategies to me.	95.0
Are you satisfied with the information you receive from management on what is going on at the agency?	81.8
Overall, I am satisfied with my job.	95.5
Would you advise a friend to apply for a job at this company?	95.4

Note. This table presents responses from eight of 33 questions found in XY Behavioral Health's employee satisfaction survey ($n = 22$). There is a list of employee satisfaction survey questions in Appendix A.

In 2020, 87% of employees indicated they communicated their concerns to leadership, with 78% having reported their issues addressed. Moreover, 86% felt leadership valued their opinions. While the organization performs well in job satisfaction, performance is lower in matters relating to employee involvement. Similarly, while employees appear satisfied with communication-related to strategic direction, their satisfaction decreases on issues related to the practical execution of their job duties.

Table 5

2020 Employee Satisfaction Survey Responses

Survey question	Agreement (%)
You have an understanding of the strategic objectives of the organization.	91.3
Does the organization operate with transparency?	78.3
Do you voice your concerns regarding the organization to the leadership?	87.0
Are your concerns addressed	78.1
You feel that your opinions are heard and valued?	86.9
You anticipate/want to be working with the organization during the next 2 years?	95.7
Overall are you satisfied with your job?	95.6

Note. This table presents responses from seven of 22 questions found in XY Behavioral Health's 2020 employee satisfaction survey ($n = 22$). There is a list of employee satisfaction survey questions in Appendix B.

Leadership and Governance Results

XY Behavioral Health is an owner-operated for-profit company with an eight-member leadership team, led by the CEO, responsible for organizational governance. This team develops and implements policy, mission, and vision. A strength of the team is its longevity. The length of employment for this group is 3.6 years compared to 2.17 for the overall agency. The leadership and management teams share the position of the second oldest group in terms of age. The average age for both groups is 48 years, compared to the most senior group, clinical, at 48.8 years. Notably, the four newest members of the leadership team have an average age of 41 years compared to the more senior members, whose average age is 55 years.

Despite the team's age, there was no evidence of a conscious effort in succession planning. Succession planning was also noted as an area of concern in a 2021 accreditation report. Table 6 shows the leadership team's demographics.

Table 6

XY Behavioral Health Leadership Team Demographics

Member	Gender	Age (in years)	Length of stay (in years)
1	Female	39	1.7
2	Female	39	3.9
3	Male	40	2.8
4	Female	46	2.7
5	Female	50	4.4

6	Male	54	5.0
7	Male	55	4.8
8	Female	61	4.3

I interviewed the leadership team to ascertain the information necessary to answer the research questions. I conducted the interviews individually, asking each interviewee the identical eight questions. Together with archival data, I uncovered multiple themes in three main categories: culture, communication, and employee involvement. The culture category included a family theme with secondary themes relating to paternalism, authoritarianism, and healing/caring. Poor communication was a prominent theme in the communication category, while employee involvement gleaned associate themes of positive and negative perceptions. Figure 2 illustrates the emergence of themes and associated concepts.

Figure 2

Word Cloud: Emerging Themes and Concepts



Note. The larger the term, the more prevalent the theme.

Culture

Emerging Theme 1: Family. The family theme emerged from interview data and client and employee satisfaction surveys. The employee satisfaction surveys, client satisfaction surveys, accreditation reports, and three interviews all contained wording about how the staff care for each other and clients, with subthemes of authoritative and paternalism also emerging. This theme's direct terms and concepts included family, caring, connections outside of work, and belonging. Participant 1 stated,

The organization's culture is family-oriented. They have other people who love them and care for them. They have a life outside of business, but if that life creates problems for them, we step in the same way as a parent, aunt, or cousin.

Participant 2 said, “We are a family.” Participant 2 further described how they would handle a staff person with a problem.

Hey, I need you guys to go over, sit with her, take her to lunch, get to know her differently, and make her feel supported. I’ll bring her to my office, you know, you do it so that we can do what we would want someone to do to our family if they were having problems.

Participant 3 also stated, “It’s like a family here. We bicker like siblings, and we keep it moving.”

In exploring the family theme, the subthemes of authoritarianism and paternalism also emerged. To further explore these themes, I searched for the presence of concepts such as centralized authority, obedience, and benevolence. Participant 1 reported,

I think he [the CEO] pulls, you know, he pulls the leadership in to have input on decisions. The issue is the decision was already final. So sometimes, I think we hear, “I would like your input.” But the decision is already made.

Participant 2 stated, “Sometimes the message has been ‘Here it is. I don’t want to talk about it anymore.’” Participant 3 said, “He’s not going to share with us, as he [the CEO] said, ‘These are things I must worry about as a CEO.’ His bottom line is to protect his employees as much as possible.” Participant 3 added, “You can’t worry about situations you don’t fully understand or have complete information. So, there’s no use to going into it, you know.” Participant 5 said, “If we knew everything he [the CEO] knew, we’d probably be biting our nails every day. I think he [the CEO] knows that, and he knows a balance of that.”

Communication

Emerging Theme 2: Poor Communication. Problems with communication were prominent throughout the data. Communication issues involved silos, unclear or ambiguous messages, and, to a lesser degree, being heard. I found these issues in the interviews and in the comments section of the employee satisfaction surveys. Participant 1 stated,

There are separate conversations that happen within the culture, right within the organization's culture. And then, within separate conversations, they're also side conversations. And one set of decisions or communication doesn't necessarily reach those other subsets.

Participant 2 said, "One of the things that I hear consistently from other employees and my own experience and even from the participants' survey is a lack of communication." Participant 3 stated, "So I would say we overcommunicate." Participant 5 said, "I don't feel like they [other organization leaders] pass on the vision and values of the organization if that makes sense. And I feel like, if the workforce understood the values of things more, then they would get it." Participant 2 also said,

The organization is constantly moving. Unfortunately, when that happens, sometimes there are conversations held in a sidebar or silo, whichever word you want to use. That information sometimes does not get to the other persons involved and who should be involved with that conversation.

Participant also added, "It's almost like sometimes communication is in silos."

Employee Involvement

Emerging Theme 3: Negative Perceptions of Employee Involvement. All five participants voiced concerns about employee involvement. Participant 1 said,

You cannot have input from everybody on things because they don't understand the ground level that's covered. Sometimes, it gives people a sense of entitlement that has to be balanced, right? And I don't think you ever know when that sense of entitlement will show up until it shows up, which means that you got to deal with it accordingly.

Participant 2 stated, "The CEO states to all staff, 'I'm not going to pretend that you have a say in something that you don't' . . . and I think that's very respectful for me."

Participant 2 added,

I have staff coming to me about their concerns with their supervisors and not feeling free to go to the CEO and explain what's going on or why they think the way they do. Because of that, some are not going to be heard.

Participant 3 said, "They [the staff] might feel like it's their program." Participant 4 stated, "I say if they [the staff] don't have any experience in that department or in that area, you are asking somebody who doesn't even know about the subject." Participant 5 commented, "I don't think if you already know that this person is negative, I honestly don't think people like that should be a part of decision making."

Emerging Theme 4: Positive Perceptions of Employee Involvement. Positive perceptions about employee involvement was a strong theme among all study participants. The ideas and experiences ranged from positive affirmations about the

organization's current inclusiveness to a belief that including the workforce more in organizational decisions has a constructive effect on outcomes. Participant 1 said, "The organization is very inclusive. Even if what you say is not considered, you would never know if the feedback you receive is positive and affirming." Participant 2 stated,

When I first came to the organization, we were very impressed with that [employee involvement]. We had full staff meetings. And full staff meetings were precisely that. If you were employed and you were present, you had a voice. You had a voice to say something you wanted to say; we were heard regardless of it; you could be the janitor, the transportation person. It didn't matter— you were heard. I think with the pandemic, the entire staff meetings, of course, went away. Virtual is good in some ways, but I know for me, and I think for others, it sort of limits you on what you're saying, how much time and all of that.

When asked to describe the benefits of employee involvement, the participants were able to identify multiple benefits. Participant 1 said,

I mean, it is beneficial on some level because you get to be able to have the boots-on-the-ground input. Because you had a history or experiences of doing something doesn't mean you know today, and it [employee involvement] is good because you can get input that captures the present day.

Participant 2 stated, "I don't think that there is a drawback. I believe in my heart, and I operate on this point, when employees feel respected and valued [there] is very little that they won't do for you." Participant 3 said, "We should do this because it makes the most sense. I think it will empower staff." Participant 5 commented, "I feel like getting

everybody's input on things is important because everyone looks at things differently. That way, when you make the final decision, everybody is involved. And it makes people feel good.”

Financial and Marketplace Results

XY Behavioral Health implements a cash-based accounting methodology, meaning that revenues and expenses only appear on the balance sheet when they occur. A review of the organization's accounting policies showed that the financial procedures implemented are those used by nonprofits. Thus, there are stringent controls and oversight of the entire budgeting process. Despite these procedures, the organization does not engage in financial auditing. This issue received a recommendation in the agency's 2021 accreditation survey findings. XY Behavioral Health's marketplace results are positive. During the organization's most recent accreditation visit, Accreditation Organization 2 reviewers noted that interviews with partner organizations and clients gleaned positive results concerning the organization's reputation in the community (Accreditation Organization 2 Report, 2021). Moreover, the organization maintains a 1% vacancy rate across all programs (XY Behavioral Health 2020 Annual Quality Report, 2021).

Implications Resulting from the Findings

Communication is an issue in XY Behavioral Health. Problems with communication were a common theme in participant interviews and employee satisfaction surveys. Study participants characterized communication in silos and detailed experiences where discussions sometimes happen without all the affected parties present.

There were seven comments in the employee satisfaction surveys recommending improved communication.

Communication received moderate to high positive responses in the employee satisfaction surveys. Communication scores may suggest that the problem may be communication timing and substance. Employee data indicated that the organization communicates its mission and strategic goals but may overlook the workforce's need for practical information to complete assigned tasks. Moreover, the 71% agreement that the organization operates with transparency could indicate unclear, disjointed, or incomplete communication.

Communicating organizational goals involves one-way communication and is indicative of the transmission of facts (Van Ruler, 2018). Linear communication does not allow feedback and reciprocity (Van Ruler, 2018). In the absence of full participation, employees may experience communication as unfulfilling, thereby reducing the impact of messages. These issues could be consistent with a paternalistic leadership orientation in the organization.

Paternalistic leadership combines three leadership styles: authoritative, benevolence, and morality (Lau et al., 2018). More often detected in Asian cultures, particularly in China, paternalistic leadership subscribes that the leader holds ultimate power while demonstrating care and compassion for subordinates at work and in their personal lives (Lau et al., 2018; Ugurluoglu et al., 2018). In organizations where paternalistic leadership exists, strong values center on compliance with rules, integrity, responsibility, loyalty, and obedience (Lau et al., 2018). In early paternal leadership

studies, authoritative leader behaviors were conceptualized as oppressive and exploitative (Lau et al., 2018). However, more recent studies characterized authoritative behaviors as ones where the leader consults with the workforce and encourages involvement while holding final authority (Lau et al., 2018).

There is a clear indication that employee involvement occurs in XY Behavioral Health. The 2020 employee satisfaction survey placed employee satisfaction with their involvement level at about 85%, a 20% improvement from 2018. Despite this performance, the measure did not meet the organization's 90% threshold. Participant 2 indicated that before the COVID-19 pandemic, there was a regularly scheduled forum for employees to provide feedback and participate in organizational decision-making. Additionally, all five leadership interview participants positively endorsed employee involvement.

There is a prevalent family theme that permeates XY Behavioral Health. In multiple instances, research participants characterized the organizational culture as family-oriented. Based on these findings, a family culture may be active. Corporate family culture is the presence of individuals acting as family and sharing values, cultural norms, and ideology in an organization (Obiekwe, 2018). In an organizational family culture, significant socialization fosters loyalty, organizational commitment, and high performance (Obiekwe, 2018, Obiekwe & Zeb-Obipi, 2019). This phenomenon is present in XY Behavioral Health and linked to length of employment, performance measures, and participants' stated perceptions.

All-staff meetings could be conceptualized as a family ritual because they were consistently scheduled interactive processes, as described by Imber-Black (2020). These meetings ended with the emergence of COVID-19, ending a family ritual that provided an opportunity for socialization, collaboration, and involvement. In their absence, there was no opportunity to engage and facilitate the processes in these meetings, creating feelings of loss. The virtual meetings did not illicit the same experience as in-person meetings. Consequently, employees might be experiencing grief over losing a family ritual.

XY Behavioral Health is a well-managed organization. High-performance indicators are present throughout the administrative and clinical operations, and evidence to support these indicators is present in the organization's policies, procedures, and practices. The commitment to delivering evidence-based practice is in the company's mission statement and all clinical and administrative policies. Great diligence is apparent in program and service design. Treatment and program staff are dedicated to the mission and care deeply for each other and clients.

XY Behavioral Health's performance indicators are inconsistent with organizations with low employee involvement. The organization has a stable workforce with high job satisfaction, reasonable overall client satisfaction, good productivity, and excellent overall performance measures, all suggestive of high employee involvement (Gözükara et al., 2018; Qi & Wang, 2018; Smith et al., 2018; Van-Assen, 2020). Both paternalistic leadership and organizational family culture, as described by Lau et al. (2018) and Obiekwe (2018), are active in the corporate culture and support employee

involvement practice in the agency. Thus, it is highly likely that the perception of employee involvement deficits may result from the current global health crisis and is not symbolic of a widespread organizational culture. Although there was undoubtedly a decrease in opportunities to participate in corporate decision-making, its value remained during the pandemic.

Potential Implications for Positive Social Change

XY Behavioral Health transitioned treatment, services, and operations from in-person to virtual like many other BHOs across this country. The shift was necessary for the organization's survival during a global pandemic that reduced workforce engagement and involvement. The virtual process did not meet the employees' need for affiliation. XY Behavioral Health's in-person staff meetings created opportunities for socialization and eliciting employee involvement and feedback on organizational decisions. The implication for XY Behavioral Health and organizations, in general, is that processes and rituals that engage employees are essential to continue. Because of safety, in-person all-staff meetings could not be held. Imber-Black (2020) suggested that creating alternative rituals to replace those discontinued is vital to maintaining normalcy and supporting affiliation needs.

Strengths and Limitations of the Study

Strengths of the Study

This study's key strength is its inclusion of multiple qualitative validity procedures, including using numerous validity strategies, qualitative data analysis software, and the Baldrige framework. Multiple validity procedures ensure that the

findings are accurate based on the researcher's or participants' experiences (Creswell & Creswell, 2018). Using data analysis software can increase the strength and credibility of qualitative research (Lemon & Hayes, 2020). I used MAXQDA software to determine code intersection, and the number of theme occurrences for this study, and this process supported theme identification, relationship, and confirmation. The Baldrige framework is a structured organizational assessment process with defined evaluation matrices that provided discipline in completing the corporate assessment of XY Behavioral Health.

Using reflexivity is another study strength. Reflexivity is examining one's values and experiences and determining how these constructs could affect the research (Lazard & McAvoy, 2020). I am an African American male, a trained behavioral health clinician, and a former organizational leader. I have had the opportunity to participate in several leadership development processes. Moreover, my clinical work requires a solution-focused orientation relating to diagnostic determinations. I possess a well-defined belief system about leadership and employee involvement. Furthermore, I tend to identify pathology based upon structured diagnostic criteria.

To produce valid findings, I needed to set aside my beliefs so that the themes could emerge naturally. Thus, I concentrated solely on the data and their relation to the research questions. I then examined the data, purposefully not assigning weight to any element. Initially, it appeared that the organization struggled with employee involvement strategies. However, through the reflexivity process, an alternative theme interpretation emerged. While there may have been a minor reduction in the amount and quality of employee involvement during the COVID-19 pandemic, the data showed that

organizational leaders did implement effective strategies to support their workforce's engagement in company decisions.

Limitations of the Study

Qualitative inquiry is sometimes characterized as less credible and lacking the vigor of quantitative research (Lemon & Hayes, 2020). Because the present study was qualitative, generalizing the findings would be difficult. Further, qualitative research is difficult to replicate, which was also a limitation in the present study. While there was significant effort to validate themes, the interpretation of the findings may not match participant experiences and may constitute a study limitation. There were no unforeseen limitations that would affect the study's findings.

Summary and Transition

Section 4 contains findings from organizational data collected, reviewed, and analyzed to complete the present study. XY Behavioral Health is a high-performing organization across its administrative and clinical disciplines. Client-focused measures performed moderately well, while workforce results were excellent. Despite this performance, there was a perception early in the study of low employee involvement. However, the data did not necessarily support the perception. While there may have been a decrease in the quality of employee involvement, this decrease materialized because the organization implemented safety practices that included virtual staff meetings during the COVID-19 pandemic. The culture supports employee involvement, and the organization may need to investigate strategies to strengthen this process while ensuring the workforce's safety.

Section 5 contains recommendations for how the organization can improve the quality of interactions necessary to allow the workforce to experience employee involvement more meaningfully. Moreover, Section 5 contains planning and implementation strategies to support increased employee involvement. In addition, Section 5 includes recommendations for future study in employee involvement and how paternalistic leadership and organizational family culture can mediate that process. Further, Section 5 contains recommendations for additional research on the strategic application of paternalistic leadership and corporate family culture.

Section 5: Recommendations and Conclusions

Introduction

XY Behavioral Health is a high-performing organization with written policies and procedures covering every aspect of its administrative and clinical processes. Positive perceptions about employee involvement emerged as a significant theme. In addition, the agency's culture possessed strong indicators of an organizational family culture and paternalistic leadership. Subthemes of caring, healing and evidence-based practice were also present. There is a clear indication that employee involvement is both practiced and active in the organization. Organizational leaders actively seek feedback from the workforce on issues and decisions. Employee satisfaction data indicated that most staff felt their leaders listened to them. Other strong themes included the use of evidence-based practice. The organizational leaders demonstrated their commitment to evidence-based practice in its mission, policies, and corporate planning. Valuing and implementing evidence-based practice strongly contributes to the organization's client-focused outcomes, especially in treatment relapse, client satisfaction, and organizational strength.

In addition to a dedication to evidence-based practices, workforce and leadership governance are also areas of strength for the organization. For example, employee satisfaction is consistently at or above 95%, and turnover is low. Most employees would recommend a friend to work there and reported that they had no plans to leave within the next 3 years. Additionally, the leadership team is stable, with an average stay of 3.6 years. The leadership focuses on quality, devoting company revenues to a QA division, and developing and executing a robust CQI plan and process.

Recommendations

Client-Focused Recommendation

Recommendation 1: Initiate Person-Centered Care Planning

XY Behavioral Health performs moderately well in client-focused outcomes, but there are issues with its engagement in care planning. Most of the organization's clients report having no input in their care plan development. Collaboration may be problematic in an environment where paternalism, healing, and caring are active themes. In this dynamic, the caregiver/healer holds a power position and may act out of altruism that devalues and subjugates the patient. Care planning is a collaborative process. Ensuring that individuals with behavioral health disorders participate in developing and implementing their care plans supports them in gaining self-advocacy skills and builds a therapeutic alliance between patients and practitioners (Hamovitch et al., 2018).

The Substance Abuse and Mental Health Services Administration (2022) defined person-centered care planning (PCCP) as the process by which individuals participate in developing and executing treatment in collaboration with service providers. In a PCCP environment, there is an understanding and acknowledgment that clients are multidimensional. To provide quality care, the organization must consider all aspects of individuals, including their strengths, abilities, preferences, and desires (Ebrahimi et al., 2021; Hamovitch et al., 2018). PCCP application involves shared decision-making where clients are full participants in goal setting and treatment planning (Substance Abuse and Mental Health Services Administration, 2022).

Implementing PCCP at XY Behavioral Health would require extensive organization planning and commitment. However, it is a process that leaders could easily compartmentalize to target specific areas. For example, the agency could implement PCCP in treatment and service planning with identified issues.

I recommend that XY Behavioral Health implement PCCP. Doing so will require a systemic review of the organization. The magnitude of this change effort could have an unintended consequence of negatively affecting current performance levels across the organization. Thus, I recommend implementing PCCP in phases. Table 7 outlines a phased implementation plan.

Table 7

Phases and Timelines for Implementing Person-Centered Care Planning (PCCP)

Phase	Description	Timeline
1	Develop a PCCP implementation team including representation from program participants, clinical, administrative, direct support, management, and leadership, and identify a team lead	Month 1
2	Complete an organization self-assessment	Months 2–3
3	Based on self-assessment results, determine in which areas PCCP will be implemented	Month 4
4	Determine what policies will be affected	Month 5
5	Identify policies to be created or amended	Month 6
6	Complete a crosswalk between current policies, proposed changes, accreditation standards, and licensing regulations to ensure alignment	Months 6–7
7	Complete creation/amendments	Months 8–9
8	Develop measures and evidence to track the change process and ongoing implementation	Month 10
9	Create/implement a communication plan for the change	Month 11
10	Begin training on PCCP and the model to be implemented	Month 12
11	Begin implementation	Month 13

Phase 1 involves developing an implementation team and identifying a team leader. The team should be between six to seven individuals and consist of representation from each organizational group, including (a) clients, (b) direct support, (c) leadership, (d) management, (e) clinical, and (f) administration. I recommend selecting individuals who can not only serve on the implementation team but also be the change ambassadors. The team's role is to develop, plan, execute, and evaluate the implementation process.

Phase 2 involves completing an organizational self-assessment to determine readiness for implementation. The Patient- and Family-Centered Care Organizational Self-Assessment Tool (see Appendix C) can identify areas where leaders could implement PCCP.

In Phase 3, the PCCP implementation team will review the self-assessment findings and company performance data, including treatment plan data and client satisfaction results, to determine which areas to implement the change. Once the team identifies the implementation areas, in Phases 4, 5, 6, and 7, team members will review appropriate policies to determine changes or additions needed to support the practice change. Because the organization holds multiple licenses and accreditations, it must ensure that any policy changes are consistent with oversight standards.

Phase 8 entails developing measures to evaluate plan development, implementation, and ongoing adherence to PCCP principles. The implementation team should develop and execute a communication plan in Phase 9. The plan ambassadors are vital in plan communication and selling the positive results of the change.

In Phase 10, organizational members should receive training in PCCP principles and how the organization intends to implement them. The training should be didactic and experiential to support adult learning. In Phase 11, the organization will implement PCCP as developed and begin collecting outcome data and its application.

Workforce-Focused Recommendation

Recommendation 2: Reinstate In-Person All-Staff Meetings

Employee involvement is essential in maintaining a productive workforce (Hossain et al., 2018). Organizations with substantial employee involvement experience less turnover, higher work satisfaction, and significant positive performance outcomes (Bakotić & Rogošić, 2017; Lawler, 1992). While XY Behavioral Health engages and encourages its employees to provide input on organizational decisions, the quality of interactions diminished during the COVID-19 pandemic. All-staff meetings allowed the workforce to provide feedback on corporate decisions and catalyzed affiliation, which is consistent with an organizational family culture. Because this culture is active in XY Behavioral Health, the meetings served as a family ritual (see Imber-Black, 2021).

The interaction between leadership and the workforce changed when the meetings became virtual. There was a free flow of ideas in person where employees participated in rich discourse. Virtual meetings did not necessarily allow an equally experienced process. Thus, the replacement for the ritual did not have the same effect. Reinstating in-person meetings would conceivably return the organization to a pre-COVID-19 state, but COVID-19 transmission continues to be a grave health concern. Consequently, the

organization must develop a solution to reinstate the in-person experience while keeping staff safe. As such, I recommend the following:

1. Develop a hybrid model that allows the workforce to participate in-person or virtually.
2. Develop criteria and parameters for in-person participation.
3. Develop a feedback process for individuals to provide input about meeting agenda items outside the meeting format and the structure of organizational responses to raised issues.

Leadership and Governance Recommendation

Recommendation 3: Develop a Succession Plan for Leadership Roles

Succession planning is vital for organization stability and growth (Al Suwaidi et al., 2020; Fuentes, 2020; Payne et al., 2018). Leader transition, even when planned, can destabilize an otherwise high-performing company (Al Suwaid et al., 2020). Moreover, leader transition may result in the loss of crucial organizational knowledge (Al Suwaid et al., 2020; Payne et al., 2018). More than 50% of corporate leaders will reach retirement age in the next 8 years (Al Suwaidi et al., 2020). This phenomenon is present in XY Behavioral Health.

The leadership team is the second oldest workforce population at XY Behavioral Health. The average age of the organization's leadership is 48 years. However, four of its eight members will reach 65 years before 2030. Despite this, the organization does not have a formal succession plan, nor is it engaging in the process. It is important to note that a 2021 accreditation report included a formal recommendation for succession

planning in its final report. Table 8 details a suggested implementation process for executing succession planning.

There are numerous strategies for succession planning. A succession planning process should include (a) identifying critical positions, (b) identifying requisite competencies for each position, (c) leadership pipeline development, (d) knowledge capture, and (e) plan monitoring (Payne et al., 2018). Employee involvement could be facilitated by having a team of five to six individuals serve as the succession planning committee. This process could be simplified by using succession planning software to help structure implementation and allow for collaboration, documentation, and evaluation of the process.

Table 8

Succession Planning Implementation Process

Phase	Description	Timeline
Phase 1	Develop a succession planning team and identify a team leader.	Month 1
Phase 2	Identify critical positions.	Month 2
Phase 3	Determine the requisite competencies for each critical position.	Months 3-4
Phase 4	Create development plans for each critical position.	Months 5-6
Phase 5	Develop and implement a knowledge capture for critical positions.	Months 7- 9
Phase 6	Develop a leadership pipeline.	Month 10
Phase 7	Develop and implement plan monitoring.	Month 11

Note. Adapted from “Succession planning in public health: Addressing continuity, costs, and compliance,” by R. A. Payne, R. Hovarter, M. Howell, C. Draws, & D Gieryn, 2018, *Nurse Leader*, 16(4), 253–256.

In Phase 1, the succession planning team should consist of a subset of XY Behavioral Health’s leadership. Ideally, the leaders who oversee human resources and CQI should be required members, with one serving as the team lead. In Phase 2, the team will need to identify the critical positions, and these positions, if vacated without a viable candidate, can create an organizational crisis. In Phase 3, the team will determine the minimum skills required to successfully perform in the role and create a development plan in Phase 4 to address proficiency for identified candidates.

Phase 5 involves developing a process to capture knowledge for each critical position. Payne et al. (2018) suggested creating knowledge binders to hold information essential for anyone performing in a crucial role to have available for consultation. In Phase 6, the succession planning team will develop a leadership pipeline, a global process for developing organizational talent with the skills necessary to fill critical positions (Payne et al., 2018). Phase 6 consists of designing and monitoring the succession planning process and strategic outcomes of its implementation.

Future Research

Problems with the amount and quality of communication were themes in the data gathered for the present study. However, why the staff at XY Behavioral Health had this experience was unclear. Thus, additional investigation on why communication may be problematic is necessary. In completing the present study, paternalistic leadership and organizational family culture emerged as organizational cultural themes. These themes

significantly affected perceptions of employee involvement and feelings about the organization and an individual's place in it. In addition, paternalistic leadership and organizational family culture influenced the workforce's expectations of organizational behavior. Thus, future studies should include how these cultural phenomena affect a workforce's self-perception of an organization's mission and vision. In addition, there should be more studies to determine if there is a relationship between paternalistic leadership, organizational family culture, and employee satisfaction.

Conclusion

This case study explored leadership strategies for obtaining employee involvement in a medium-sized for-profit BHO treating adults, children, and adolescents in a large urban area. The findings suggested that organizational leaders did have a successful strategy to facilitate employee involvement in all-staff meetings. However, these meetings transitioned from in-person to virtual to ensure staff safety during the COVID-19 pandemic. The all-staff meetings were times for sharing ideas, for affiliation, and for leadership to receive feedback from employees, resulting in rich discourse. Virtual meetings did not provide the same experience, resulting in employees feeling that leaders did not listen to them. The company is a high-performing entity with good quality outcomes and excellent workforce results consistent with a high-involvement organization (Lawler, 1996). XY Behavioral Health leadership should develop a process that incorporates health safety strategies and allows the workforce to engage in meaningful discourse. The leadership at XY Behavioral Health received an executive summary outlining research findings and recommendations.

References

- Ahmeda, M. A. S. S., & Samikon, S. A. (2021). The impact of total employee involvement and management leadership on the healthcare effectiveness in Yemen. *Turkish Journal of Computer and Mathematics Education*, 13(12), 105–120. <https://www.turcomat.org/index.php/turkbilmat/article/view/8237>
- Al Suwaidi, M., Jabeen, F., Stachowicz-Stanusch, A., & Webb, M. (2020). Determinants linked to executive succession planning in public sector organizations. *Vision: The Journal of Business Perspective*, 24(3), 284–299. <https://doi.org/10.1177/0972262920932405>
- Amarantou, V., Kazakopoulou, S., Chatzoudes, D., & Chatzoglou, P. (2018). Resistance to change: An empirical investigation of its antecedents. *Journal of Organizational Change Management*, 31(2), 426–450. <https://doi.org/10.1108/jocm-05-2017-0196>
- Ashraf, M. A. (2019). Influences of working condition and faculty retention on quality education in private universities in Bangladesh. *International Journal of Educational Management*, 33(1), 149–165. <https://doi.org/10.1108/ijem-03-2018-0121>
- Bakotić, D., & Rogošić, A. (2017). Employee involvement as a key determinant of core quality management practices. *Total Quality Management & Business Excellence*, 28(11–12), 1–18. <https://doi.org/10.1080/14783363.2015.1094369>
- Burnett, J. R., & Lisk, T. C. (2019). The future of employee engagement: Real-time monitoring and digital tools for engaging a workforce. *International Studies of*

Management & Organization, 49(1), 108–119.

<https://doi.org/10.1080/00208825.2019.1565097>

- Charns, M. P., Young, G. J., & Radwin, L. E. (2020). Organization design and coordination. In L. R. Burns, E. H. Bradley, & B. J. Weiner (Eds.), *Shortell and Kaluzney's healthcare* (pp. 57-81), Cenage.
- Clark, K. D., Miller, B. F., Green, L. A., de Gruy, F. V., III, Davis, M., & Cohen, D. J. (2017). Implementation of behavioral health interventions in real world scenarios: Managing complex change. *Families, Systems, & Health*, 35(1), 36–45.
- <https://doi.org/10.1037/fsh0000239>
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches*. SAGE Publications.
- Ebrahimi, Z., Patel, H., Wijk, H., Ekman, I., & Olaya-Contreras, P. (2021). A systematic review on implementation of person-centered care interventions for older people in out-of-hospital settings. *Geriatric Nursing*, 42(1), 213–224.
- <https://doi.org/10.1016/j.gerinurse.2020.08.004>
- Farb, H., Sacca, K., Variano, M., Gentry, L., Relle, M., & Bertrand, J. (2018). Provider and staff perceptions and experiences implementing behavioral health integration in six low-income health care organizations. *The Journal of Behavioral Health Services & Research*, 45(1), 143–155. <https://doi.org/10.1007/s11414-017-9559-6>
- Fuentes, D. G. (2020). Rethinking approaches to succession planning and developing a leadership pipeline in academic pharmacy. *American Journal of Pharmaceutical Education*, 84(12), Article 8335. <https://doi.org/10.5688/ajpe8335>

- García, G. A., Gonzales-Miranda, D. R., Gallo, O., & Roman-Calderon, J. P. (2019). Employee involvement and job satisfaction: A tale of the millennial generation. *Employee Relations*, 41(3), 374–388. <https://doi.org/10.1108/er-04-2018-0100>
- Gözükara, İ., Çolakoğlu, N., & Şimşek, Ö. F. (2018). Development culture and TQM in Turkish healthcare: Importance of employee empowerment and top management leadership. *Total Quality Management & Business Excellence*, 30(11–12), 1–17. <https://doi.org/10.1080/14783363.2017.1366266>
- Hamovitch, E. K., Choy-Brown, M., & Stanhope, V. (2018). Person-centered care and the therapeutic alliance. *Community Mental Health Journal*, 54(7), 951–958. <https://doi.org/10.1007/s10597-018-0295-z>
- Heath, B. W. R. P., Wise Romero, P., & Reynolds, K. (2013). *A standard framework for levels of integrated healthcare*. SAMHSA-HRSA Center for Integrated Health Solutions. [https://www.pcpcc.org/sites/default/files/resources/SAMHSA-HRSA 2013 Framework for Levels of Integrated Healthcare.pdf](https://www.pcpcc.org/sites/default/files/resources/SAMHSA-HRSA%202013%20Framework%20for%20Levels%20of%20Integrated%20Healthcare.pdf)
- Herschell, A. D., Kolko, D. J., Hart, J. A., Brabson, L. A., & Gavin, J. G. (2020). Mixed method study of workforce turnover and evidence-based treatment implementation in community behavioral health care settings. *Child Abuse & Neglect*, 102, Article 104419. <https://doi.org/10.1016/j.chiabu.2020.104419>
- Hossain, M. S., Khatun, M., & Sardar, M. S. (2018). Does employee involvement really increase employee productivity?—An employee perception based study. *International Journal of Human Resources Management*, 7(4), 11–26. <http://www.gphjournal.org/index.php/bm/article/view/30/25>

- Hussain, S. T., Lei, S., Akram, T., Haider, M. J., Hussain, S. H., & Ali, M. (2018). Kurt Lewin's change model: A critical review of the role of leadership and employee involvement in organizational change. *Journal of Innovation & Knowledge*, 3(3), 123–127. <https://doi.org/10.1016/j.jik.2016.07.002>
- Ike, P. R., Ezeh, L. N., & Etodike, C. E. (2017). Employee participation in decision making: A correlate of employee citizenship behaviour and counterproductive workplace behaviour. *International Journal of Academic Research in Business and Social Sciences*, 7(7), 934–948. <https://doi.org/10.6007/ijarbss/v7-i7/3179>
- Imber-Black, E. (2020). Rituals in the time of COVID-19: Imagination, responsiveness, and the human spirit. *Family Process*, 59(3), 912–921. <https://doi.org/10.1111/famp.12581>
- Kahn, W. (1990). Psychological conditions of personal engagement and disengagement at work. *Academy of Management Journal*, 33(4), 692–724. <https://doi.org/10.2307/256287>
- Kleve, L., Skarstein, L., & Elgen, I. (2020). From clinical guidelines to clinical care: Employee involvement makes a positive difference to implementation. *Authorea Preprints*, 1–9. <https://doi.org/10.22541/au.159741542.25593058>
- Kwon, K., & Park, J. (2019). The life cycle of employee engagement theory in HRD research. *Advances in Developing Human Resources*, 21(3), 352–370. <https://doi.org/10.1177/1523422319851443>
- Lau, W. K., Pham, L. N., & Nguyen, L. D. (2019). Remapping the construct of paternalistic leadership. *Leadership & Organization Development Journal*, 40(7),

794–776. <https://doi.org/10.1108/LODJ-01-2019-0028>

Lawler, E. (1986). *High-involvement management: Participative strategies for improving organizational performance*. Jossey-Bass.

Lawler, E. (1992). *The ultimate advantage: Creating the high involvement organization*. Jossey-Bass.

Lazard, L. & McAvoy, J. (2020). Doing reflexivity in psychological research: What's the point? What's the practice? *Qualitative Research in Psychology*, 17(2), 159–177. <https://doi.org/10.1080/14780887.2017.1400144>

Lemon, L. L., & Hayes, J. (2020). Enhancing trustworthiness of qualitative findings: Using Leximancer for qualitative data analysis triangulation. *The Qualitative Report*, 25(3), 604–614. <https://nsuworks.nova.edu/tqr/vol25/iss3/3>

Li, Y., Wang, M., Jaarsveld, D. D. van, Lee, G. K., & Ma, D. G. (2018). From employee-experienced high-involvement work system to innovation: An emergence-based human resource management framework. *Academy of Management Journal*, 61(5), 2000–2019. <https://doi.org/10.5465/amj.2015.1101>

Mansur, T., Sanusi, A., & Triatmanto (2020). The effect of employee engagement and job satisfaction on effectiveness through organizational changes: A case study of BLUD, East Java Province. *International Journal of Advances in Scientific Research and Engineering*, 6(9), 24–35. <https://doi.org/10.31695/IJASRE.2020.33874>

Maurer, M., Canacari, E., Eng, K., Foley, J., Phelan, C., Sulmonte, K., & Wandel, J. (2018). Building a culture of continuous improvement and employee engagement

using a daily management system Part 1: Overview. *JONA: The Journal of Nursing Administration*, 48(3), 127–131.

<https://doi.org/10.1097/nna.0000000000000593>

Mu, Y., Bossink, B., & Vinig, T. (2018). Employee involvement in ideation and healthcare service innovation quality. *The Service Industries Journal*, 38(1–2), 67–86. <https://doi.org/10.1080/02642069.2017.1374374>

National Institute of Standards & Technology. (2020). *Baldrige excellence framework (health care): A systems approach to improving your organization's performance*. U.S. Department of Commerce

Obiekwe, O. (2018). Organizational family culture: Theoretical concept definition, dimensions and implication to business organizations. *IIARD International Journal of Economics and Business Management*, 4(1), 11–21.
[https://www.iiardjournals.org/get/IJEBM/VOL. 4 NO. 1 2018/ORGANIZATIONAL FAMILY.pdf](https://www.iiardjournals.org/get/IJEBM/VOL.4%20NO.12018/ORGANIZATIONAL%20FAMILY.pdf)

Obiekwe, O. & Zeb-Obipi, I. (2019). Organizational family culture and employee involvement in Nigeria workplaces: An empirical analysis. *International Journal of Economics and Business Management*, 5(1), 23–39.
<https://tinyurl.com/3dkekuj4>

Obiekwe, O., Zeb-Obipi, I., & Ejo-Orusa, H. (2019). Employee involvement in organizations: Benefits, challenges and implications. *Management and Human Resource Research Journal*, 8(8), 1–11. <https://tinyurl.com/2hjpg7jb>

Odero, J. A., & Makori, M. E. (2017). Employee involvement and employee

performance: The case of part time lecturers in public universities in Kenya.

International Journal of Management and Commerce Innovations, 5(2), 1169–1178. <https://doi.org/10.5937/jouproman8-27033>

Oluwatumise, O., Adenike, A. A., Adewale, O. O., Olubusayo, F. H., Paul, S. O., & Loveth, A. F. (2020). Employee engagement strategies antecedents and migration intention of medical practitioners in Nigeria: A theoretical assessment. *Journal of African Research in Business & Technology*, Article 199942.

<https://doi.org/10.5171/2020.199942>

Payne, R. A., Hovarter, R., Howell, M., Draws, C., & Gieryn, D. (2018). Succession planning in public health: Addressing continuity, costs, and compliance. *Nurse Leader*, 16(4), 253–256. <https://doi.org/10.1016/j.mnl.2018.05.008>

Penzenstadler, L., Soares, C., Anci, E., Molodynski, A., & Khazaal, Y. (2019). Effect of assertive community treatment for patients with substance use disorder: A systematic review. *European Addiction Research*, 25(2), 56–67.

<https://doi.org/10.1159/000496742>

Qi, F., & Wang, W. (2018). Employee involvement, public service motivation, and perceived organizational performance: Testing a new model. *International Review of Administrative Sciences*, 84(4), 746–764.

<https://doi.org/10.1177/0020852316662531>

Redford, L. J. (2019). Building the rural healthcare workforce: Challenges and strategies in the current economy. *Generations: Journal of the American Society on Aging*, 43(2), 71–75.

- Razzak, F., Shaikh, S., Kamran, A., & Khan, A. H. (2019). Developing a scale on employee involvement and motivation in effective change management: A case of Canteen Stores Department. *IBT Journal of Business Studies*, *15*(1), 63–74. <https://doi.org/10.46745/ilma.jbs.2019.15.01.05>
- Silva, M. R. A., de Amorim Carvalho, J. C., & Dias, A. L. (2019). Determinants of employee retention: A study of reality in Brazil. In *Strategy and superior performance of micro and small businesses in volatile economies* (pp. 44–56). IGI Global.
- Smith, M. B., Wallace, J. C., Vandenberg, R. J., & Mondore, S. (2018). Employee involvement climate, task and citizenship performance, and instability as a moderator. *The International Journal of Human Resource Management*, *29*(4), 615–636. <https://doi.org/10.1080/09585192.2016.1184175>
- Tannady, H., Tannady, H., Ismuhadjar, & Zami, A. (2019). The effect of organizational culture and employee engagement on job performance of healthcare industry in province of Jakarta, Indonesia. *Quality Access to Success*, *20*(169), 18–22. <https://tinyurl.com/2p8j5xpu>
- Tian, X., & Zhai, X. (2019). Employee involvement in decision-making: The more the better? *International Journal of Manpower*, *40*(4), 768–782. <https://doi.org/10.1108/ijm-05-2017-0090>
- Thomas, B., Tendai, K., Zororo, M., & Obert, S. (2018). Employee involvement in change management in organizations: A case of the Zimbabwe Electricity Transmission and Distribution Company (ZETDC). *IOSR Journal of Economics*

and Finance, 10(2), 14–27. <https://www.iosrjournals.org/iosr-jef/papers/Vol10-Issue2/Series-1/C1002011427.pdf>

Ugurluoglu, O., Aldogan, E. U., Turgut, M., & Ozatkan, Y. (2018). The effect of paternalistic leadership on job performance and intention to leave the job. *Journal of Health Management*, 20(1), 46–55. <https://doi.org/10.1177/0972063417747700>

Ullah, R., Ahmad, S. Z., & Khan, A. (2019). Employee involvement effect on job stress. *Journal of Contemporary Economic and Business Issues*, 6(2), 69–82. <https://core.ac.uk/download/pdf/268478042.pdf>

U.S. Census Bureau. (2020). *2020 census data*. <https://www.census.gov/programs-surveys/decennial-census/decade/2020/2020-census-main.html>

Van-Assen, M. F. (2020). Training, employee involvement and continuous improvement—The moderating effect of a common improvement method. *Production Planning & Control*, 32(2), 142–144. <https://doi.org/10.1080/09537287.2020.1716405>

Van Ruler, B. (2018). Communication theory: An underrated pillar on which strategic communication rests. *International Journal of Strategic Communication*, 12(4), 367–381. <https://doi.org/10.1080/1553118X.2018.1452240>

Yusliza, M. Y., Faezah, J. N., Ali, N., Noor, N. M. M., Ramayah, T., Tanveer, M. I., & Fawehinmi, O. (2020). Effects of supportive work environment on employee retention: The mediating role of person organization fit. *Industrial and Commercial Training*, 53(3), 201–216. <https://doi.org/10.1108/ict-12-2019-0111>

Appendix A: 2018 Employee Satisfaction Survey

1. I feel encouraged to come up with new and better ways of doing things.
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

2. My work gives me a feeling of personal accomplishment.
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

3. I have the tools and resources to do my job well.
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

4. On my job, I have clearly defined quality goals.
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

5. XY Behavioral Health does an excellent job of keeping employees informed about matters affecting us.
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

6. When a consumer is dissatisfied, I can usually correct the problem to their satisfaction.
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree

- E. Strongly Disagree
7. I understand why it is so important for to value diversity (to recognize and respect the value of differences in race, gender, age, etc.)
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
 8. My job makes good use of my skills and abilities.
 - A. Agree
 - A. Strongly Agree
 - B. Neutral
 - C. Disagree
 - D. Strongly Disagree
 9. My supervisor's visibly demonstrate a commitment to quality.
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
 10. Are you satisfied with the information you receive from management on what is going on at the agency?
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
 11. How satisfied are you with your involvement in decisions that affect your work?
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
 12. Considering everything, how satisfied are you with your job?
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree

- E. Strongly Disagree
13. I experience personal growth such as updating skills and learning new things to enhance my service delivery.
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
14. Management looks to me for suggestions and leadership.
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
15. Supervisors encourage me to be my best.
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
16. I am rewarded for the quality of my efforts.
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
17. I am valued by my supervisor.
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
18. has a positive image in the community.
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

19. My job makes a difference in the lives of others.
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
20. Overall, I am satisfied with my job.
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
21. clearly communicates its goals and strategies to me.
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
22. I receive adequate opportunity to interact with other employees on a formal level.
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
23. I have a clear path for career advancement
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
24. My job requirements are clear.
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
25. How long have you worked at this company?

- A. Agree
- B. Strongly Agree
- C. Neutral
- D. Disagree
- E. Strongly Disagree

26. How motivated are you to see the company succeed?

- A. Agree
- B. Strongly Agree
- C. Neutral
- D. Disagree
- E. Strongly Disagree

27. How flexible is this company with respect to your family responsibilities?

- A. Agree
- B. Strongly Agree
- C. Neutral
- D. Disagree
- E. Strongly Disagree

28. Do you feel that employees are recognized as individuals?

- A. Agree
- B. Strongly Agree
- C. Neutral
- D. Disagree
- E. Strongly Disagree

29. In thinking about the variety of tasks your position requires, would you say that they're too many, enough or not enough?

- A. Agree
- B. Strongly Agree
- C. Neutral
- D. Disagree
- E. Strongly Disagree

30. Would you advise a friend to apply for a job at this company?

- A. Agree
- B. Strongly Agree
- C. Neutral
- D. Disagree
- E. Strongly Disagree

31. What things does need to work on to improve its performance?

32. What other issues not included in this survey need to be addressed in this organization?
33. What helps you provide quality service?
34. Are you able to contact a supervisor and have your needs met in a timely manner?
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
35. What would help you to be more productive and provide higher quality service?
36. What recommendations do you have for the administration of?
37. Please specify your gender:
38. Race/ Ethnicity

Appendix B: 2020 Employee Satisfaction Survey

1. You have an understanding of the strategic objectives of the organization.
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

2. You are clear of your role in meeting the organizations objectives?
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

3. You believe that the organization provides opportunity for professional and or personal growth?
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

4. You anticipate / want to be working with the organization during the next 2 years?
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

5. Overall are you satisfied with your job?
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

6. Is your team supportive and respectful of your work?
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

7. Do you struggle to get the information you need to do your job?
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

8. The organization provides the resources and tools you need to effectively perform your duties.
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

9. You feel you are rewarded for your commitment and dedication to the organization?
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

10. How do you like to be rewarded?

11. You feel that your opinions are heard and valued?
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

12. Do you receive praise when you have done a good job?
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree

13. Your manager understands a healthy balance between your work life and personal life.
 - A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree

- E. Strongly Disagree
14. Does your job cause unreasonable amount of stress for you?
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
15. The organization treats all team members equally?
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
16. Do you voice your concerns regarding the organization to the leadership?
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
17. Are your concerns are addressed
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
18. How would you rate the services the organization provides?
19. Does the organization operate with transparency?
- A. Agree
 - B. Strongly Agree
 - C. Neutral
 - D. Disagree
 - E. Strongly Disagree
20. Detail the areas that the organization needs to improve.
21. What does the organization do best?
22. What objective(s) should the organization focus on for the coming year.

Appendix C: Patient-and Family-Centered Care Organizational Self-Assessment Tool

Patient- and Family-Centered Care Organizational Self-Assessment Tool

Elements of Hospital-Based Patient- and Family-Centered Care (PFCC) and Examples of Current Practice with Patient and Family (PF) Partnerships

This self-assessment tool allows organizations to understand the range and breadth of elements of patient- and family-centered care and to assess where they are compared to the leading edge of practice. Use this self-assessment tool to assess how your organization is performing in relation to specific components of patient- and family-centered care, or as a basis for conversations about patient-centeredness in the organization.

Directions

- The tool should be completed by a team of individuals from across the organization — caregivers and providers from different departments or programs and leaders from the front line to the executive office. Be sure to also include patient and family advisors in the assessment.
- Review each question and indicate a rating of 1 to 5 for each (with 1 being low and 5 being high), or indicate "Do not know."
 - The 1 to 5 rating for each question is discussed by team members as an essential part of the assessment:
 - What does being a "5" on this question mean to us?
 - How would we know we are a "5"?
 - What would it take for us to rate ourselves a "5" consistently?
 - Questions with a "Do not know" response should seek further team discussion, such as:
 - Why don't we know this?
 - How can we find out?
 - Why is it important to find out?
- Summarize the findings and then determine next steps:
 - What is most important for us to address?
 - Where do we have strengths that we need to make sure others see and build on?
 - How can we gain more patient and family advice on what to focus on next?

Codes:

PFCC = Patient- and Family-Centered Care

PF = Patient and Family

PAS = Performance Appraisal System

Patient- and Family-Centered Care Organizational Self-Assessment Tool

Elements of Hospital-Based Patient- and Family-Centered Care (PFCC) and Examples of Current Practice with Patient and Family (PF) Partnerships

Domain	Element	Low → High					Do not know
		1	2	3	4	5	
Leadership / Operations	Clear statement of commitment to PFCC and PF partnerships	1	2	3	4	5	
	Explicit expectation, accountability, measurement of PFCC	1	2	3	4	5	
	PF inclusion in policy, procedure, program, guideline development, Governing Board activities	1	2	3	4	5	
Mission, Vision, Values	PFCC included in mission, vision, and/or core values	1	2	3	4	5	
	PF-friendly Patient Bill of Rights and Responsibilities	1	2	3	4	5	
Advisors	PF serve on hospital committees	1	2	3	4	5	
	PF participate in quality and safety rounds	1	2	3	4	5	
	Patient and family advisory councils	1	2	3	4	5	
Quality Improvement	PF voice informs strategic/operational aims/goals	1	2	3	4	5	
	PF active participants on task forces, QI teams	1	2	3	4	5	
	PF interviewed as part of walk-rounds	1	2	3	4	5	
	PF participate in quality, safety, and risk meetings	1	2	3	4	5	
	PF part of team attending IHI, NPSF, and other meetings	1	2	3	4	5	
Personnel	Expectation for collaboration with PF in job descriptions and PAS	1	2	3	4	5	
	PF participate on interview teams, search committees	1	2	3	4	5	
	PF welcome new staff at new employee orientation	1	2	3	4	5	
	Staff/physicians prepared for and supported in PFCC practice	1	2	3	4	5	
Environment and Design	PF participate fully in all clinical design projects	1	2	3	4	5	
	Environment supports patient and family presence and participation as well as interdisciplinary collaboration	1	2	3	4	5	

Patient- and Family-Centered Care Organizational Self-Assessment Tool

Elements of Hospital-Based Patient- and Family-Centered Care (PFCC) and Examples of Current Practice with Patient and Family (PF) Partnerships

Domain	Element	Low → High					Do not know
		1	2	3	4	5	
Information / Education	Web portals provide specific resources for PF	1	2	3	4	5	
	Clinician email access from PF is encouraged and safe	1	2	3	4	5	
	PF serve as educators/faculty for clinicians and other staff	1	2	3	4	5	
	PF access to/encouraged to use resource rooms	1	2	3	4	5	
Diversity and Disparities	Careful collection and measurement by race, ethnicity, language	1	2	3	4	5	
	PF provided timely access to interpreter services	1	2	3	4	5	
	Navigator programs for minority and underserved patients	1	2	3	4	5	
	Educational materials at appropriate literacy levels	1	2	3	4	5	
Charting and Documentation	PF have full and easy access to paper/electronic record	1	2	3	4	5	
	Patient and family are able to chart	1	2	3	4	5	
Care Support	Families members of care team, not visitors, with 24/7 access	1	2	3	4	5	
	Families can stay, join in rounds and change of shift report	1	2	3	4	5	
	PF find support, disclosure, apology with error and harm	1	2	3	4	5	
	Family presence allowed/supported during rescue events	1	2	3	4	5	
	PF are able to activate rapid response systems	1	2	3	4	5	
	Patients receive updated medication history at each visit	1	2	3	4	5	
Care	PF engage with clinicians in collaborative goal setting	1	2	3	4	5	
	PF listened to, respected, treated as partners in care	1	2	3	4	5	
	Actively involve families in care planning and transitions	1	2	3	4	5	
	Pain is respectfully managed in partnership with patient and family	1	2	3	4	5	

Appendix D: Interview Questions

1. How long have you been with the organization? Explain your role.
2. Describe the organization's culture.
3. Describe how leaders communicate with the workforce.
4. Describe the opportunities presented to employees to participate in organization planning and decisions.
5. Describe a situation where it would have been helpful to have staff supply input.
6. What are the benefits of involving staff in decisions?
7. What are the drawbacks of having employees participate in organizational decisions or planning?