2023

Influence of Staffing Shortages on Safety and Communication in Behavioral Health

Raven Brittany Robinson

Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Raven Brittany Robinson

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.

Review Committee
Dr. Derek Rohde, Committee Chairperson, Psychology Faculty
Dr. Laura Schindler, Committee Member, Psychology Faculty
Dr. Richard Thompson, University Reviewer, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

Influence of Staffing Shortages on Safety and Communication in Behavioral Health

by

Raven Brittany Robinson

MSW, Clark Atlanta University, 2017

BA, Grambling State University, 2013

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

March 2023

Abstract

At the selected behavioral health organization (BHO), leaders desire to improve patient safety and staff communication to provide quality mental health services. They need strategies to achieve these goals. The Baldrige Excellence Framework was used to identify the workforce challenges and practices that facility leaders can potentially use to improve performance to help achieve success, sustainability, and the mission of the BHO. The data sources consisted of (a) semistructured interviews with the CEO, the leader of the intake department, an intake therapist, an intake coordinator, and an RN and (b) reviews of the BHO's website, and pertinent academic literature. Data analysis yielded four themes: communication, safety factors, staffing shortages, and barriers to staffing shortages. Findings indicated that improving the staffing shortage would enhance mental health services and address the BHO practice problem. Recommendations based on findings include less focus on the staffing shortage and more on the development of better services by reducing the number of daily admissions, decreasing staff workload, and streamlining staff communication processes. This study may contribute to positive social change by identifying actions that leaders can take to improve the quality of mental health services in short-staffed BHOs which may lead to a reduction in unmet mental health needs in the community.

Influence of Staffing Shortages on Safety and Communication in Behavioral Health

by

Raven Brittany Robinson

MSW, Clark Atlanta University 2017

BA, Grambling State University, 2013

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

March 2023

Dedication

This doctoral study is dedicated to my loving grandmothers, Mary Pipkins and Mary Robinson. You both were powerful women who did not have much but made something great out of your lives. Your love, ambition, spirituality, and examples of living a fulfilled life will always motivate me. I hope your spirit continues to follow and guide me through life. I pray you are smiling down and seeing the greatness that your granddaughter has accomplished.

Acknowledgments

God, I thank you for providing me with guidance, strength, and vision to complete this endeavor. Sometimes I wanted to give up, but you made my struggles into minor situations and helped me overcome them. God, you continue to lift me and cover me with the holy spirit. Though I had family and friends' support, I knew I could always come to you and disclose my struggles. I love you and thank you for what you have done for me in the past, present, and future.

Table of Contents

List of Figures

Section 1a: The Behavioral Health Organization

Introduction

The behavioral health organization (BHO) selected for this study is a for-profit mental health hospital in an urban area in the southern part of the United States. The BHO is a 148-bed psychiatric hospital that provides specialized care, including inpatient and acute hospital services for those suffering from mental health illnesses and substance use disorders. Services are provided to children, adolescents, and adults. Additionally, the BHO offers outpatient services for adolescents and adults who do not require a higher level of care and for individuals seeking continued care when discharged from the BHO. The BHO partners with hospitals, doctors, schools, and social service agencies to help solve unmet mental health needs that exist in the community. Though the organization endeavors to treat insured individuals, the facility accepts walk-in individuals who are non-insured due to the risk of self-harm and harm to others in the community.

The BHO clinical staff include psychiatrists, medical physicians, therapists (licensed social workers and licensed professional counselors), and RN's. Clinical staff provide daily mental health services to all patients. Services include biopsychosocial assessment, group therapy, individual therapy, medication management, and discharge planning. Therapists are responsible for conducting individual and group therapy sessions using evidence-based practices to help meet each patient's goals during treatment. The role of the nurses is to aid in medication management and provide medical attention when needed. The hospital psychiatrists have assigned units and make daily rounds to patients on their census. Medical physicians complete rounds every morning to provide services

to patients who have medical conditions or require labs for psychiatric medications. Mental health technicians (MHTs) are essential in each unit to provide patient safety and support clinical staff. An MHT completes 30-minute checks on each patient, 15- minute checks for patients suffering from depression, and performs one-to-one close visual observational care for patients who are highly suicidal or homicidal. MHTs assist unit nurses with daily vitals and skin assessments and help staff when an emergency code is called on the units.

Before a patient is admitted to an inpatient unit, they are assessed in the intake department. The intake department is set up differently than the inpatient units. In the intake department, there should be two clinicians, two coordinators, an MHT, and a secretary. Telehealth doctors are always on call, waiting to assess new patients using via Zoom video conferencing. The clinicians and nurses oversee assessments, put in orders for the doctor, communicate with nurses on the inpatient units, and review referrals from marketers and outside facilities for possible placement. The coordinator's roles include escorting the patient to the assessment room, completing vitals, logging the patient's property personal belongings, achieving insurance verification for placement, and admitting patients into the hospital for inpatient care.

The BHO website explains the organization's mission and values. The BHO mission statement focuses on solving the unmet needs of those who suffer from mental illness and addiction. As shown on the website, the organization's values include a commitment to safety and integrity, an emphasis on teamwork, and compassion in all aspects of patient care. The BHO's mission and values suggest that their employees are expected to provide

the best-in-class services. Each value reflects the performance level that the BHO holds personnel accountable for when servicing patients.

The BHO leadership team participated in interviews in which they provided information about the BHO, client population, workforce, leadership governance, and strategies. The data collected pertain to the practice problem. Participants will be referred to Participant 1, Participant 2, and Participant 3 throughout the study to maintain confidentiality. The leaders who contributed to this research are the CEO and the intake department director.

Practice Problem

The practice problem underpinning this doctoral study was a lack of staffing in a BHO that has adversely affected patient safety and staff communication. I sought to answer the following questions to address the identified problem:

- How does a staffing shortage affect mental health services in the BHO?

- How does a staffing shortage affect safety factors among patients and staff in the BHO?

- How does a staffing shortage affect communication among staff and their ability to provide successful mental health services in the BHO?

Research by Jones et al. (2021) shows that the high turnover of employees in the health care workforce affects the quality of care provided. Studies estimate that nearly 50% of behavioral health care providers feel overburdened due to high job stress, lack of leadership support, low salaries, and high caseloads (Kelly & Hearld, 2020). Turnover in community behavioral health agencies complicates the effectiveness and implementation

of behavioral health interventions (Brabson et al., 2020). Roche et al. (2016) found that a positive environment for nurses has been linked to staff retention and care quality outcomes. Since the start of the COVID-19 pandemic, it has been a challenge to maintain staff in the healthcare field. The United States has experienced a drastic change in the healthcare field of employment because of the pandemic. Turnover among mental health employees is due to workload dissatisfaction, emotional exhaustion, and workplace control (Weikel & Fisher, 2022).

The leaders at the organization have attempted to increase staff by offering bonus pay and a salary increase and hiring agency staff (i.e., temporary workers), but they have not been successful in addressing the staff shortage issue. Leaders suggested that staffing shortages have caused miscommunication in patient care and placement, leading to longer wait times in admissions and a surge in referrals to other behavioral health facilities. Many staff have resigned because of the increased workloads and communication barriers that affect patient treatment and put clinical staff licenses at risk. Nurses have expressed concerns to leaders about their licenses being at risk due to a high patient-to-nurse ratio, and minimum staff support leading to an increased risk of slow crisis response (Participant 1, personal communication). Families have expressed concerns about their loved ones being under the care of one staff member per shift. Customers are concerned about mentally unstable patients admitted into a unit with patients experiencing psychosis and a shortage of staff (Participant 1, personal communication). Though each patient is placed in units with other patients experiencing similar mental health challenges, some families continue to express their concern about

the staff shortage and their loved ones not receiving the observation and treatment

needed.

Purpose

This research allowed the BHO leaders and participants to discuss safety and

communication issues related to the staffing shortage at the organization. This writer

undertook this study to determine strategies for improving staff communication and

safety factors. The Baldrige Framework of Excellence helped address the practice

problem of how a lack of staffing in a BHO affects patient safety and staff

communication. The Baldrige Framework of Excellence is a system that helps

researchers improve the organization's overall performance (Baldridge Performance

Excellence Program, 2021). The framework enabled an accurate assessment of the

current state of the organization's workforce capability, strategies, leadership, operations,

and safety that affect staffing shortages. Additionally, the framework provided different

factors that may help improve the organizational dynamics, such as work environment,

staffing shortage, and safety.

The sources of evidence and strategies in this study included secondary data

sources and interviews with leaders. The interviews were semistructured. Semi-structured

interviews are used as qualitative data sources in health services research to help

understand individuals' thoughts, beliefs, and experiences (DeJonckheere & Vaugh,

2019). The semi-structured interviews with the CEO, intake leader, and three other

participants assisted in understanding different perspectives and experiences related to

staff shortages, communications barriers, and safety factors. Due to the limitation of not

being able to obtain some organizational documents, interviews discussed previous strategic plans, organization policies and procedures, Joint Commission reviews, monthly census, and bed count. Additional secondary sources were retrieved from the organization's website, online reviews, job posting advertisements, and scholarly journals.

Significance

Organization's Success and Behavioral Health Leadership Practice

This study provides insight on the negative impact of the BHO's staffing shortages on communication and safety. The results may help the leaders of the selected organization to develop a strategic plan to build dependable communication between staff and improve safety factors to improve patient care. In addition, this study may increase the CEO's knowledge of ways to prevent worker fatigue. The study may also increase the CEO's understanding of staff needs, which may enable the organization to retain employees and create better strategies to improve communication and safety.

Potential Contribution to Positive Social Change

The BHO mission statement focuses on solving the unmet needs of those who suffer from mental illness and substance use disorder (BHO website, 2022). Currently, individuals in the community are discharging early from treatment and leaving during the admission process because of safety concerns and poor communication on patient care due to the staffing shortage. This issue has contributed to unmet mental health needs in the community. This case study provides a better understanding of how the BHO can improve the communication process and provide better safety measures to develop

quality outcomes of mental health services during a staffing shortage. For example, leaders may develop a staffing team that can communicate effectively during each shift and reduce incident reports by providing more visual observation and support on the units. Therefore, this study is significant because it provides evidence of best practices that can improve communication and safety in a BHO with a staffing shortage. The target BHO and other BHOs can gain insight into staff needs to improve the quality of care for children, adolescents, and adults seeking mental health services.

Summary

The BHO program provides mental health care and substance abuse treatment to children and adults in the community. The BHO considers patient care a priority and expects all staff members to meet its mission and vision goals. However, the BHO has difficulty in providing complete quality mental health services, which are much needed, in the community. This study addressed the problem of lack of staff at the BHO and its negative impact on communication and safety. The results may help the leaders of selected organization to develop a strategic plan to aid in staffing (full or short-staffed), communication between staff, and improved safety factors to protect patients and staff. This study's potential implications for positive social change include improving the availability of mental health services in the community and ensuring that all mental health needs are met for children, adolescents, and adults. The identified problem is the lack of staffing in a BHO that impacts patient safety and communication among staff. The study findings supported the CEO in applying new factors that will help meet the

BHO's mission and vision goals. Section 2 will discuss the organizational profile and

provide readers detailed background information about the BHO.

Section 1b: Organizational Profile

Introduction

The purpose of this qualitative case study is to explore how a lack of staffing in a BHO affects safety and communication among staff and patients. The staffing shortage in the BHO have affected mental health services and patient care, leading to poor customer service. At the time of the study, the BHO had 148 beds. With this potential capacity, essential workers are vital to the BHO and play a significant role in day-to-day functions. The identified problem is a lack of staffing in the BHO that is impacting patient safety and communication among staff. When collecting data for this research, the following questions were applied to address the identified problem:

- How does a staffing shortage affect mental health services in the BHO?

- How does a staffing shortage affect safety factors among patients and staff in the BHO?

- How does a staffing shortage affect communication among staff and their ability to provide successful mental health services in the BHO?

This study examined the current operations, policies, and strategies that the BHO leaders have explored to improve communication and patient care with a staff shortage. Researchers have explored the reason for increased staffing shortages and turnovers in behavioral healthcare facilities. Findings show that more support in the organization, such as adding peer providers who can take on roles to reduce the workload for each employee, can help retain staff and improve services (Chapman et al., 2018). Meeting

staff needs and identifying organizational culture are critical for organizational performance in mental health facilities (Boden et al., 2019).

Organizational Profile and Key Factors

Organization Profile

When obtaining information for the organizational profile, a review of public resources and an interview with the CEO was conducted to describe the workforce profile, regulatory requirements, and organizational structure. The workforce profile provided insight on the workplace environment, performance measures, stakeholder engagement, and staff communication. The organizational structure covered the form of leadership and governance, detailing the reporting relationship among the governance board, senior leaders, department managers, and staff. Other elements were considered to support the significance of the practice problem, including workforce strategies, leadership engagement, and performance improvement. The workforce profile included workforce capabilities, capacity, and environment that aids in building high performance. Aspects of the workforce profile identified changes within the BHO regarding how operations are implemented during the staffing change, employee engagement with managers and leaders, how the workforce is managed, work systems, performance expectations, and performance measures. These elements were essential because they helped determine the gap related to the staffing shortage in the BHO.

Furthermore, it was essential to include the BHO mission and values because it guides how the organization functions. The BHO's mission is to solve the unmet needs of those with mental illness and substance use disorder according to the organization's

website. The BHO leaders ensure that all stakeholders establish their daily goals to meet the BHO values. The organization's values include the following:

· Safety- promote an environment of healing.

· Teamwork- maintain a positive attitude and commitment to others

· Integrity- do what is right even when no one is watching

· Compassion- communicate hope in everything we do

With the COVID -19 pandemic, there has been an increase in mental health and substance abuse needs in the community, with few resources that are easy to access for children and adults (CEO, personal communication, March 20, 2022). Therefore, addressing the staffing shortage, communication barriers, and safety issues may help increase the number of patients accepted in the facility and create a safe and functional environment that will help meet the mission of the BHO. Creating a design and building communication within an organization aligns with creating the culture of an environment and helping meet the organization's mission, values, and vision (Robyn & Lujan, 2016).

Key Factors

The BHO is a for-profit inpatient behavioral health hospital with three locations: Ohio, Delaware, and Kentucky (BHO website, 2022). The corporate office is in New Jersey; however, members of the corporate office communicate with the BHO leaders weekly through virtual meetings, emails, and phones (Leader). The BHO structure is a traditional hierarchical structure where communication starts at the top (corporate) and is filtered down to lower levels of management and employees (BHO Organizational Chart, 2022). Organizational structure is a method to help coordinate activities, view the work

factors, and evaluate members' performance (Ahmady et al., 2016). The CEO, chief nursing officer (CNO), and chief financial officer (CFO) ensure that new policies are implemented in the organization and communicated to department directors. The leadership team (internal directors, CEO, CNO, CFO) and corporate have weekly meetings to discuss organizational performance and needs (BHO Organizational Chart, 2022).

The BHO's executive leaders expect internal directors to communicate and educate staff on new protocols and policies. When there are patient care issues and staffing concerns in the unit, the directors are instructed to notify the CEO and CNO. When senior leaders and department managers identify how the organization will operate for that day, information is not adequately communicated to staff on shift or to onboarding staff beginning a new shift causing issues with potential new admissions and increasing the risk for an incident to occur (CEO personal communication, March 20, 2022).

The BHO is a 148-bed psychiatric hospital that provides specialized care, including inpatient and acute hospital services for those suffering from mental health illnesses and substance use disorders for children, adolescents, and adults. The organization is a for-profit facility, but due to the seriousness of mental health and substance use, the facility accepts walk-in individuals who are non-insured. One essential part of the inpatient and outpatient operation is the intake process. Potential patients have two options to choose from when pursuing a free mental health assessment. The first option is to enter the facility as a walk-in and be assessed by a clinician in the intake

department. The second option is being seen through telehealth technology by a clinician in the comfort of the patient's home. Regardless of the intake assessment option, patients must come into the BHO and be assessed by one of the telehealth doctors to determine if the patient should be admitted into inpatient care or referred to outpatient services.

During the intake assessment process, both clinicians (nurses and therapists) and coordinators must follow the Emergency Medical Treatment and Labor Act of 1986 (EMTALA) log. EMTALA provides state guideline rules on policy and procedures for psychiatric treatment and record-keeping on daily assessed patients. EMTALA rules aid in understanding emergency psychiatry's legal rules and boundaries and the factors that drive malpractice risks (Rozel & Zacharia, 2021). The EMTALA Log is used to document the time the patient entered the waiting room, the name of the clinician and coordinator that assessed the patient, and the patient's disposition (inpatient or outpatient). Leaders depend on the EMTALA log for annual audits and to determine the daily hospital census. Disposition placement for inpatient care is determined by the patient's level of care and gender. There are eight levels in the BHO for inpatient care. The levels are:

1. Bridges- for patients who are experiencing psychosis (highest level)

2. Integrity- for older adults who may need medical beds and who have increased need of medical assistance

3. Pathways- for patients who have a dual diagnosis of a mental illness and substance/ alcohol abuse

4. Connections- for adults who are not experiencing psychosis but are highly suicidal

5. Foundations- co-ed unit for children ages 6- 12 years old.

6. Compass Girls- for adolescent girls ages 13-17

7. Compass Boys- for adolescent boys ages 13-17

Organizational Background and Context

Staffing affects the BHO services. Patients and families have expressed concerns about safety and poor services during admission and stay (CEO, personal communication). This doctoral research assisted the BHO by bringing insight into organizational needs to help improve communication and safety.

Clients, Other Customers, and Stakeholders

Information about the client population was accessed from the BHO website. The BHO's clients are children from ages 6 to 17 and adults. Regardless of age, all individuals must have a mental diagnosis or dual diagnosis of mental illness and substance abuse (BHO website, 2022). The exclusionary criterion is a checklist used for all patients seeking admission to determine who is appropriate for inpatient psycho-therapeutic treatment (BHO Organizational Chart, 2022). The exclusionary criteria for the BHO state that the facility cannot accept the following individuals:

- Individuals who cannot self-manage activities of daily living

- A patient who has an organic condition such as mental retardation

- Individuals who have experienced developmental delays, dementia, autism, or previous head injuries

- Patients who have serious medical conditions that require close monitoring

- Customers who identified as patients who are seeking outpatient services

The BHO has two outpatient programs for individuals who do not require inpatient services. The two outpatient programs are the partial hospitalization program and intensive outpatient program; although inpatient services begin at age 6, outpatient services are only for adolescents (ages 13 and up) and adults. The partial hospitalization program provides medication management and group counseling that focuses on cognitive behavioral therapy, coping skills training, and a wellness recovery action plan. The intensive outpatient program provides group therapy three days a week without medication management (BHO website, 2022).

Stakeholders include everyone who helps the organization function (CEO, personal communication, April 20, 2022). Senior leaders, department directors, staff, doctors, and patients are internal stakeholders. External stakeholders include the IT department, constable officers, marketers, printer companies, medical suppliers, and medical leaders from local hospitals (CEO, personal communication, April 20, 2022).

Partners and Suppliers

The BHO suppliers and partners are essential. BHO suppliers provide equipment and services needed daily to assist with inpatient treatment. The BHO works with various vendors supplying medical supplies, food, medications, electronic equipment, and software systems to ensure that employees have the means to provide quality services. One of the major suppliers is medical records. Medical records are new to the BHO and

have provided an improvement in patient treatment by allowing psychiatrists to view patients' previous mental health history (CEO, personal communication, April 20, 2022).

Partners are identified as local hospitals, private health clinics, schools, and social service agencies such as child and adult protective services. (BHO website, 2022). Most new admissions are memorandum of transfer that are accepted and transferred from local hospitals (BHO website, 2022). Police constables are local partners that bring in patients found on the street who are a danger to themselves or others and placed on an Emergency Detention Warrant (EDO). The EDO is signed by a judge that mandates the patient receives psychiatric care and has clearance from a psychiatrist before returning to the community. Marketers work in the community recruiting from local hospitals and constables to get patients admitted into the BHO to ensure the company meets monthly census goals. Local schools send referrals for children who have been demonstrating behavioral issues. When children are referred to the BHO by a school, the child is required to complete the full intake process to determine what level of care is needed before returning to school to prevent suspension or expulsion. Private health clinics refer patients who are experiencing psychosis or at risk of self-harm and need a higher level of mental health care. Lastly, social service agency referrals are children who recently experienced abuse or neglect and children with behavioral issues that live in a group home. With the staff shortage, referrals are not assessed as needed during shifts because walk-ins are the priority, and on most shifts, there has been one clinician available (Leader, personal communication April 20, 2022).

Competitive Environment

According to the leader and CEO, the BHO's most significant competitors are local BHO in the urban area. The BHO shares the same community partners, making it a competitive market for new admissions. Competitors provide the same services as the BHO, making it essential to improve mental health services. If patients are dissatisfied with services, they can request to transfer to a local facility or not return for future mental health needs (Leader, personal communication, March 17, 2022). Regarding competitive salary and pay, the selected BHO indicates on its website that it provides the best benefits in the area, including dental, 401K, vision, life, disability, family medical leave, and paid time off without a probation period. *Fringe benefits* are an incentive that impacts employee performance and retention (Seti, 2008). However, the BHO salary offers are not comparable to local facilities. Participant 3 noted that hourly pay for clinician staff was $10-15 lower compared to other local mental health organizations.

Strategic Context

The BHO is accredited by the Joint Commission Gold Seal of Approval to ensure that the organization meets performance standards (BHO website, 2022). The BHO was established in 2016 to meet rising mental health needs in its urban community (BHO website, 2022). There has been a rise in mental health needs since the national pandemic of COVID- 19. Many BHOs across the country were shut down due to a staffing shortage and inability to meet government and state needs to operate. During the pandemic of COVID- 19, five state mental health hospitals were shut down in Virginia because more involuntary patients were forced to be admitted causing overcrowded and understaffed hospitals (Elwood, 2021). Furthermore, there has been a trend of increased mental health

needs in the community. The BHO exists to achieve its mission by providing dependable mental health treatment and services to the community and solving the unmet needs of those who suffer from mental illness and addiction (BHO website, 2022). The BHO has attempted to accomplish the organization's mission but has struggled to do so due to the current staff shortage (CEO, personal communication April 20, 2022).

Regulatory Environment

Providers in the organizations must have a license with good standing within the state to be employed at the facility. Individuals in positions that do not require licensure cannot have any criminal records on their background (Leader, personal communication, March 17, 2022). The BHO strictly adheres to the requirement of Health Insurance Portability and Accountability Act of 1996 (HIPAA) to ensure the privacy and safety of all patients. HIPAA allows patients to gain access to their medical records, identify patient rights, request confidential communication, choose an advocate during admission, and file a complaint if they feel that their rights have been violated (BHO website, 2022). To ensure that HIPAA rules are always followed, each admitted patient has their own four-digit identification number. When a family or friend calls to speak to a patient, they must identify the patient by name and the four-digit code (Leader, personal communication, March 20, 2022). Parents of minors create a call list of who can contact the child and whom the child can call during their free time. Participant 2 expressed that it is vital to check and update the patient call list to prevent changes in family dynamics and triggers that can influence the minor during treatment.

Consent forms are essential and must be completed during admission. The first consent form is the right to telehealth screening. Patients and guardians agree to be evaluated by a psychiatrist using Zoom videoconference to determine the level of care based on their mental health assessment (Leader, personal communication, March 20, 2022). A telemental health environment has risks and must be managed well to prevent malpractice and HIPAA violations when providing mental health services to patients (Kramer et al., 2015). To prevent HIPAA violations, all assessments and telehealth screenings are completed in a private interview room (Leader, personal communication, March 20, 2022). A second significant form is consent to psychotropic medications. Adults and guardians agree that a doctor will assist with medication management, and if needed, emergency medications will be given in certain circumstances, Participant 2 shared. During admission, all consent forms must be explained to patients and families to prevent malpractice, incident reports, and legal liabilities (Leader, personal communications, March 20, 2022).

Performance Improvement

The Joint Commission ensures that the BHO complies with state regulations and performance standards (BHO website, 2022). It is important to consider performance improvement because it helps build and establish a high-performance workplace, leading to better productivity and improved safety (Rothwell and Hohne, 2012). Communication barriers and safety factors are two of the fundamental aspects of the improvement performance system in the BHO. Increasing staff will help improve communication and safety, but while working on staff, creating a better flow of how information is passed

along will benefit the BHO (CEO, personal communication, April 20, 2022). New onboarding staff often leave the organization due to poor onboarding training and visual insight on poor communication and lack of support when working on the unit. Some new hires feel their license is in jeopardy and depart without notice (Participant 1).

Summary

The BHO is a for-profit organization for adults and children with mental illness and substance abuse disorder. As an inpatient behavioral health hospital, the facility has a census capacity of 148. Each unit is specified by age, diagnosis, and gender. The BHO has a traditional hierarchy organizational structure where communication begins with corporate down to the staff. Policy and laws for psychiatric treatment are implemented in daily services to prevent malpractice. The organizational background was discussed to provide insight into the BHO suppliers, partners, local competition, performance expectations, regulatory requirements, and strategic goals. Although the BHO mission is to solve the unmet needs of those who suffer from mental illness and substance use disorder, exclusionary criteria and EMTALA is considered when accepting and admitting new patients.

Section 2: Background and Approach Leadership Strategy and Assessment

Introduction

This qualitative case study explored how a lack of staffing in a BHO affects safety and communication among staff. The specific organizational problem is a lack of understanding about how a staffing shortage in a BHO affects safety factors between staff and patients and communication among employees and leaders and how these issues influence the ability of the organization to provide quality mental health care. Section 2 provides an overview of the academic literature relevant to the lack of staff and its impact on safety and communication. Additionally, an elaboration on the client population served, workforce and operations, and analytical strategies are described with the help of the Baldrige Excellence Framework (Baldridge Performance Excellence Program, 2021).

Supporting Literature

An extensive literature review was conducted on the influence of staffing shortages on safety and communication in BHOs. Various databases were used to obtain relevant peer-reviewed journal articles published within the last six years. Databases and search engines accessed for this literature review included Google Scholar, SAGE Publications, and ProQuest. Using the Walden University Library search tool, Thoreau Multi-Database Search, and EBSCO operators were determined. The following descriptors were used for the research quires:

- *Staffing in psych hospitals.*
- *Mental health hospital and staffing crisis.*
- *Workforce issues and psychiatric and safety or danger or risks.*

- *Staffing shortages impact on communication*

- *Staffing shortages impact on patient safety*

The specific organizational problem was that there was a lack of understanding about how a staffing shortage in a BHO affects safety factors between staff and patients and communication among employees and leaders and how these issues influence the ability of the BHO to provide quality mental health care. Most of the existing research did not focus on the influence staffing has on communication and safety. Previous research focused on staffing fatigue due to a lack of staffing and support and how it can have an impact on client satisfaction (Johnson et al., 2018). The existing literature has relevance to the practice problem by demonstrating what influences a staffing shortage in mental healthcare facilities and how it can have an impact on client services and mental health treatment.

Causes of Staffing Shortages

There are different causes of staffing shortages in the workforce, and they can occur for various reasons. Winter et al. (2020) stated that there are significant variations in staff shortages across hospitals, with some of the creations relating to environmental and organizational characteristics. Oaters et al. (2021) discovered that multiple factors influence high secure hospital recruitment and retention, including employee fatigue, working terms, and conditions due to the lack of staff, and recruitment strategies (training). Research suggests that building stronger relationships between employees and leaders and creating a more successful hiring practice will reduce the turnover within the mental health field (Bukach et al., 2017). Han and Ku (2019) focused on behavioral

healthcare systems in rural areas. It was discovered by Han and Ku (2019) that behavioral healthcare staffing and services were experiencing a crisis due to the staff-to-patient ratio in the rural behavioral setting being 66 percent higher than 49 percent in urban areas. The researcher found that more clients were visiting urban areas due to better staffing and services.

Burnout is a factor in the staffing shortage issue. Mental health professionals have high burnout rates (Johnson et al., 2018). Erbe (2022) explored how compassion fatigue can lead to staffing shortages influencing patient care and increasing staff vacancies within mental healthcare. Staff with an extensive work history in the mental health field experienced a change in attitude toward patients and became less humanistic due to feeling burned out (Maslach & Jackson, 2013). O'Connor et al. (2018) found that 40% of mental health professionals reported emotional exhaustion from a lack of leader support, unmanageable caseloads, and poorly developed team functions. Employees have expressed burnout in acute mental health hospitals due to feeling unappreciated and unsupported by authorities (Sobekwa & Arunachallam, 2015). Rising levels of burnout and poor well-being in healthcare staff are an international concern, and few interventions have been conducted targeting mental healthcare staff (Johnson et al., 2018). High employee turnover has direct and indirect costs that affect employee performance (i.e., increased stress, decreased self-efficacy, educational expenses, and the decline of social capital within an organization; Chowdhury & Hasan, 2017). For these reasons, burnout and turnover are critical issues for BHOs to address.

Adverse Effects of Staffing Shortages

Poor leadership support is one negative factor that has an impact on staffing shortages. Research suggests that building stronger relationships between employees and leaders and creating a more successful hiring practice will reduce turnovers within the mental health field (Bukach et al., 2017). Aaron et al. (2019) examined the leadership, organizational climate, staff turnover intentions, and voluntary turnover during a statewide behavioral health system reform. Results revealed high turnover due to leadership. Results suggested that positive leadership was related to a more robust empowering climate reducing turnover intentions and turnover in staff. Human resources (HR) departments are an essential factor to consider when exploring staff shortages. HR and leaders work together to determine what recruitment efforts are needed to fill vacancies and employee wages. HR departments determine what is vital for the organization to help meet its mission, goals, and objectives (Kamalaveni et al., 2019). Findings suggest that policy intervention from HR and leaders ensures operational effectiveness, transformational leadership, and job satisfaction, which can help improve staffing and performance outcomes (Choi et al., 2016).

A staff shortage affects organizational context. It is imperative to improve staffing to establish a culture that can enhance the safety and quality of care for both nurses and patient outcomes (Ying et al., 2021). Elwood (2021) provided insight into how critical staffing is in a BHO and how it can influence limited admissions, increase safety risks, contribute to high employee turnovers, and possibly result in immediate shutdown. Due to staffing shortages, patients have reported waiting longer for care in life-threatening emergencies and sometimes being turned away without any proactive solution, causing

patient safety concerns (PR Newswire, 2022). Safe staffing is essential in the mental health field. Organizations should look beyond regulating staff numbers alone and consider staff morale to ensure the delivery of high-quality, secure, and effective services (Baker et al., 2019).

Influence of Poor Communication on Patient care and Safety

Poor communication between healthcare workers affects patient care (Owolabi, 2020). Burnett (2020) used the Baldrige Excellence Framework criteria to determine the behaviors of leaders and how their performance and work sustained a BHO during organizational change. Burnett's (2020) study showed that employee engagement positively impacted communication, leadership support, and effective patient care. Orui and Yasumura (2019) found that leaders experienced less psychological stress and a more manageable change process within the workplace when initiating open communication. Vandewalle et al. (2016) explored how communication barriers in the mental health field caused poor organizational arrangements and inadequate overreaching of social and mental health policies. Improving communication can assist in patient care, but also improve workforce culture.

Communication is essential in the BHO and can help prevent safety risks between staff and patients. Improving communication between staff can aid in developing environments central to restraint reduction in mental healthcare (Wilson et al., 2018). Effective communication is essential to patient care and improving nurse-patient relationships and can significantly affect patients' perceptions of health care quality and treatment outcomes (Siamatu, 2020). Good communication promotes collaboration,

prevents workforce errors, and dramatically improves clinical outcomes (Alkhaqani, 2022). When communication is delivered effectively by department leaders, the process of patient care is easier (Leader, personal communications, March 20, 2022).

When improving communication, all factors in the workforce should be considered. Employee training is essential, and it helps meet the demands within the workplace, including communication, patient care, and effective mental health services (Hall et al., 2015). Developing a strategic communication strategy can reduce incident reports and improve patient interaction. Baby et al. (2018) discovered that communication skill training enhances the confidence of staff in dealing with aggression and minimizing hostile behavior from patients.

Staffing Shortage Influence on Safety

Communication barriers increase the risk of patient safety and adverse outcomes in patient care (Eränen Millicent, 2021). Kim and Lee (2015) research results revealed that patient safety in mental health hospitals is positively correlated with communication between staff and the frequency of events involving attitude and lack of support from supervisors and managers. The workplace environment impacts healthcare delivery. Therefore, it is essential to have open communication and dependable team collaboration in helping to reduce medical errors and increase patient safety (O'Daniel and Rosenstein, 2008). Research call for more explicit attention to the need for support for mental healthcare workers to reduce safety incidents (Zeeman et al., 2020). Inpatient psychiatric units operating at the greatest occupancy levels had higher suicide attempts during patient

admission than lower occupancy levels because of hospital strain and pressures due to staffing shortages (Kapur et al., 2022).

Healthcare professionals in Mental Health Services who reported moral distress and secondary traumatic stress symptoms because of bad work environments related to staffing issues led to reduced productivity and inadequate safety of care (Christodoulou-Fella et al., 2017). Leaders must invest in increasing staff so current employees may be valued as fundamental in promoting patient safety and developing competencies for better decision-making when caring for patients (Oliveira et al., 2015). The overall patient safety culture is impacted by working hours, staffing ratio per shift, teamwork, communication, reporting an event, and exchange of feedback about the error (Wami et al., 2016).

Sources of Evidence

A foundational knowledge of how the BHO operates was needed to understand how an increase in staff will benefit communication and safety factors. Sources of evidence for this qualitative study included structured interviews with the CEO, the leader of the intake department, and three participants. A structured approach helps collect certain variables to help build a connection with participants (Adhabi & Anozie, 2017). Secondary data was also obtained to help demonstrate how the BHO managed patients, created and implemented strategies, and measured performance. Additional secondary data included the BHO website and online patient reviews.

Leadership Strategy and Assessment

Leadership is critical to implementing and sustaining new methods in an organization (Aarons et al., 2016). Leadership is the interaction between leaders, managers, organizations, and a situation; it has always been significant at all levels of health sectors (Weintraub et al., 2019). Stability can be created through staffing, budgeting, problem-solving, and organizational control (MacGillivray, 2018). The BHO is a private for-profit organization led by a governing board. The governing board includes the owner, CEO, CFO, CNO, and the medical director (Leader, personal communication, March 20, 2022). The governing board conducts weekly meetings to discuss challenges, accomplishments, and new strategies to implement in the organization (CEO, personal communication, April 20, 2022). The governing board and leaders work closely together to implement changes to improve services. Once the governing board decides what changes are needed, it is required for leaders to communicate and educate the staff on the new or adjusted changes (CEO, personal communication, April 20, 2022). Leadership supports effective implementation and highlights strategies to improve the organization and team environment (Aarons et al., 2015).

Short-Term and Long-Term Goals for Action Plan:

The Value Committee meeting is an annual meeting for all sister facilities to attend and discuss previous strategic plans (Participant 2). Each governance board member selects 1-2 staff members who work on different units to attend the Value Committee meeting. The purpose of inviting staff is to help the governing board members capture a change of perspective on previously applied strategies and how it impacted staff and patient care (CEO, personal communication April 20, 2022). Based on the results and

current needs of the BHOs, new strategies are created for the year during the Values Committee meeting. During the meeting, leaders and selected staff from each department come together to discuss the action plan from the prior year (Participant 2). Even if the action plan is unsuccessful, leaders determine deficiencies and current issues within the BHO and create long-term and short-term goals for the upcoming year (Leader, personal communication, April 20, 2022).

When creating and adjusting new strategic plans during the Values Committee meeting, each governing board member and selected staff ensure that the BHO mission and values are aligned with each goal (Participant 2). Implementing new strategies is a complicated process in behavioral health; it should be selected and tailored to address current needs (Powell et al., 2017). Strategies are implemented into the BHO when the governance board members facilitate a meeting with department leaders and discuss the new strategic plan created during the Values Committee meeting (CEO, personal communication, April 20, 2022). The deployment strategy includes emails, team meetings, and mandatory online training courses (if needed) for all employees. Unit meetings are facilitated by the CEO and department leaders. Staff is provided opportunities to ask questions and state their concerns regarding changes (Participant 3).

Action plan goals are determined by the strategic plan from the prior year. The immediate needs of the BHO determine the organization's key short-term goals. The identified short-term goals for the BHO are to increase staff to help build workflow and communication, create a safer environment for patients, and transfer medical records electronically (CEO, personal communication April 20, 2022). The staffing shortage is

the most significant issue and is the base of how other goals are created. We must focus on staffing when trying to improve the intake process and inpatient treatment (Leader, personal communication, April 20, 2022).

The BHO has implemented different strategies to address staffing shortages. One approach is hiring contract employees to fill in the gap until achieving an adequate number of permanent staff (CEO, personal communication April 20, 2022). A second strategy is utilizing current staff to fill in the gaps in different departments. The BHO has created a budget for overtime pay (CEO). Existing staff can assist other units when there is a shortage for that shift and can achieve overtime pay (Participant 3). Gaining assistance from team members helps reduce the pressure and provides more security for employees and patients (Participant 2).

Transitioning medical records electronically will provide better service to new and previous patients admitted into inpatient care. Medical physicians and psychiatrists can review previous mental health treatment from local hospitals and prior admission in the BHO when using electronic medical records. It will help service quality care (CEO, personal communication, April 20, 2022). Currently, doctors must wait on the patient family or electronic fax to provide medical and mental health history if the patient is experiencing psychosis due to safety. Transitioning to electronic medical records will prevent medical emergencies, provide quicker access when admitting patients, and help staff to provide consistent mental health treatment during re-admission (CEO, personal communication, April 20, 2022).

Long-term goals are based on unaccomplished goals from the previous strategic plan (Participant 2). The long-term goal is to allow patients to have personal cellphone usage while admitted in the hospital and to expand contracts to hospitals outside the county. There has been an increase in adult patients leaving against medical advice (AMA) because they have no access to their personal life during inpatient stays. Allowing patients access to their phones during intake and inpatient care will make a difference in their mood and treatment participation (CEO, personal communication, June 10, 2022). Patients become frustrated when they find out they cannot have their cellphones or tablets when admitted into inpatient care, and they constantly want to use nursing station phones (Participant 1). The goal is to create consent forms and a schedule for electronic usage for each unit that adheres to HIPAA laws (CEO, personal communication, June 10, 2022).

Another long-term goal is to expand contracts to hospitals outside of the country. Expanding contracts will help meet the monthly census goal and expand knowledge of the BHO services across other communities. Marketers and senior leaders have built a rapport and extended contracts with local hospitals within the county (CEO, personal communication, June 10, 2022). Counties outside the 25-mile radius of the county have no inpatient psych hospitals or mental health services. Extending services to out-of-county hospitals will continue the mission of the BHO (CEO, personal communication, June 10, 2022).

Key Performance Indicators (KPIs)

When creating short-term and long-term goals for the strategic plan, the governing board and leaders discuss and review the BHO's current key performance indicators (KPI). When reviewing the KPI, the governing board analyzes all areas of the organization, including staff ratio, patient care, treatment, and overall performance. KPI is important for monitoring an organization's or industry's performance and is used to identify poor performance and improvement potential (Lindberg et al., 2015). The BHO measures performances based on patient satisfaction, monthly and weekly census, and revenue growth (Leader, personal communication, April 17, 2022). The CEO and HR oversee measuring performance, and results are discussed in end-of-the-month meetings with the governing board and department leaders (CEO, personal communication, April 20, 2022). Although long-term and short-term goals are created during the annual value committee meeting, monthly goals are created based on performance results to help with monitoring and remaining on track to meeting goals.

Modified Action Plans:

Currently, the BHO continues to struggle with how to modify action plans if circumstances occur. The current staffing shortage is an issue that the BHO has been experiencing from for the past two years (CEO, personal communication, March 20, 2022). One plan the BHO can depend on is funding and backup funding (CEO). Per the CEO, funding is a topic that cannot be disclosed for this project due to confidential reasoning.

<div align="center">Clients/Population Served</div>

The patient population served at the BHO are youth ages 6-17 and adults. Patients who qualify for the inpatient program must have a mental and behavioral diagnosis or a dual diagnosis of mental illness and substance abuse (BHO website, 2022). The short-term program aims to service inpatient psychiatric treatment, substance use disorder treatment, 24-hour assessments, and crisis stabilization (BHO website, 2022). For each admission, the BHO ensures they follow the EMTALA rules and exclusionary criteria. Individuals who have dementia, autism, an intellectual or developmental disability (IDD), or serious medical condition do not meet EMTALA qualifications due to the inability to participate in all treatment services, such as group therapy, individual therapy, group activities, medication consent during treatment (for adults), and emergency treatment if needed. Inpatient units are separated by age, gender, and diagnosis (BHO website, 2022).

The BHO accepts out-of-pocket payments and insurance companies that have mental health coverage. Insurance companies require a DSM-5 diagnosis and a doctor's order stating the reason for inpatient treatment to bill and cover patient inpatient care. If patient insurance does not cover treatment, the BHO creates a payment plan option to help meet the needs of each person seeking mental health services (CEO, personal communication, April 20, 2022).

Per the intake department leader, individuals seeking treatment through the BHO are assessed in the intake department. Clinicians obtain the patient mental health and medical background information and current chief complaint when evaluating the patient in a private interview room. A "nurse to nurse" assessment is completed via phone by a clinician for all patient referrals from outside facilities. Patients referred by constables,

schools, and social service agencies cannot complete "nurse to nurse" assessments because medical information is unavailable when referred. Although a pre-assessment is not required, a brief history of why the patient needs treatment is obtained before arrival to confirm that the patient meets exclusionary criteria and that an appropriate bed is available.

Leader's Engagement with Patients

Patient engagement is an essential factor to implement when providing services to the community. Clinical leadership should focus on improving efforts in a culture that actively uses patient data and feedback to meet patient needs and expectations (Shortell et al., 2017). The BHO leaders establish relationships with patients and their support systems during the intake process. Leaders introduce themselves and explain the treatment process and person of contact to the assigned unit; interactions are continued during a patient's stay until discharge (CEO, personal communication, April 20, 2022).

Implementing the target population into research or strategies can help overcome barriers and challenges that arise and threaten the productivity of collaboration (Cukor et al., 2016). Occasionally, the governing board invites one to two alum patients to the annual Value Committee meeting to gain a different perspective when creating goals for the BHO. During the Value Committee meeting, stakeholders discuss accomplished and unmet goals and create a new strategic plan for the following year (CEO, personal communication, April 20, 2022). The selected patient(s) assist with providing their views and feedback on the services during admission and their insight on some potential goals. The patient(s) is not allowed during the entire conference. Still, their feedback helps

bring awareness of what is needed in the community that the BHO can provide and implement into new goals and aid in adjusting previous goals (CEO, personal communication, April 20, 2022).

Analytical Strategy

A qualitative case–study research design was used for this doctoral study because it provided details of the theoretical underpinnings of methodology and recommendations for best healthcare practices (Hunter et al., 2019). Qualitative data allows participants to explain their individual experiences while assessing intervention improvement. Interviews provide in-depth information from participants' experiences and viewpoints that can help support a topic and provide validity of the results (Turner et al., 2022). Qualitative methods are used in psychology because it allows diversity, and the design includes trustworthiness and credibility (Howitt, 2019). This section will detail the research design, method, participants, methods of data collection strategy, and efforts to ensure the study met the research criteria and was trustworthy and credible.

Triangulation

Methodological triangulation provides alternative perspectives to complex problems and gains an innate understanding of complex problems (Joslin and Müller, 2016). Triangulation is demonstrated through the collection of multiple sources, including semi-structured interviews, secondary data, and literature reviews. Evidence collection and analysis provided a deeper insight into the CEO, Intake leader, and participant's perspectives on how the staff shortage has impacted patient care, staff communication, and organizational changes about the Baldrige key factors.

Role of the Researcher

Qualitative research recognizes integrity and transparency (Shaw and Priya, 2018). In this study, this writer assumed the scholarly consultant role and performed ethically when collecting data. During the collection of data, this writer ensured all data was safely protected, respected shared experiences, acknowledged each participant as an expert on their own experiences, and followed the rules and expectations of the BHO. As the scholar-consultant, this writer was a researcher that is part of this doctoral study and has no personal connections to the BHO. This writer applied the best practices for this qualitative research during the development of the study design, methods, and analysis.

Data Collection

This section will provide details on the procedure that was used for data collection. Data was collected through one-on-one interviews with the CEO, the Leader of the intake department, and three participants. Interviews give the most direct and straightforward approach when collecting data regarding a particular phenomenon (Barrett and Twycross, 2018).

Epistemology was used when conducting interviews. Epistemology deals with valuable knowledge by asking, "Is knowledge something that can be acquired on the one hand, or is it something that has to be personally experienced?" (Kamal, 2019). Using epistemology helps researchers understand a phenomenon's reality by interviewing someone about their experience and knowledge (Kamal, 2019, p.1390). This proposed research study is meant to facilitate my interaction with participants to gather data that will be used to establish knowledge references to each selected individual perspective on

the current staffing shortage at the BHO and its impact on staff communication and safety factors.

As the primary data-collection instrument, semi-structured interview questions were created that supported the research question (see Appendix). Each open-ended question was created to achieve each individual's perspective regarding the staffing shortage. Interview questions were designed before meeting each individual. All interviews were confidential and recorded using an iPhone audio recorder. Handwritten notes were taken to document critical information, clarify information, and help keep track of needed follow-up questions.

Archival Data

Archival data, also known as secondary data sources, provided important information for this research. Archival data significantly supported this doctoral study due to limited BHO records access. Because of privacy, the CEO did not allow a review of legal documents. Legal documents include organizational finances, patient surveys, results of state audits from the Joint Commission, and incident reports. Archival data for this research were collected for the year 2020-2022 through a review of public documents to promote an understanding of the BHO culture, structure, and services. The following sources were used:

- The BHO website page

- Google reviews listed under the BHO public link

- BHO post on Indeed

- BHO post on Glassdoor

- BHO staff reviews and posts on LinkedIn

Research Process

The Baldrige Framework of Excellence (Baldridge Performance Excellence Program, 2021) was used to help analyze data collected in the study. Three of the seven factors of the framework were applied: workforce environment, leadership, and work processes (Baldridge Performance Excellence Program, 2021). The framework helped identify strategies that best support the research problem.

The first phase of the research included a review of secondary data sources to help create interview questions that aligned with the research problem and the Baldridge Framework. Example research questions from weekly discussions on the Walden Student Portal were used to help fill in the gap to meet the dissertation checklist criteria. All questions were written in a notebook and organized by topics and related identified issues.

Procedures

Walden University's Institutional Review Board (IRB approval # 02-11-22-02-11-22-0995159) approved the selected topic and the BHO to be researched. Based on the research problem, three participants were selected (with the consent of the CEO) from three departments- intake therapist, intake coordinator, and one-unit registered nurse (RN). Participants were selected by seniority in each department and participation in attending the annual Value Committee meetings. The intake director was chosen as a leader due to the BHO admission process and the significance of the department's role in staff communication within all units. The intake department is the first to interact with

patients, accept referrals from local facilities, and communicate with units on available beds and pending discharges. The CEO identified the BHO issues and was selected to provide organizational details and needs.

Each interview was held at the BHO in a private office with the permission of the CEO and leader. Interviews were scheduled via phone with the CEO secretary and the intake department leader. This writer was allowed 30- 60 minutes for each session. All interviews were confidential and recorded using an iPhone audio recorder and handwritten notes. Interviewees gave consent to the recording before answering questions and were informed of the privacy of their names during the process.

Interview questions were designed to obtain necessary information for a comprehensive understanding of the practice problem - how a staffing shortage in a BHO impacts safety factors for patients, communication among employees and leaders, and how these issues influence the services of providing quality mental health care. All questions during the interview were open-ended and allowed everyone to elaborate on the topic. Questions were not asked in the order created but asked by the flow of conversation. After each session, a summary and reflection on the data collected were discussed with the interviewee to ensure the data was accurate. After the summarization, the interviewee could ask questions or provide additional information. This researcher expressed appreciation for each individual's participation and time in supporting this doctoral study during each interview.

Interviews were transcribed using Wreally after each interview, and the results were utilized in each section of the research study. Secondary data helped create

interview questions but was not mentioned during interviews to prevent an influence on the responses to interview questions. The CEO provided a visual of the Committee Meeting Board that was created during this year's (2022) meeting, but a picture was not allowed to implement into this paper.

Coding

Structured interviews were transcribed verbatim using Transcribe by Wreally. Wreally allowed access to upload each interview recording one by one without any special software. When all interviews were transcribed, it automatically imported into a Microsoft Word document. When completing coding, each interview was copied and pasted into one document on Microsoft Word.

Thematically coding was organized and based on the relations from the results of the interview questions. The coding was completed manually. Each transcript was color-coded by related topics to help organize categories, cut out the fluff, and leave what was most important. The transcribed interview document was uploaded in a word cloud, which provided the weight of each word used from interviews starting with the highest frequency to assist with organizing categories. Four themes emerged to help create patterns in results. The themes are- communication, safety factors, staffing shortages, and barriers to staffing shortages. Data analysis provided an understanding of the need to increase staff to help improve communication and safety within the BHO.

Ethical Research

Ethical practices were used in developing the research design, methods, process, and analysis. Before developing this research, a meeting with the CEO was conducted to

discuss issues within the BHO. The CEO identified the problems in the BHO and approved the research topic. Before the interviews, the approved prospectus form was presented to the CEO and leader to help them better understand the research study. The approved IRB form from Walden University was provided to the CEO and leader. Anonymity was maintained for each participant throughout the doctoral research, along with the BHO name and location. This strategy allowed this researcher to establish trust with the participants and the CEO, who was adamant about confidentiality in this process.

Data Storage and Protecting Privacy

Confidentiality is essential when completing qualitative research and was implemented to ensure that all information remained private and secure during this process (Arifin, 2018). When conducting interviews, all sessions were held in private rooms with limited access to other staff in the BHO. No information was shared or discussed with other participants. To ensure confidentiality, all interviews were uploaded into a file onto my laptop and deleted from my iPhone after each session. A private password was created for the file for protection. My computer was always stored in the privacy of my home with its password and touch ID to further privacy and security.

Limitations

The planned timeline to collect primary data was three weeks. Due to staffing shortages, the CEO, Leader, and participants were unavailable, and interviews were rescheduled multiple times. Some interviews were cut short due to problems occurring on

the units that required the leader and CEO's support. Some interview questions were asked twice due to interruptions and long waits for follow-up interviews.

Another limitation was communication. The CEO requested that scheduled interviews be arranged with his secretary via phone. During this process, various attempts were made, and numerous voicemails for callbacks were sent. Unfortunately, calls were not returned. The leader had to step in and assist with scheduling interviews. Eventually, the CEO returned missed calls and scheduled interviews. After the last interview with the leader, she submitted her resignation. The leader's resignation was provided by participant 1. Although these limitations caused a delay in collecting data, it provided greater insight into one of the identified issues- communication.

Summary

There is significant research on staffing shortages in mental health facilities. Research is limited on staffing shortage's impact on communication and safety factors. However, research is consistent that a problem does exist. Section 3 will explore the organization's measurement, analysis, and management components. There will be details on how the BHO leaders create a compelling and supportive workforce environment for both the employees and patients. A description of how the BHO manages and improves its critical services and work process. In addition, section 3 will include an evaluation of the BHO utilization of knowledge assets and information related to improving communication and safety during the current staffing shortage.

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

Organization

Introduction

The BHO leaders have encountered staffing shortages for the past two years

(CEO, personal communication, April 20, 2022). The CEO identified how the staffing

shortage impacts communication and safety. The CEO and governing board members

have been creating goals and implementing methods into the BHO for the past two years

to help increase staff and improve mental health services.

Data collection includes interviews, secondary data, and research. Interviews with

selected participants shared their perspectives on the BHO staffing shortage issues. The

CEO and director of the intake department provided approval for interviews with selected

participants to help support this study. Further, a comprehensive description of the BHO's

history and services is on the public website. The public information on the website

targets adolescents and their families, external stakeholders, and internal stakeholders

(BHOA website, 2022).

Analysis of the Organization

The BHO has experienced high turnovers in all departments: intake department,

nursing, directors, human resources (HR), therapists, and MHT (CEO, personal

communication, March 17, 2022). A staff leader from headquarters currently operates the

HR department due to three HR staff turnovers within the past year (CEO, personal

communication, March 17, 2022). The current HR manager has been working at the BHO

for approximately four months to help with increasing staff.

Recruitment and maintaining staff are the primary goals for the BHO. The CEO and HR have been working on recruiting staff by posting jobs on the public organization website, creating referral bonuses, offering competitive sign-on bonuses for new hires, and offering promotions to current staff (Participant 3).

Recruitment

As part of staffing and recruitment, the BHO advertises benefit plans, including health, dental, vision, and short-term and long-term disability. Electronic recruitment includes the BHO website, Indeed, Glassdoor, and LinkedIn (CEO, personal communication, August 17, 2022). Additionally, hired staffing agencies post recruitment information for the BHO.

The BHO facilitates new hire orientation classes the first week of each month. Orientations are held at the BHO for one week, including cardiopulmonary resuscitation (CPR) and client and service information system (CSI) certification classes. During an interview with the CEO (personal communication, August 17, 2022), the HR leader was allowed to explain the onboarding process. New hires complete a drug screening, background check, and tuberculosis test and must be fully vaccinated for COVID- 19. Per the HR leader, many candidates complete orientation and quit after their first week in their assigned unit. New hires are provided the needed training, but they see first-hand how understaffed the departments are and the pressure placed on each staff member per shift; then, they put in a two-week notice or become a no-show for the next scheduled workday (Participant 3). Therefore, senior leaders have considered changing the orientation process by extending orientation to two weeks and allowing department

managers to complete the first week of training on the assigned unit to monitor the new hire training process and answer questions regarding policies and procedures.

One strategy the BHO has implemented is hiring a staffing agency to fill in the gaps of staffing shortages. Adding contract workers costs the organization more money. However, it helps relieve pressure on current staff, improves admissions and the inpatient treatment process, and provides more time to recruit permanent staff (CEO, personal communication, March 17, 2022). Contract workers sign a 13-week contract with the BHO and can extend their contracts if approved by department leaders (HR leader, personal communication August 17, 2022).

Communication and Leadership

When addressing staffing shortages, communication from the governing board and department leaders is essential for the BHO to ensure workforce operations and engagement strategies are efficient and supportive of staff. Participant 2 described the communication process and employee engagement in the following manner: "intake department is the first to interact with patients, and we are the last to know about the policy and procedure changes. When reporting on a new patient, we receive new information regarding a change in patient care mostly by word of mouth from other staff." The CEO shares that communication is a constant struggle within the organization. Every morning an hour meeting is held with me (CEO), department leaders, and marketers to discuss daily patient census, bed count, discharges, unit staffing, and incident reports; information regarding patient care and daily goals are expected to be passed down to staff by department leaders (personal communication, April 20, 2022).

The CEO identifies the BHO leaders as transformational leaders to help engage staff to achieve a high-performance work environment. To meet the mission and values of the BHO, leaders work to identify needed changes to help improve the communication system and other issues that need change. Transformational leaders have an inspiring and creative approach that leads people to try their abilities in the organization and innovate in their work area (Korejan et al., 2016). In this regard, organizational strategies, implementation, and the ability to motivate employees to perform optimally can be shaped by leadership (Puni et al., 2016). However, a poor leadership style can influence employee loyalty, voluntary resignation, or counterproductive work behaviors (Puni et al., 2016).

Supportive Workforce

A practical and supportive work environment is essential when improving and adding new strategies. As mentioned earlier, the CEO, department leaders, and marketers attend an hour meeting to brainstorm strategies, share ideas, and engage with one another to track workplace performance. Leaders from each unit discuss each department's challenges when admitting and caring for a patient. New methods are created and implemented to help improve daily tasks and exhibit support to staff.

The round room has a chart with the yearly strategic plan, challenges, and new systems implemented to fix identified issues. The chart helps the CEO and leaders keep track of identified problems and accomplishments throughout the year (Leader, personal communication March 20, 2022). Observance of challenges and achievements aids in meeting the needs of the strategic plan and preparing for challenges identified as risk

factors (Patel et al., 2018). The goal is to provide adequate mental health services to the community regardless of staffing issues and support our staff along the way (CEO, personal communication, March 17, 2022).

Building a supportive workforce environment is essential. The BHO contributes to perceived organizational support (POS). POS helps organizations build favorable relationships with employees and encourage employees to work hard (Sun,2019). The BHO supports current employees by creating and arranging work schedules to ensure there is enough staff to reduce work fatigue, provide overtime pay and bonuses to staff that works extra shifts, and halt new patient admission if the patient-to-staff ratio is high (Participant 3). The CEO is the face of the BHO and aims to be present to staff daily. The CEO helps intake when there is a surge of new admissions by bringing patients food and water, and he will engage with patients and their families to help reduce frustration due to the long wait (Participant 1).

One identified task for leaders is providing staff support during each shift. Leaders are expected to help with patient care when the unit census is high and there is minimal staff on the unit (Participant 3). When employees feel supported, organizations see a reduction in call-ins, an improved mood in staff, and an improvement in retaining staff (Eisenberger et al., 2020). Most of the staff has been with the organization for years because of the relationship they have built with the CEO and other senior team members (Participant 3).

High-Performance Work Environment

A high-performance work environment is dependent by employee engagement. Employee engagement is influenced by three categories- organizational factors, job factors, and individual factors (Sun & Bunchapattanasakda, 2019). Respectful treatment is recommended in all three aspects when focusing on employee engagement. Respectful treatment includes managers' attitudes toward employees, fair performance ratings, employee empowerment, and a proper salary system (Chandani et al., 2016).

As stated earlier, the CEO and leaders make it a task to support staff daily. One objective that has been identified by staff is salary. There are local BHO's in the area, and our facility has the lowest pay rates (Participant 3). The owner of the BHO did not approve salary rates to be disclosed in this research, but the CEO states that salary is based on experience and an increase in pay rates is granted to every employee yearly. The BHO website (2022) details the benefits provided to all employees and private mental health services through the organization.

Employee empowerment helps build a high-performance workforce (Osborne & Hammoud, 2017). Employee empowerment is when staff can express their views without concerns of their job being negatively impacted. The yearly Value Committee meeting is one method that the BHO senior leaders have created for staff to express their experience and concerns. As mentioned in the short-term and long-term action plan section, selected staff can express their views on challenges that they experience while working at the BHO. The Values Committee meeting is an example of how the BHO created a platform for staff to feel empowered and express their concerns without concern for consequences. Leaders also help with advocating for staff concerns during daily meetings with senior

leaders. Engaging and showing employee support can help improve patient care and organizational services and create a safe workplace culture (Sun & Bunchapattanasakda, 2019).

Work Processes

Data from the September 30, 2022, interview with participants 1 and 2 provided insight into the BHO's work process. The organization's design is based on the emergency medical treatment and labor act (EMTALA) to manage the work process. EMTALA provides state laws and scopes on how psychiatric hospitals should practice and operate (Martell, 2019). To establish good practice and compliance with EMTALA, closely monitoring the patient-to-staff ratio is essential.

Work processes have similarities and differences for each unit, but the performance level is rated similarly. At the beginning of each shift, all staff is given a handoff patient care report and updated unit census. Patient's pending admission during shift change are a priority and must be completed before providing a handoff report. Leaders make their rounds on each unit to check on patients and confirm bed availability to senior leaders in morning rounds. After morning rounds, an updated census is provided to each unit, and the intake department uploads pending admissions, and available beds on the electronic bed board. Bed boards are located on each unit via smart TV.

The therapist working on the inpatient units completes individual and group therapy daily. Medical doctors are available in the morning for patients who have a medical diagnosis or doctor's orders for lab work. Each psychiatrist has an assigned unit. Psychiatrists meet with patients daily for mental health treatment and to determine when

the patient is cleared to discharge. The discharge planning team assists children and adults with housing and guardianship issues.

Intake Process

When admitting a patient, intake staff follows the EMTALA log rules and exclusionary criteria. Patients are expected to be admitted within 30 minutes of entering the intake office. A therapist or RN (whoever is available at the time) will meet with the patient in an interview room and complete an assessment. The assessment is uploaded in Mindcare. Mindcare solutions is a telepsychiatry system that partners with healthcare organizations to deliver behavioral health services (Yellowlees & Shore, 2018). Mindcare allows therapists, RNs, and other clinical staff to communicate and review orders from medical and psych doctors (Yellowlees & Shore, 2018). When a psychiatrist reviews the assessment and examines the patient using Zoom video calls, the order is uploaded, and the admission process begins. The doctor creates an outpatient referral order if a patient does not meet inpatient criteria.

Patient units are determined by age and diagnosis. The RN and therapist call unit nurses to complete patient report. The intake coordinator privately meets with the patient or family member to sign admission consent forms, review insurance coverage or out-of-pocket fees, and document patient belongings (clothing and personal hygiene) in the system. Once all forms and handoff reports are completed, the patient is escorted to their assigned unit by the coordinator.

When a patient enters the unit, an MHT begins unit screening. Unit screening includes checking vital signs, labeling patient's personal belongings, and educating

patients on unit rules. The unit RN reviews vitals and doctors' orders with the patient.

Once all tasks are completed, patients can remain in their room or come to the dayroom

and engage with staff and other patients. If suicide precaution is placed on patient orders,

a psych tech will complete 15-minute checks on the patient, regardless of their location

on the unit.

If doctor orders outpatient care for a patient. The RN or therapist will set up

outpatient treatment through the BHO or a facility near the patient physical address.

Patient name, outcome (inpatient or outpatient), admission time, and coverage (insured or

non-insured) is documented in the EMTALA log before escorting to ordered disposition.

Due to the staffing shortage, the BHO assures that each unit's capacity complies

with the staff ratio. If not, staff are moved to support other departments, or patients are

transferred to different units with more staff; sometimes, units are shut down temporarily

(CEO, personal communication, September 2, 2022). Daily performance is tracked in the

system. Safety checks, food intake, vitals, therapy attendance, and daily behavior are

documented in patient charts and evaluated daily by unit leaders to help measure quality

control. Unfortunately, there is no quality assurance department to look at performance

data regularly and help with the change processes. The CEO and other senior leaders

monitor performances and apply changes.

Management of Operation

Technology is a key service that is utilized in the BHO. Each unit, including the

intake department, has a nurse station monitor called the bed board. The bed board

displays the number of patients in each unit, pending discharges, pending admissions, and

available beds. The intake department leader says the bed board helps with communication between units and guides marketers to determine the number of daily recruits from the community. Another technology system used in the BHO is Paycom. Paycom is vital; it tracks time and attendance for payroll and allows supervisors to manage electronic performance evaluation and online training (CEO, personal communication, September 2, 2022).

Operational Data

HR and staff must maintain and monitor licensures and certifications to assist the work process. All licensures and certifications are uploaded into Paycom, which provides an automatic update and reminder on licensure and certification renewal. The organization must meet and maintain staffing requirements for licensure and certifications to adhere to EMTALA and provide trustworthy mental health services that support the BHO mission and values (CEO, personal communication, September 2, 2022).

<div align="center">Knowledge Management</div>

Effective management is provided in many methods, including annual employee surveys, monthly organization meetings, and unit supervision with the CEO. Surveys are completed at the end of the year through Paycom and when a staff resigns from the BHO. Due to HR being impacted by the staffing shortage, there has not been a consistent follow-up and review of completed surveys (HR manager, personal communication August 17, 2022). Monthly organization meetings allow staff to discuss and address their concerns when working on the unit (Participant 1). Hosting meetings outside of the unit

meetings helps leaders understand staff expectations from leaders and issues that may not

be identified (Leader, personal communication, March 17, 2022). Unit supervision

provides insight into how the unit operates on each shift by shadowing communication,

admission, discharge, and patient care (CEO, personal communication, September 2,

2022).

Measuring Performance

Measuring performance is completed daily to help the BHO remain compliant with

EMTALA. Performance is measured by daily census. The daily census displays the

number of admissions, bed availability, and pending discharges. The goal is to fill all

beds, but unfortunately, this task cannot be completed due to the staffing shortage (CEO).

Intake numbers and bed availability is based on the staff-to-patient ratio and the number

of discharges for that day (CEO).

The CEO, department leaders, and marketers discuss daily goals in morning

meetings. The census is essential and must be communicated and updated throughout the

day by each unit to help meet the daily objective. The intake department is expected to

update the bed board when a new patient admits into inpatient care. Unit nurses are held

accountable for uploading discharges on the bed board. Leaders and marketers monitor

the bed board daily to update the census and monitor organization performance

(Participant 3).

The census is calculated at the end of each month, determining if end-of-the-month

goals were met. Keeping track of monthly goals aids in accomplishing short-term goals

because it helps set a target number for the following month (CEO, personal

communication September 2, 2022). The census also allows the team to view staffing gaps and determine what methods of operations need improvement to help with patient care and services (CEO, personal communication September 2, 2022).

Organizational Knowledge Assets and Technology Infrastructure

Knowing the organization's resources and utilizing the assets is essential to patient treatment (Participant 3). Outlook emails, group chat, and bed boards are the three communication systems used daily to share knowledge, communicate with outside facilities, and provide daily updates (Participant 1, August 17, 2022). The BHO encourages staff to correspond through email and group chat using the Outlook system for proof of documentation, especially regarding patient care (Leader, personal communication, April 20, 2022).

Bed boards are an essential asset to the BHO. The bed boards allow staff to view pending discharges, new admissions, pending admission from local facilities, and available beds. Outside marketers have access to the bed board, which aids in determining how many potential patients can be accepted into the facility. Unfortunately, the bed board technology is ineffective because of the staffing shortage. The intake department, unit leaders, and nurses are busy providing patient care and cannot update and utilize the bed board during their shifts.

The BHO has a shared drive that can be assessed from any desktop in the BHO. The drive holds information regarding BHO's mission, values, patient care policies, and employee handbook. Also, consent for admission, medication, discharge, and against medical advice (AMA) forms can be found on the shared drive, along with patient rules

for treatment during the inpatient stay. Staff can also find the BHO holiday schedule, patient visitation schedule, and outpatient resources.

Trainings are essential for the BHO. All training is mandatory and can impact staff hours if not completed by the due date (HR manager). When new systems are implemented into the organizations, training is uploaded into Paycom and can be assessed at any time and place. Yearly training, such as the code of ethics and organization policies and procedures, are automatically emailed to staff and have less duration time of completion. To help with compliance, department leaders are responsible for keeping track of their unit training fulfillment.

Summary and Transition

The BHO has created multiple strategies to improve staffing shortages and communication. However, it struggles with consistency when implementing new strategies. Technology infrastructures are not as effective in building communication and improving patient treatment due to staffing shortages and lack of regularity. The CEO has encouraged leaders to adopt transformational leadership styles when engaging with staff and improving organizational needs. Interviews with participants and leaders helped discover that the best practices include teamwork, leadership engagement, and employee satisfaction.

Section 4 will provide a description of the analysis from all interviews conducted for this study. Details on how interviews were transcribed and coded to help implement into the research. Further discussion on limitations and implications for positive social change will be highlighted.

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

Introduction

This qualitative case study explored how a lack of staffing in a BHO impacts safety and communication among staff. The practice-focused questions used were:

- How does a staffing shortage impact mental health services in a behavioral health organization?

- How does a staffing shortage impact safety factors among patients and staff in the behavioral health organization?

- How does a staffing shortage impact communication among staff to serve successful mental health services in the behavioral health organization?

The organization provided mental health services and treatment to the community since January 2016 (BHO website, 2022). Since the national pandemic of COVID-19, the organization has struggled with staff retention, causing decreased staff and barriers to communication and safety among patients and staff. The CEO and other senior leaders have implemented different methods to increase staff by hiring contract workers, changing the orientation onboarding process, and including staff in senior meetings to gain a better perspective of staff needs. Although these methods have been implemented, the BHO continues to struggle with staff shortages.

In this study, triangulation was used through the collection of multiple sources, including semi-structured interviews, secondary data, and literature reviews. The participants selected for this research were the CEO, the intake department leader, and three individuals working in the BHO.

Analysis, Results, and Implications

The transcribed interviews were uploaded to Transcribe by Wreally system (*Wreally*, 2021) and automatically exported as a Word document. All transcribed interviews were imported into a one Word document to complete thematic coding. Thematic coding was achieved manually by color-coding related topics to help organize categories and remove redundant information.

The Word document was uploaded in a word cloud *Using Word Cloud. Com*, which provided the weight of each word used from interviews starting with the highest frequency to assist with organizing categories. The words more frequently used included *staff, safety, mental health, issues, patients,* and *communication,* while *change, process, risk,* and *leaders* were used less often during the interviews. In Figure 1, the more prominent-sized words demonstrate more frequently used words. Four themes were developed from the results to help create patterns. The themes are communication, safety factors, staffing shortages, and barriers to staffing shortages.

Figure 1

Word Frequency Word Cloud

Emerging Theme 1: Staffing Shortage

Staffing shortage was the first theme to emerge. The data collected identified how a staffing shortage impacts communication and safety in the BHO. The terms *mental health, patient, services, risk,* and *communication* were connected to this theme. The CEO identified how mental health services are impacted by staffing shortages, with communication and safety risk components. The staffing shortage has contributed to an extensive waiting process for admission, decreased quality of patients' mental health treatment during inpatient stay, and increase patient safety issues (CEO personal communication, March 20, 2022).

Due to the staffing shortages, there have been challenges in providing efficient mental health services within the BHO. Units cannot communicate and fully care for patients because there is insufficient staff support (Participant 1, personal communication, September 30, 2022). The intake department is unable to operate as needed because there are not enough staff which has led to mistakes that impact inpatient care (Leader, personal communication, March 17, 2022). Staffing shortages are the main phenomenon of this research. Oaters et al. (2021) discovered that multiple factors influence hospital recruitment and retention, including employee fatigue, working terms, and conditions due to the lack of staff, and recruitment strategies (training). Based on collected data, each department is impacted by the staffing shortage, which has caused a breach in patient care leading to poor communication between staff and increased safety risk.

Emerging Theme 2: Communication

Communication is one of the primary operations of providing patient care and updates between units in the BHO. The intake department is unable to communicate consistently and productively with other units due to the staffing shortage, which has led to misinformation that is vital for treatment (Leader, personal communication, March 20. 2022). When there is an increase in patient's pending admissions in intake, clinicians are unable to communicate important information to unit nurses, such as suicide and assault precautions, which leads to incidents occurring on the unit (Participant 2, personal communication, September 30, 2022). The CEO explained that technology had been implemented to build communication between units and field marketers, but the staff was

unable to use it because of the staffing shortage (CEO, personal communication, September 2, 2022). Creating a strategic communication strategy will help reduce workforce errors, improve collaboration between staff and enhance clinical outcomes (Alkhaqani, 2022). An improvement in communication within the BHO will provide clarity for each patient's treatment needs, reduce the safety risk for patients and staff, and help leaders determine staff needs to provide support for units with high patient census or patients with safety precautions that require close observations.

Emerging Theme 3: Safety Factors

Increased incident reports on patients and staff indicated safety factors. Staffing shortages and poor communication has influenced increased incident reports. When the patient-to-staff ratio is higher, staff are unable to complete safety prevention tasks ordered by the psychiatrist, such as 15-minute checks and one-to-one observations, because of the staffing shortage (Participant 1, March 20, 2022). The licensed staff has reported their concerns about potential licensure suspension, and new staff have resigned without notice because there is minimum support when caring for high-risk patients who are a danger to themselves or others (Participant 1, personal communication, April 20, 2022). Families and patients have left against medical advice (AMA) due to concerns about safety, leading to early discharges and unmet mental health needs. There have been unexpected visits from Joint Commission and the state due to the increase in incident reports, such as suicide attempts and patients attempting to harm staff and other patients (Leader, Personal March 20, 2022). Patient safety is correlated with communication, proper staffing, and support from leadership (Kim and Lee, 2015). An increase in staff or

a change in unit operations for each shift can improve safety. Staff will be able to complete safety checks and address patient behavior concerns with leaders punctually to make necessary arrangements to prevent incidents.

Emerging Theme 4: Barriers to Staffing Shortages

The BHO has struggled to retain staff since the national pandemic of COVID -19. Based on collected data, new hires have resigned during the onboarding process because they see first-hand how understaffed the departments are and the pressure placed on each staff member per shift (Participant 3, personal communication, August 17, 2022). Johnson et al, (2018) said staffing shortages frequently occur in the mental health field because of the increased level of burnout and poor well-being in staff. Some staff has remained due to the support from the CEO (Participant 3, personal communication, August 17, 2022), but others have resigned because they received higher pay and better hours at local BHO's. The CEO did not allow a review of employee surveys and HR documents, but online reviews on LINDKEN from previous employees mentioned that the salary, workload, and responsibilities were not enough to remain employed. These identified barriers have an overall impact on mental health services and staff performance in the BHO. The current staffing shortage cannot be addressed until there is an improvement in working strategies that will reduce employees' concerns about safety, daily workload, and performance.

Client Program and Services

The BHO program and services were analyzed through a review of the BHO website and interviews with selected participants. The BHO is a private facility operated

by the CEO and CFO; the owner and other governing board members are located out of

state at the sister facility. The BHO offers inpatient hospitalizations for patients with a

mental illness or dual diagnosis of substance abuse. Currently, services have been

interrupted due to staffing shortages. Staff is unable to communicate as needed and

complete certain tasks when providing services causing poor quality care and reviews

from patients and families (CEO, personal communication, March 17, 2022). There is no

quality assurance department to look at performance data. Still, daily measuring

performance is based on each department's census (daily census) and reviewed by the

CEO before changes are applied and discussed with leaders. To help improve staff

performance and maintain a daily census that will help meet monthly goals, the staff are

moved to support other units, or patients are transferred to different units with more staff;

occasionally, units are temporarily shut down to help support staff and improve services

(CEO, personal communication, September 2, 2022). According to the CEO, the BHO

does not struggle with recruiting patients and meeting monthly census goals (CEO,

personal communication, September 2, 2022).

Client-Focused Results

The BHO offers patient surveys after discharge from treatment. This data was not

available for review. Based on reviews from public websites, including the BHO website

and google, patients have not been satisfied with the admission process and reported poor

treatment during an inpatient stay. There are long waits during admission due to limited

staff, which causes frustration and concerns about services from the patients and families

(Leader, personal communication, March 20, 2022). According to Bojdani et al. (2020), a

change in healthcare policies and systems during the national pandemic of COVID-19

caused challenges in psychiatric care, resulting in the need for financial and

administrative support for performance when providing care within the mental health

system. The Leader explained how patients and family members are encouraged to reach

out to department leaders or the CEO regarding complaints or concerns before reporting

to the state or writing internet reviews (Leader, personal communication, March 20,

2022). The CEO and HR review patient survey results and discuss them with members of

the governance boards. Measures are not disclosed to all stakeholders but are discussed

when creating goals during the Values Committee meetings (Participant 3, personal

communication, April 20, 2022).

　　　　Although there is a staffing shortage, the BHO aims to provide quality mental

health services to all patients (Participant 2, personal communication, September 30,

2022). The BHO has outpatient services that allow patients to continue treatment after

inpatient hospitalization and transition back to their normal routine (BHO website, 2022).

Also, patients who don't qualify for inpatient care are referred to outpatient services to

assist with meeting mental health needs.

　　　　There is a growing need for mental health services for all demographics. Since the

COVID- 19 pandemic, mental health problems have expanded across the nation, which

has caused a global health challenge (Hossain et al., 2020). Although there is a growing

need for mental health services, some individual needs are not being met due to different

obstacles to receiving services and stigmas of receiving treatment. Obstacles include

being uninsured or underinsured and lacking transportation. The CEO explained that

vulnerable individuals who are noninsured or have limited funds had been admitted for treatment at no cost due to safety concerns (CEO, personal communication, April 20, 2022). The CEO discussed a common stigma that the BHO experiences: religious patients or guardians of the patient who believe there is no need for mental health treatment. Parents who are mandated to bring their children for an evaluation due to suicidal thoughts or attempts have declined services due to religious beliefs and attempted to leave AMA (against medical advice). Their child must be placed on an EDO (emergency detention warrant) by a judge for mandatory admission, regardless of parent (s) consent, for safety reasons and to prevent legal actions towards the employer who assessed the patient and the BHO (Leader, personal communication April 20, 2022).

Workforce-Focused Results

The BHO applies perceived organizational support (POS) to help encourage employees and build relationships. Based on data collected from interviews, the BHO has a supportive workforce. Some staff members have remained employed regardless of the challenges due to their trust and valued relationship with senior leaders. Although there is support from senior leaders, the staffing shortage has caused barriers to increasing staffing. Participant 1 (personal communication, April 20, 2022) explained how new hires are resigning without notice because of the pressure and workload they discover during training. Some nurses and clinicians feel that their license and safety are at risk when caring for higher-level patients that require close observation, and no mental health technician (MHT) or other licensed staff is not assigned to the unit during their shift (Leader, personal communication, April 20, 2022). The CEO and department leaders are

aware of staff concerns and have worked closely to monitor the daily census to make needed arrangements to exhibit support to staff.

Leadership and Governance

The governance board, CEO, and department leaders constitute leadership for the organization. The department leaders guide and advocate for staff on their unit, as the CEO provides support for all staff and assures the BHO's mission and values are met daily. The CEO identified staffing shortages, communication, and safety as the current organizational needs for improvement. The CEO explains how the governance board helps meet organizational goals by meeting and discussing the organization's needs and creating systems for improvement (CEO, personal communication, April 20, 2022).

Financial and Marketplace Results

Financial reports were not available for this study. The CEO indicated that the BHO is in good standing when admitting patients and filling available beds. The CEO and marketers have collaborated with local schools, hospitals, and medical clinics to expand mental health services in the community. Participant 2 (personal communication September 30, 2022) discussed how the CEO had built a relationship with local police departments to assist with transportation when patients need services and when administering a warrant to parents during emergencies. With the expansion of mental health services in the community, marketers have complained about communications when referring new patients. Computer technology and online systems have been added to the BHO to assist with communicating with marketers and units regarding the patient census and pending admissions (CEO, personal communication, March 20, 2022). Staff

is busy providing patient care on understaffed units and is unable to upload discharges, new admissions, and pending admissions throughout the day to help with community recruitment (Participant 1, personal communication, August 17, 2022). Due to staff not being able to upload needed information periodically on each shift, marketers are having to turn down referrals and have missed opportunities when recruiting potential patients (CEO, personal communication, September 2, 2022).

Individual, Organizational, and Community Impact

According to the CEO interview and review of the organization's website, challenges for the individual, organizational, and community impact for the BHO include a lack of knowledge of mental health services and treatment that is provided to all individuals with or without insurance and the self-consciousness mindset people experience when wanting to seek services. The BHO website (2022) displays how 56% of American adults with a mental illness do not receive treatment because of embarrassment and self-doubt. In the state of the BHO, 27.6% of individuals reported unmet anxiety or depression treatment needs between 09/29/2021 and 10/11/2021 due to not knowing how to seek mental health services in their community (BHO website, 2022).

Findings from the interviews mentioned how patients and families are asking for early discharges due to safety issues from staffing shortages. Patients feel unsafe when admitted to a unit with high-risk patients and they get upset when accommodation cannot be made because of staffing issues (CEO, personal communication, September 2, 2022). As mentioned earlier, patients leave before being assessed due to long waits in intake.

Some patients may be seeking help for the first time and experience poor services, which

can have a negative effect on a patient's perception of seeking mental health treatment.

Unfortunately, the staffing shortage in the BHO possibly increases the resistance to

receiving treatment and prevents individuals from seeking mental health treatment in the

future.

Social Change

The findings in this research will contribute to positive social change by

improving mental health services to help meet patient's needs. Leaders can make patient

and new admission adjustments to support staff and improve safety and communication.

Patients will receive the attention needed during treatment, and staff will be able to

communicate efficiently, which will enhance safety factors. Potential patients will have a

better admission process, and families will feel more at ease while their loved ones

receive inpatient treatment. Individuals with self-doubt will have a good experience with

treatment and higher chances of returning for future mental health needs. Mental and

addictive disorders affect a significant portion of the global population due to stigma and

lack of treatment (Rehm & Shield, 2019). Eliminating barriers to mental health services

can help create cost-effective treatment, decrease vulnerability to mental health disorders,

and increase protective factors and resilience (Arango et al., 2018).

Strengths and Limitations of the Study

Qualitative research is multimethod and focuses on naturalistic approaches

regarding a phenomenon (Aspers & Corte, 2019). This method provided a better

understanding of the BHO perspectives, organizational mission, vision, and barriers that prevent the organization from providing quality mental health services.

Strengths

Walden University set the standards for this research. The standards were used when collecting data from participants and understanding their experiences to improve the organization's outcomes. Ethical approaches were implemented during each encounter with participants to help build a trusting rapport and minimize the concern of negative consequences for their contributions to the data (Roth & Von Unger, 2018). This study also focused on credibility, reliability, and transferability, which was completed by applying triangulation through the collection of multiple sources, including semi-structured interviews, the BHO website, and literature reviews. Allowing the CEO and other participants to review the transcribed interviews confirmed the accuracy of the transcription.

The Baldrige Excellence Framework (Baldridge, 2021) provided guidance when analyzing the BHO structure, process, and performance. The Baldrige Excellence Framework is used as a foundation for a quality management system in healthcare to effectively and efficiently help organizations meet their mission and achieve their vision using the seven key areas (Bandyopadhyay & Leonard, 2016). The seven key areas utilized from the framework are: 1) leadership; 2) strategy; 3) customers; 4) measurement, analysis, and knowledge management; 5) workforce; 6) operations; 7) results.

Interviews with the CEO, intake department leader, and 3 participants were analyzed using Transcribe by Wreally system (*Wreally*, 2021), which allowed manual coding of the interview transcriptions once automatically imported into a word document. Categories were identified, and themes were created from the interview transcript. To avoid bias, interview questions were carefully designed, and participants were selected by the leader and CEO, which allowed this researcher to be blinded to the outcome of the information provided. The person-centered approach allowed clarity to understand the participant's point of view without being judgmental (Uhlmann et al., 2015).

Limitations

This case study was presented with a few limitations. The first limitation was the lack of access to organizational documents. Internal documents, such as finances, incident reports, Joint Commission reports, and patient surveys, would have provided better insight and support for the research. Another limitation was communication with the participants. Multiple attempts had to be made when scheduling and confirming appointments with the CEO, causing a delay in collecting data and meeting deadlines. Participant 1 provided an update on the leader submitting her resignation to HR, and the CEO confirmed it. Multiple attempts were made to meet with the leader before she left the BHO, but she quit before her submitted resignation date. Unfortunately, transcribed interviews were not presented to the leader for accuracy, along with further questions due to early resignation. Some interviews were cut short with participants 1, 2, and 3 because they had to attend to emergency codes in their departments. During this process, interviews were rescheduled on multiple occasions. Although it caused missed deadlines,

referenced notes taken during previous interviews helped keep track of questions and confirm the information provided.

Section 5: Recommendations and Conclusions

The data that were collected and analyzed for this study suggest that the BHO has a shortage in staffing that is causing communication barriers among staff and safety issues with patients. The BHO offers inpatient psychiatric hospitalization and substance abuse treatment to children, adolescents, and adults with a mental health diagnosis or dual diagnosis. Service performance is measured by the CEO and human resources and discussed at the end of each month with the governing board (CEO personal communication, April 20, 2022). Unfortunately, there is no quality assurance department to look at performance data regularly to help with implementing and monitoring the change process. Analysis of the evidence has led to the following recommendations.

Service Recommendations

According to the CEO, the BHO has the technology and procedures in place to have efficient communication and prevention to safety issues (CEO, personal communication, March 20, 2022). This study identified the need for increased staff to improve communication among staff and patient safety. Although the BHO has attempted to increase staff by hiring contract workers and changing the onboarding training, there continue to be barriers to retaining staff to help improve mental health services. Therefore, the following recommendations were created:

1. The CEO should focus less on retaining staff and more on improving services with limited staff.

2. Reduce the number of patients for admissions. The CEO can set a weekly goal for patient(s) intake that adheres to daily staffing. This will help improve safety and reduce the wait time for potential patients during the intake process.

3. Decrease the workload of staff to improve communication. If the staff has fewer responsibilities during their shift, they will be able to use the technology that is in place to communicate better.

4. Reduce the amount of information being uploaded and become more streamlined with communication. This will help with miscommunication and build transmission with staff working in the community recruiting potential patients.

A staffing shortage has occurred nationwide in the mental health field since the national pandemic of COVID- 19 (Gohar et al., 2020). It is recommended that the CEO focus less on the staffing shortage and retaining staff and more on improving strategies that work with the current staff. The BHO can implement these recommendations in phases over several months. The following is a description of the phases and a timeline for developing the program:

Recommended Implementation

The recommendations for the BHO should be made in phases to help ensure efficiency and effectiveness. A 9-month process will allow the staff and leaders to learn and adapt to the new recommendations. The phases in the process are shown in Table 1 below:

<u>Table 1</u>

Phases and Timeline of Implementation

Phase	Description	Timeline
Phase 1	Discuss recommendations with leaders	Month 1
Phase 2	Develop a strategic plan for implementing the recommendations	Month 2
Phase 3	Implement recommendations	Month 3-4
Phase 4	Provide a 3-month assessment/ evaluation of implementation at the Annual Values Committee meeting	Month 5
Phase 5	Make changes to accommodate limitations or weakness	Month 6 -8
Phase 6	Re-evaluate 6 months, 9 months, and annually after	Month 9, 12, 15, annually thereafter

In Phase 1, the CEO will discuss recommendations with department leaders. The leaders will disclose current issues in each department and provide their input on the recommendations. This should be a separate meeting from the morning rounds and include the governing board members. Leaders' input is essential during this process because it will give the CEO more insight into current issues outside of the staffing shortage that will assist with creating the strategic plan.

In Phase 2, the CEO and governing board will develop a strategic plan. Priorities will be set for the implementation of the recommendations. Strategies will include intake reduction, creating new monthly census goals, decreasing workload, organizing daily information to reduce the amount of uploaded information and utilizing current technology, and reducing daily staff roles. In Phase 3, the implementation process begins.

Department leaders will ensure recommendations are followed correctly and monitor the process daily while providing guidance and support.

In Phase 4, the CEO and leaders will create and conduct assessments for evaluation. The assessments will include data collection, including reports from leaders, each monthly census, incident reports, patient surveys, and staff surveys. During the evaluation, it will be the annual Values Committee meeting. The CEO can discuss the changes and limitations with the BHO sister facilities and governing board and gather other perspectives and input to help with possible weaknesses. Changes will be implemented into the BHO during Phase 5 to accommodate limitations or weaknesses identified by the CEO, leaders, staff, and patients.

In Phase 6, the CEO and Leaders will conduct a re-evaluation every three months and after that to ensure the BHO is improving and staying on track with the timeframe and goals written in the strategic plan. Adjustments will be made after each evaluation to accommodate changes. The BHO will see a drastic change in services within nine months, but the BHO is expected to continue to evaluate once goals are met to prevent barriers in services.

Recommendations for Future Study

A literature review indicated extensive data regarding a staffing shortage in mental health and healthcare (O'Connor et al., 2018). There are also comprehensive research studies that address employee mental health issues that cause work fatigue, leading to poor staff retention in mental health facilities and the impact it has on client satisfaction (Johnson et al., 2018). While researching the current practice problem, it was

discovered that there needed to be more research regarding the effect staffing shortages have on services and treatment within a mental health facility (Butler et al., 2019). Previous research focused on improving staff but didn't elaborate on why and how the staffing shortage impacted services. This is an opportunity for further research to address the gap in how a staff shortage can affect mental health services and lead to unmet mental health needs in the community.

Dissemination Plan

The plan for disseminating this work to the organization is to create a PowerPoint presentation that involves identified issues, a research summary, and detailed recommendations that can help improve services and meet the organization's vision and mission. Questions and answer time will be completed at the end of the presentation to provide further clarification or comments. The CEO will select whom he wants to attend the meeting, along with the day and time.

Summary

The purpose of this qualitative case study is to explore how a lack of staffing in a BHO affects safety and communication among staff and patients. The literature identified how mental health facilities' staffing shortages are occurring nationwide due to work fatigue, salary, and poor management. Although there was limited research on how a staffing shortage affects services, some literature discussed how it caused misdiagnoses, a permanent shutdown of business, and increased suicide attempts during inpatient admissions.

This study's goal was to bring understanding to the BHO about how a staffing shortage impacts communication between staff and increases safety issues. Structured interviews with the CEO, intake leader, and three participants provided information about the BHO's workforce process, strengths, limitations, and culture.

Studying the BHO systems and approaches assisted in developing recommendations to improve mental health services, bringing organizational change and sustainability, and influencing positive social change for individuals in need of mental health treatment. This study's results may contribute to the literature on mental health services and the impact of staffing shortages on patient treatment.

References

Aaron, G. A., Sommerfeld, D. H., & Willging, C.E. (2019). The soft underbelly of system change: The role of leadership and organizational climate in turnover during statewide behavioral health reform. *Psychological Services, 8*(4), 269-281. doi: 10.1037/a002619

Aarons, G. A., Ehrhart, M. G., Farahnak, L. R., & Hurlburt, M. S. (2015). Leadership and organizational change for implementation (LOCI): a randomized mixed method pilot study of a leadership and organization development intervention for evidence-based practice implementation. *Implementation science*, *10*(1), 1-12.

Aarons, G. A., Green, A. E., Trott, E., Willging, C. E., Torres, E. M., Ehrhart, M. G., & Roesch, S. C. (2016). The roles of system and organizational leadership in system-wide evidence-based intervention sustainment: a mixed-method study. *Administration and Policy in Mental Health and Mental Health Services Research*, *43*(6), 991-1008.

Abor, P. A. (2015). The effects of healthcare governance and ownership structure on the performance of hospitals in Ghana. *International Journal of Law and Management*.

Adhabi, E., & Anozie, C. B. (2017). Literature review for the type of interview in qualitative research. *International Journal of Education*, *9*(3), 86-97.

Ahmady, G. A., Mehrpour, M., & Nikooravesh, A. (2016). Organizational structure. *Procedia-Social and Behavioral Sciences*, *230*, 455-462

Alkhaqani, A. L. (2022). Importance of teamwork communication in nursing

    practice. *Nurs Commun*, *6*, e2022015.

Arango, C., Díaz-Caneja, C. M., McGorry, P. D., Rapoport, J., Sommer, I. E., Vorstman,

    J. A., ... & Carpenter, W. (2018). Preventive strategies for mental health. *The*

    Lancet Psychiatry, *5*(7), 591-604.

Arifin, S. R. M. (2018). Ethical considerations in a qualitative study. *International*

    Journal of Care Scholars, *1*(2), 30-33.

Aspers, P., & Corte, U. (2019). What is qualitative in qualitative research. *Qualitative*

    sociology, *42*(2), 139-160.

Baby, M., Gale, C., & Swain, N. (2018). Communication skills training in the

    management of patient aggression and violence in healthcare. *Aggression and*

    violent behavior, *39*, 67-82.

Baker, J. A., Canvin, K., & Berzins, K. (2019). The relationship between workforce

    characteristics and perception of quality of care in mental health: A qualitative

    study. *International Journal of Nursing Studies*, *100*.

    https://doi.org/10.1016/j.ijnurstu.2019.103412

Baldridge Performance Excellence Program. (2021). *Baldrige excellence framework*

    (health care): A system approach to improving your organization's performance.

    Gaithersburg, MF: U.S. Department of Commerce, National Institutes of

    Standards and Technolog*y*.

Bandyopadhyay, P. K., & Leonard, D. (2016). The value of using the Baldrige performance excellence framework in manufacturing organizations. *The Journal for Quality and Participation*, *39*(3), 10-14.

Barrett, D., & Twycross, A. (2018). Data collection in qualitative research. *Evidence-Based Nursing*, *21*(3), 63-64.

Bochicchio, L., Stefancic, A., McTavish, C., Tuda, D., & Cabassa, L. J. (2021). "Being there" vs "Being direct:" Perspectives of persons with serious mental illness on receiving support with physical health from peer and non-peer providers. *Administration and Policy in Mental Health and Mental Health Services Research*, *48*(3), 539-550.

Boden, M. T., Smith, C. A., Klocek, J. W., & Trafton, J. A. (2019). Mental health treatment quality, access, and satisfaction: Optimizing staffing in an era of fiscal accountability. *Psychiatric Services*, *70*(3), 168-175.

Bojdani, E., Rajagopalan, A., Chen, A., Gearin, P., Olcott, W., Shankar, V., ... & DeLisi, L. E. (2020). COVID-19 pandemic: impact on psychiatric care in the United States. *Psychiatry research*, *289*, 113069.

Brabson, L. A., Harris, J. L., Lindhiem, O., & Herschell, A. D. (2020). Workforce turnover in community behavioral health agencies in the USA: A systematic review with recommendations. *Clinical child and family psychology review*, *23*(3), 297-315.

Brandt, W. A., Bielitz, C. J., & Georgi, A. (2016). The impact of staff turnover and staff density on treatment quality in a psychiatric clinic. *Frontiers in psychology*, *7*, 457.

Bukach, A. M., Ejaz, F. K., Dawson, N., & Gitter, R. J. (2017). Turnover among community mental health workers in Ohio. *Administration and Policy in Mental Health and Mental Health Services Research*, *44*(1), 115-122.

Bukach, A. M., Ejaz, F. K., Dawson, N., & Gitter, R. J. (2017). Turnover among community mental health workers in Ohio. *Administration and Policy in Mental Health and Mental Health Services Research*, *44*(1), 115-122.

Burnett, M. (2020). Impact of leadership changes on employee engagement in a behavioral health organization. *Walden Dissertations and Doctoral Studies.*

Butler, M., Schultz, T. J., Halligan, P., Sheridan, A., Kinsman, L., Rotter, T., ... & Drennan, J. (2019). Hospital nurse-staffing models and patient-and staff-related outcomes. *Cochrane Database of Systematic Reviews*, (4).

Chandani, A., Mehta, M., Mall, A., & Khokhar, V. (2016). Employee engagement: A review paper on factors affecting employee engagement. *Indian Journal of Science and Technology*, *9*(15), 1-7.

Chapman, S. A., Blash, L. K., Mayer, K., & Spetz, J. (2018). Emerging roles for peer providers in mental health and substance use disorders. *American Journal of Preventive Medicine*, *54*(6), S267-S274.

Choi, S. L., Goh, C. F., Adam, M. B. H., & Tan, O. K. (2016). Transformational leadership, empowerment, and job satisfaction: the mediating role of employee empowerment. *Human resources for health*, *14*(1), 1-14.

Chowdhury, A. A., & Nazmul, H. (2017). Factors affecting employee turnover and sound retention strategies in business organization: a conceptual view. *Problems and Perspectives in Management*, *15*(1), 63–71.

Christodoulou-Fella, M., Middleton, N., Papathanassoglou, E. D., & Karanikola, M. N. (2017). Exploration of the association between nurses' moral distress and secondary traumatic stress syndrome: implications for patient safety in mental health services. *BioMed research international*, *2017*.

DeJonckheere, M., & Vaughn, L. M. (2019). Semistructured interviewing in primary care research: a balance of relationship and rigour. *Family medicine and community health*, *7*(2).

Eisenberger, R., Rhoades Shanock, L., & Wen, X. (2020). Perceived organizational support: Why caring about employees counts. *Annual Review of Organizational Psychology and Organizational Behavior*, *7*, 101-124.

Elwood, K. (2021). *Notham announces proposal to spend 4485 million on Virginia's mental health hospitals and resources*. http://www.washingtonpost.com/dc-md-va/2021/07/28/northam-announces-propsal-spend-485-million-virgina-mental -health-hospitals-resources.

Emmanuel, T., Dall'Ora, C., Ewings, S., & Griffiths, P. (2020). Are long shifts, overtime and staffing levels associated with nurses' opportunity for educational activities,

communication and continuity of care assignments? A cross-sectional

study. *International Journal of Nursing Studies Advances*, *2*, 100002.

Eränen Millicent, K. J. (2021). Communication Barriers in Nursing and their influence on

patient safety.

Erbe, A. M. (2022). Compassion Fatigue and Mental Health in Health Care

Professionals. *Workplace Health & Safety*, *70*(6), 303.

https://doi.org/10.1177/21650799221081237

Gohar, B., Larivière, M., & Nowrouzi-Kia, B. (2020). Sickness absence in healthcare

workers during the COVID-19 pandemic. *Occupational Medicine*, *70*(5), 338-

342.

Hall, J., Cohen, D. J., Davis, M., Gunn, R., Blount, A., Pollack, D. A., ... & Miller, B. F.

(2015). Preparing the workforce for behavioral health and primary care

integration. *The Journal of the American Board of Family*

Medicine, *28*(Supplement 1), S41-S51.

Han, X., & Ku, L. (2019). Enhancing staffing in rural community health centers can help

improve behavioral health care. *Health Affairs,* 38(12), 2061-2068.

Hossain, M. M., Tasnim, S., Sultana, A., Faizah, F., Mazumder, H., Zou, L., ... & Ma, P.

(2020). Epidemiology of mental health problems in COVID-19: a

review. *F1000Research*, *9*.

Howitt, D. (2019). *Introduction to qualitative research methods in psychology: Putting*

theory into practice. Pearson UK.

Hunter, D., McCallum, J., & Howes, D. (2019). Defining exploratory-descriptive

    qualitative (EDQ) research and considering its application to healthcare. *Journal*

    of Nursing and Health Care, *4*(1).

Johnson, J., Hall, L. H., Berzins, K., Baker, J., Melling, K., & Thompson, C. (2018).

    Mental healthcare staff well-being and burnout: A narrative review of trends,

    causes, implications, and recommendations for future interventions. *International*

    journal of mental health nursing, *27*(1), 20-32.

Jones, M. P., Zhao, Y., Guthridge, S., Russell, D. J., Ramjan, M., Humphreys, J. S., &

    Wakerman, J. (2021). Effects of turnover and stability of health staff on quality of

    care in remote communities of the Northern Territory, Australia: a retrospective

    cohort study. *BMJ open*, *11*(10), e055635.

Joslin, R., & Müller, R. (2016). Identifying interesting project phenomena using

    philosophical and methodological triangulation. *International Journal of Project*

    Management, *34*(6), 1043-1056.

Kamal, S. S. L. B. A. (2019). Research paradigm and the philosophical foundations of a

    qualitative study. *PEOPLE: International Journal of Social Sciences*, *4*(3), 1386-

    1394.

Kapur, N., Gorman, L. S., Quinlivan, L., & Webb, R. T. (2022). Mental health services:

    quality, safety and suicide. *BMJ Quality & Safety*, *31*(6), 419-422.

Kelly, R. J., & Hearld, L. R. (2020). Burnout and leadership style in behavioral health

    care: A literature review. *The journal of behavioral health services &*

    research, *47*(4), 581-600.

Kim, S. Y., & Lee, K. (2015). Nurses' perceptions of patient safety culture and patient safety activities in mental health hospitals. *Journal of Korean Academy of Psychiatric and Mental Health Nursing*, *24*(2), 82-92.

Korejan, M. M., & Shahbazi, H. (2016). An analysis of the transformational leadership theory. *Journal of Fundamental and Applied Sciences*, *8*(3), 452-461.

Kramer, G. M., Kinn, J. T., & Mishkind, M. C. (2015). Legal, regulatory, and risk management issues in the use of technology to deliver mental health care. *Cognitive and Behavioral Practice*, *22*(3), 258-268.

Lindberg, C. F., Tan, S., Yan, J., & Starfelt, F. (2015). Key performance indicators improve industrial performance. *Energy procedia*, *75*, 1785-1790.

Martell, A. M. (2019). EMTALA & Psychiatric Patients. *DePaul J. Health Care L.*, *21*,1.

Maslach, C., & Jackson, S. E. (2013). A social psychological analysis. *Social psychology of health and illness*, *227*.

Moreno, C., Wykes, T., Galderisi, S., Nordentoft, M., Crossley, N., Jones, N., ... & Arango, C. (2020). How mental health care should change as a consequence of the COVID-19 pandemic. *The Lancet Psychiatry*, *7*(9), 813-824.

O'Connor, K., Neff, D. M., & Pitman, S. (2018). Burnout in mental health professionals: A systematic review and meta-analysis of prevalence and determinants. *European Psychiatry*, *53*, 74-99.

O'Daniel, M., & Rosenstein, A. H. (2008). Professional communication and team collaboration. *Patient safety and quality: An evidence-based handbook for nurses*.

Oates, J., Topping, A., Ezhova, I., Wadey, E., & Rafferty, A. M. (2021). Factors affecting high secure forensic mental health nursing workforce sustainability: Perspectives from frontline nurses and stakeholders. *Journal of Psychiatric and Mental Health Nursing*, *28*(6), 1041–1051. https://doi.org/10.1111/jpm.12740

Ogbeiwi, O. (2017). Why written objectives need to be really SMART. *British Journal of Healthcare Management*, *23*(7), 324-336.

Oliveira, R. M., Leitao, I. M. T. D. A., Aguiar, L. L., Oliveira, A. C. D. S., Gazos, D. M., Silva, L. M. S. D., ... & Sampaio, R. L. (2015). Evaluating the intervening factors in patient safety: focusing on hospital nursing staff. *Revista da Escola de Enfermagem da USP*, *49*, 104-113.

Orui, M., & Yasumura, S. (2019). The association between effective workplace communication with superiors and lower psychological distress among workers in the evacuation area after the Fukushima Daiichi Nuclear Power Plant accident. *Journal of Occupational Health*, *61*(6), 471–480. https://doi.org/10.1002/1348-9585.12074

Osborne, S., & Hammoud, M. S. (2017). Effective employee engagement in the workplace. *International Journal of Applied Management and Technology*, *16*(1), 4.

Owolabi, E. (2020). Perceived nurse-patient communication barriers by nurses in clinical settings.

Patel, R. S., Bachu, R., Adikey, A., Malik, M., & Shah, M. (2018). Factors related to physician burnout and its consequences: a review. *Behavioral sciences*, *8*(11), 98.

Powell, B. J., Beidas, R. S., Lewis, C. C., Aarons, G. A., McMillen, J. C., Proctor, E. K., & Mandell, D. S. (2017). Methods to improve the selection and tailoring of implementation strategies. *The journal of behavioral health services & research*, *44*(2), 177-194.

PR Newswire. (2022, March 14). ECRI Reports Staffing Shortages and Clinician Mental Health are Top Threats to Patient Safety. *PR Newswire US*

Puni, A., Aygyemang, C. B., & Asamoah, E. S. (2016). Leadership styles, employee turnover intentions and counterproductive work behaviours. *International Journal of Innovative Research & Development, 5*(1), 1-8.

Rehm, J., & Shield, K. D. (2019). Global burden of disease and the impact of mental and addictive disorders. *Current psychiatry reports*, *21*(2), 1-7.

Robyn, E., & Lujan, L. (2016). Vision, Mission, and Values: Design and Communication. *Jesuit Higher Education: A Journal*, *5*(1), 44-49.

Roche, M. A., Duffield, C., Friedman, S., Twigg, D., Dimitrelis, S., & Rowbotham, S. (2016). Changes to nurses' practice environment over time. *Journal of nursing management*, *24*(5), 666-675.

Roth, W. M., & Von Unger, H. (2018, September). Current perspectives on research ethics in qualitative research. In *Forum qualitative sozialforschung/forum: Qualitative social research* (Vol. 19, No. 3, pp. 1-12). DEU.

Rothwell, W. J., Hohne, C. K., & King, S. B. (2012). *Human performance improvement*. Routledge.

Rozel, J. S., & Zacharia, M. Z. (2021). Risk management in the emergency department: Liabilities, duties, and EMTALA. In *Behavioral emergencies for healthcare providers* (pp. 441-450). Springer, Cham.

Semrau, M., Evans-Lacko, S., Alem, A., Ayuso-Mateos, J. L., Chisholm, D., Gureje, O., ... & Thornicroft, G. (2015). Strengthening mental health systems in low-and middle-income countries: the Emerald programme. *BMC medicine*, *13*(1), 1-9.

Seti, C. (2008). Causes and treatment of burnout in residential childcare workers: A review of the research. *Residential Treatment for Children & Youth, 24(3), 197-229. https://di:10.1080/08865710802111972*

Shaw, D., & Satalkar, P. (2018). Researchers' interpretations of research integrity: A qualitative study. *Accountability in research*, *25*(2), 79-93.

Shortell, S. M., Poon, B. Y., Ramsay, P. P., Rodriguez, H. P., Ivey, S. L., Huber, T., ... & Summerfelt, T. (2017). A multilevel analysis of patient engagement and patient-reported outcomes in primary care practices of accountable care organizations. *Journal of General Internal Medicine*, *32*(6), 640-647.

Siamatu, M. (2020). *AN ANALYSIS OF THE EFFECTIVENESS OF THE COMMUNICATION CHANNELS USED BETWEEN HEALTH PERSONNELS AND PATIENTS*(Doctoral dissertation, Cavendish University).

Sobekwa, Z. C., & Arunachallam, S. (2015). Experiences of nurses caring for mental health care users in an acute admission unit at a psychiatric hospital in the Western Cape Province. *Curationis*, *38*(2), 1-9.

Sun, L. (2019). Perceived organizational support: A literature review. *International Journal of Human Resource Studies*, *9*(3), 155-175.

Sun, L., & Bunchapattanasakda, C. (2019). Employee engagement: A literature review. *International Journal of Human Resource Studies*, *9*(1), 63-80.

Turner III, D. W., & Hagstrom-Schmidt, N. (2022). Qualitative interview design. *Howdy or Hello? Technical and Professional Communication*.

Uhlmann, E. L., Pizarro, D. A., & Diermeier, D. (2015). A person-centered approach to moral judgment. *Perspectives on Psychological Science*, *10*(1), 72-81.

Vandewalle, J., Debyser, B., Beeckman, D., Vandecasteele, T., Van Hecke, A., & Verhaeghe, S. (2016). Peer workers' perceptions and experiences of barriers to implementation of peer worker roles in mental health services: A literature review. *International Journal of Nursing Studies*, *60*, 234-250.

Wami, S. D., Demssie, A. F., Wassie, M. M., & Ahmed, A. N. (2016). Patient safety culture and associated factors: A quantitative and qualitative study of healthcare workers' view in Jimma zone Hospitals, Southwest Ethiopia. *BMC health services research*, *16*(1), 1-10.

Weikel, K., & Fisher, T. (2022). Burnout and Turnover Intention Among Peer Providers and Other Providers of Mental Health Services in a Rural Two-County Area. *Journal of Psychosocial Rehabilitation and Mental Health*, *9*(1), 33-43.

Weintraub, P., & McKee, M. (2019). Leadership for innovation in healthcare: an exploration. *International journal of health policy and management*, *8*(3), 138.

Wilson, C., Rouse, L., Rae, S., & Kar Ray, M. (2018). Mental health inpatients' and staff members' suggestions for reducing physical restraint: A qualitative study. *Journal of psychiatric and mental health nursing*, *25*(3), 188-200.

Winter, V., Schreyögg, J., & Thiel, A. (2020). Hospital staff shortages: environmental and organizational determinants and implications for patient satisfaction. *Health Policy*, *124*(4), 380-388.

Yellowlees, P., & Shore, J. H. (2018). *Telepsychiatry and health technologies: a guide for mental health professionals*. American Psychiatric Pub.

Ying, L., Fitzpatrick, J. M., Philippou, J., Huang, W., & Rafferty, A. M. (2021). The organisational context of nursing practice in hospitals in China and its relationship with quality of care, and patient and nurse outcomes: A mixed-methods review. *Journal of Clinical Nursing (John Wiley & Sons, Inc.)*, *30*(1/2), 3–27. https://doi.org/10.1111/jocn.15486

Zeeman, G., Schouten, L., Seys, D., Coeckelberghs, E., Weijenborg, P., Bruyneel, L., & Vanhaecht, K. (2020). Prolonged mental health sequelae among doctors and nurses involved in patient safety incidents with formal complaints and lawsuits. *European journal of public health*, *30*(4), 777-779.

Appendix: Interview Questions

The interview questions were as follows:

1. How does a staffing shortage impact mental health services in the BHO?

2. How does a staffing shortage impact safety factors among patients and staff in the BHO?

3. How does a staffing shortage impact communication among staff to serve successful mental health services in the BHO?

4. How is current staff supported during the staffing shortage?

5. How do you describe the barriers patients face when seeking services at the BHO?

6. What are staff concerns when working on the units?

7. Please describe the process when providing services from the time of admission to discharge. What are the state rules and expectations?

8. What has been done to increase staff, and what barriers have occurred in retaining new hires?

9. How does the organization create and monitor strategic plans?

10. If staffing was not an issue, how would you view the BHO? What will the admitting and discharge process look like? How will families address concerns or complete follow-up?