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# The Perceived Impact of Effective Leadership on Employee Engagement and Compliance

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This is to certify that the doctoral study by

Ayana Gilham

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

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Walden University
2023

Abstract

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MA, Argosy University, 2010

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## Abstract

The focus of this study was the perceived impact of effective leadership on employee engagement and compliance. The Baldridge Excellence Framework was used as a guide for this qualitative case study of a behavioral health organization (BHO) located in the southeastern region of the United States. Research questions were used to examine the definition of effective leadership, the impact effective leadership has on employee engagement and compliance, and training needed to implement effective leadership practices. Data sources were semi-structured interviews with the organization's Vice President of Operations and Clinical Director, the organization's website, government websites, archival data provided by the organization, and data from academic literature reviews. Findings suggested that effective leadership practices positively impacted employee engagement and promote compliance. Therefore, formal leadership training and development could be used to address the BHO's practice problem. Recommendations based on the findings included leadership assessments, leadership training, employee engagement surveys, concurrent documentation training, and an electronic health record dashboard. These recommendations should be thoroughly developed and strategically implemented in phases over the course of 8 months to a year. This study may contribute to positive social change through altruism and clinical integrity by establishing organizational structures and quality improvement objectives through effective leadership practices, positive employee engagement, and enhanced adherence to compliance expectations.

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# Dedication

This study is dedicated to single mothers with demanding full-time jobs, dysfunctional families, mood swings, and restless nights… you can do it!

To Dr. Frederica Hendricks- Noble, thank you for your support, guidance, and wisdom. Your unyielding devotion to the field of I/O and consulting will be remembered and missed. May you Rest In Power, Queen.

# Acknowledgments

I want to dedicate this case study to myself for seeing this through with relentless determination and tenacity. Thank you, God, for giving me the strength, courage, and grace I needed to see this to the end. My why- Cayden Alexander. My reason- Sharyon Martina, Leona Alexis, William Vernon, Allen Steven, Mary Lee, Theodore Alexander, Tahnya Renee, Caleb Alexander, Zion Julia, and Andre Shep. My because- Lisa Da'Vette, Christopher Cadell, Shawn Llewelyn, Sha-Nette Echandia, Sharyon Echandia, Allen Steven, Kemar Alexander, Keshia Ruby, Sydney Daniella, Taylor Noel, Sheniqua Nicole, Quiana LaShon, Cassandra Denise, Aaron Ray, DeShawn Renarda, Harry Scott, Nora Shawn, Leon P., Tiffany Shanelle, Cassandra Denise, Fatima Shaaran, Jasmin Brandi, Jason Leon, Team Marvel, Leahanna Nicole, Kendra R., Guardians of The Galaxy (Brightline CMs), The Joiners, April EarthAngelOracle, and My Divine Lamelle.

To my outstanding and supportive chair- Dr. Derek Rohde, my co-chair- Dr. Cherry Sawyerr, my URR- Dr. James Brown, and the entire faculty and staff at Walden University, THANK YOU!

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## Section 1a: The Behavioral Health Organization

The behavioral health organization (BHO) is a privately funded Medicaid Rehab Option Provider approved by the Department of Behavioral Health and Developmental Disabilities (DBHDD) and located in the southeastern region of the United States (U.S). They specialize in treating children, adolescents, adults, and families with psychiatric disorders and impairments associated with behaviors, cognition, emotions, mental, social, and family disturbances. The BHO began in the mid-1990s as a therapeutic residential center for children in Division of Family and Children Services (DFCS) custody. During this time, the BHO operated three therapeutic residential centers within a 15-mile radius. In the early 2000s, the BHO opened a brick-and-mortar to provide mental health services to children in their residential programs and families in surrounding communities. Currently, the BHO offers a continuum of care that supports children, adolescents, and adults.

The BHO offers the following services: outpatient mental health services, community support services, group therapy, registered nursing care, crisis intervention, individual and family counseling, parenting classes, psychiatric evaluation/treatment, therapeutic adventure program (TAP), and after-hours crisis management. These services were designed to address consequences of victimization, homelessness, abuse, neglect, traumatic events, mental illness, and other developmental challenges experienced during early childhood and adolescence. The BHO provides evidence-based therapeutic modalities by integrating traditional and Christian-based counseling practices. These services are rendered in the office, home, and community.

## Practice Problem

The behavioral health leaders (BHLs) expressed concern about the quality and completion of clinical documentation. According to the BHLs, lack of employee engagement, employee motivation, and ineffective leadership practices have adversely affected clinical documentation compliance, compromising accreditation and state and financial regulatory requirements.

The identified problem is the lack of engagement experienced by employees to complete their clinical documentation with precision and punctuality, per quality assurance (QA) expectations. This problem was discovered through employee engagement surveys conducted by the BHO, employee feedback to leadership, and audit reviews performed by the QA department. Clinical documentation involves improving patient safety, reducing errors, and enhancing patient care quality while adhering to regulatory and reimbursement requirements. Clinical records must be kept in accordance with applicable regulations, accreditation standards, professional ethics, and relevant laws. As a result, when clinical documentation is incomplete or of poor quality, it negatively impacts the organization's quality of care standards, insurance reimbursement, accounting and payroll, adherence to DBHDD medical records requirements, and accreditation expectations.

The research questions that guided this doctoral study are:

RQ1: How does the BHO's current leadership define effective leadership?

RQ2: How does effective leadership impact employee engagement?

RQ3: How does effective leadership impact compliance?

RQ4: What trainings are required for leaders to implement effective leadership practices?

## Purpose

This qualitative case study involved examining the impact of effective leadership on employee engagement and compliance, particularly employee motivation to adhere to clinical documentation expectations, within a BHO serving individuals and families in the southern region of the U.S. Osbourne and Hammound (2017) inferred the relationship between leaders and workers is critical for employee engagement, which results in higher organizational profitability. Research suggests that effective leadership influences positive employee engagement and compliance through leader-employee relationships and specific leadership characteristics (Gadolin & Andersson, 2017; Osborne & Hammound, 2017). While research showed a significant correlation between effective leadership and employee engagement and compliance, limited research has been conducted on how leaders may harness their relationship with employees to improve clinical documentation compliance in the behavioral health field.

The Baldrige Framework of Excellence was used to frame this research by using the healthcare criteria for performance to effectively ascertain what the organization needs to address leadership, employee engagement, and compliance. The Baldrige Framework of Excellence's systemic approach assisted in addressing the gap between BHLs and employees by examining the six performance system categories (leadership, strategy, customers, workforce, operations, and results) in order to develop processes and

implement effective leadership practices, thereby increasing employee engagement and clinical documentation compliance as well as positive results.

The sources of information were interviews with BHLs, employee engagement surveys, archival data such as team meeting minutes, policies and procedures, QA requirements, clinical trainings, and deidentified clinical notes since 2020. Along with necessary internal secondary data, this case study benefitted from external secondary data gathered from the State Department of Health and other organizations that had information to address the practice problem.

## Significance

For this case study, semi-structured interviews with the Vice President of Operations (VPO) and the Clinical Director (CD) were conducted to acquire essential information regarding the BHO. The CD served as the contact person and made herself readily available to assist with this case study. The results of this study could assist the VPO, DO, CD, and Human Resource Manager (HRM) in developing effective work systems aligned with the organization's strategic plan and providing adequate support and motivation for their employees to complete clinical documentation in a timely and efficient manner. Quality improvement systems are designed to proactively detect, mitigate, and resolve issues related to the quality of services provided to individuals and families. Intentionally developing strategies that promote value and dignity of individuals, families, employees, and their communities will lead to establishing sustainable work systems that adhere to quality improvement expectations. Increasing employee engagement and motivation and cultivating compliance is possible (Osborne &

Hammoud, 2017). Additionally, these work systems could contribute to positive social change via acts of beneficence and clinical integrity.

The significance of this study could contribute to closing a gap in existing literature regarding the impact of effective leadership on employee engagement and compliance. As such, BHOs can use the recommendations identified in this qualitative case study to inform strategic organizational change, inculcate effective leadership practices, and foster positive employee engagement and compliance. Macht and Davis (2018) suggested future researchers use the qualitative research approach to examine workers' acquired behaviors and identify acceptable themes for quantitative research analysis to analyze cultures of quality and compliance.

## Summary

The BHO is a privately funded Medicaid Rehab Option Provider located in the southeastern region of the U.S. They are approved by the DBHDD to provide behavioral health and mental health therapeutic services. The BHO offers a comprehensive continuum of care that supports children, adolescents, and adults. The BHO's diverse service offerings enable services to be rendered in the office, home, and community.

Section 1a introduced its readers to the BHO and discussed the purpose and significance of this qualitative case study. In Section 1b, readers will learn more about the BHO's organizational profile, which delves further into the organization's background and key factors that are of strategic importance to the BHO.

## Section 1b: Organizational Profile

The problem identified within this BHO is the lack of engagement experienced by employees to complete their clinical documentation accurately and promptly, per QA expectations. This problem was discovered through employee engagement surveys conducted by the DBHDD on an annual basis and results reported to the BHO and direct employee feedback to leadership during one-on-one supervision, focus groups, and internal audits performed by the QA department biannually. Along with one-on-one clinical supervision, three focus groups of eight clinicians were formed to discuss quality improvement issues and strategies. The audit was used to assess clinical quality, customer satisfaction, and clinician use.

This qualitative case study involved examining the impact of effective leadership on employee engagement and compliance, specifically employee motivation to adhere to clinical documentation standards. Section 1b includes a review of the BHO's organizational profile, key factors, and organizational background and context.

### Organizational Profile and Key Factors

The organizational profile was used to better understand the BHO and define the organizational environment. This enabled identification of gaps involving critical information about the BHO and key performance requirements. Moreover, the organizational profile was used to understand the BHO's operating environment, essential requirements for current and future business success, and needs, opportunities, and restrictions placed on the BHO.

Key factors that were identified as being of strategic importance to the BHO were as follows: the workforce, regulatory environment, clients and stakeholders, partners and collaborators, culture, and organizational structure. The aforementioned key factors contributed to the BHO's strategic direction by providing context regarding pivotal internal and external elements that determine the operating environment.

According to the BHO's website, the BHO offers full-time, part-time, and contractual positions. The workforce includes psychiatrists, psychologists, social workers, professional counselors, nurses, transport drivers, administrative staff, and interns. The educational requirements for employees range from a high school diploma to doctoral degrees in psychology, psychiatry, and medicine. Key drivers for engagement include extrinsic factors such as salary, hourly wage, incentives, bonus packages, tuition reimbursement, professional development training, continued education units (CEUs), paid time off, and health benefits (Baldrige Performance Excellence Program, 2021). Intrinsic factors may include helping others, providing high-quality care, personal and professional development, and positive social impact (Baldrige Performance Excellence Program, 2021). Rollins et al. (2021) suggested three significant themes as potential organizational contexts for mitigating burnout and enhancing work engagement: a work culture that values person-centered care over productivity, successful quality management skills and practices for combating bureaucracy, and initiatives for employee professional development and self-care. Section 3 includes additional information about these suggestions.

**Regulatory Environment**

The BHO's regulatory environment included the following occupational health and safety regulations: accreditation, certification, industry standards, and environmental, financial, and healthcare service delivery regulations. The DBHDD oversees the BHO's community-based behavioral health programs and services to ensure clients receive prompt and effective access to high-quality behavioral health treatment and support services. The Department of Community Health administers Medicaid reimbursement to the BHO for mental health treatment and services. However, if clinical notes are not completed on time, payment is delayed, causing financial strain on the BHO. The Department of Public Health (DPH) Office of the Inspector General is an independent and objective inspection that operates as external auditors for the BHO with the mission of promoting effectiveness, efficiency, and integrity of the Department of Public Health's programs and operations and preventing and detecting fraud, abuse, mismanagement, and waste in programs and operations offered by the BHO. The collaborative administrative services organization (CASO) Qlarant provides special expertise to the BHO, including quality improvement and assurance, establishing provider performance standards, and person-centered data collection solutions that improve service and outcomes. The Commission on Accreditation of Rehabilitation Facilities (CARF) International assists the BHO in enhancing service quality, demonstrating value, and adhering to internationally recognized organizational and program standards. CARF International accreditation demonstrates the BHO's commitment to quality care and excellence. The U.S. Department of Health & Human Services (DHHS) and Health Insurance Portability

and Accountability Act (HIPAA) established national standards for protecting individuals' medical records and other individually identifiable health information. The BHO adheres to these standards when accessing and conducting client transactions electronically and accessing their EHR system.

**Governance Structure**

The BHO's organizational leadership structure consisted of the VPO, DO, CD, DHR, quality assurance manager (QAM), psychiatrist, psychologist, medical doctor, nurses, clinical staff, administration staff, bus drivers, building maintenance staff, kitchen staff, and clients. The executive leadership team (DO, CD, DHR) reports to the VPO. The QAM, psychiatrist, psychologist, medical doctor, nurses, clinical staff, and clients report to the CD. The administrative staff, bus drivers, building maintenance staff, and kitchen staff report to the DO. This leadership structure was a top-down leadership and management approach. The BHO's governance structure consisted of external regulators such as the DBHDD, auditors, shareholders, the Board of Directors, and Chief Executive Officer (CEO). The CEO reported to the Board of Directors, and the Board of Directors reported to shareholders. This governance structure was both a top-down and bottom-up management approach.

**Service Offerings**

The BHO offers the following services: outpatient mental health services, community support services, group therapy, registered nursing care, crisis intervention, individual and family counseling, parenting classes, psychiatric evaluation/treatment,

TAP, and after-hours crisis management. These services are offered to children, adolescents, adults, and families.

**Suppliers and Partners**

Due to the recent acquisition of the BHO, supplier and partner relationships have changed, per the BHL. Challenges identified as a result of this change include the leadership team not thoroughly vetting and voting on new suppliers or partners based on needs of populations served, resulting in lack of familiarity with the BHO's service offerings and concern about new suppliers and partners' ability to align with the BHO's mission appropriately. Another challenge identified due to this change is the new EHR system that does not support community-based services and exacerbated the issue with clinical documentation completion. According to the BHL, this situation has generated an atmosphere of distrust and powerlessness among the leadership team. Nonetheless, some suppliers and partner relationships have remained the same despite these changes. The local food bank supplies lunch and snacks for the after-school program, and the furniture bank provides low-income families with household essentials. The BHO partners with local colleges and universities to provide internship opportunities to counselors, social workers, and marriage and family therapists in training. The BHO also partners with the Department of Education to provide loan forgiveness to qualified employees.

**Competitive Environment**

The BHO is a CORE provider in the southern part of the U.S., supporting four neighboring counties with behavioral health and mental health services. CORE services are Medicaid-funded mental health services available to youth ages 4- 18 with emotional

and behavioral issues. Within a 50-mile radius, their competitive landscape is comprised of 139 CORE providers (Beacon Health Options, n.d.). The recent acquisition from a private, larger BHO has altered the BHO's competitive climate. According to the BHL, clinical documentation is not being completed, and client service units are not being utilized per DBHDD requirements due to the transfer of the new EHR system and the staff's inability to operate the EHR system accurately and efficiently (DBHDD, n.d.).

**Mission, Vision, and Values**

The BHO's mission is to help families, children, and adults "Put the Pieces Together" by assisting in relieving emotional challenges and behaviors through professional and empirical evidence-based therapeutic modalities, psycho-education, spiritual insight, social empowerment, community linkage, and wellness; through prevention and intervention designed to promote healthy stabilization within the structural family system in the home to empower wholeness, and enhance the quality of life for society.

The BHO's vision is to advance clinical excellence and client access to high-quality mental healthcare by collaborating with premier practices with specialized programs around the United States. Thus, visualizing with the deliberate objective of ensuring that mental health services are accessible to everyone. The BHO's corporate mission is to improve the health of individuals and the health care system. Because mission statements are created to increase employee awareness of the critical nature of organizational outcomes, employees may respond more positively to mission statements that reflect goals and ideals consistent with their preexisting beliefs (Desmidt, 2016).

Moreover, a mission statement motivates employees to feel invested in their jobs and connected to the organizational culture, which benefits the company in achieving its goals and results in greater compliance (Desmidt, 2016).

The BHO's values 12orgivenesss– recognizing that human beings are imperfect and need grace and healing to learn from mistakes to achieve a positive change; empowerment- to give people the opportunity to accomplish goals; courage- to be adaptable and willing to take on challenges. Their statement of faith is influenced by the teachings of religious principles while respecting everyone's religious and diverse backgrounds.

## Organizational Background and Context

This case study was prompted by the BHO's need to examine the lack of engagement experienced by employees to complete their clinical documentation with precision and punctuality, per quality assurance expectations. Information about the lack of employee engagement was ascertained through employee engagement surveys, direct employee feedback to leadership, and bi-annual internal audits facilitated by the Quality Assurance department. In addition to the annual performance audit, DBHDD conducts employee engagement surveys to gauge staff commitment and motivation, and their thoughts about the BHO. During one-on-one clinical supervision, clinicians are asked to check in with BHLs, discuss clients, and provide feedback on clinical processes (i.e., what is working, what is not working, and what they would change). Three focus groups comprised of eight clinicians met to discuss quality improvement concerns and strategies. The VPO reported that the focus group would reconvene three months after the previous

focus group meeting to assess the prior meeting outcomes. Finally, the Quality Assurance department conducted internal audits bi-annually or at the VPO's request. Internal audits were conducted via phone, mail, or on the BHO's tablet while the client was in the office. The audit assessed customer satisfaction, clinician utilization, and clinical quality. Clinical documentation seeks to improve patient safety, reduce errors, and enhance the quality of patient care, while also adhering to regulatory and reimbursement requirements. Clinical records must be kept in accordance with applicable regulations, accreditation standards, professional ethics, and relevant laws. As a result, when clinical documentation is incomplete or of poor quality, it negatively impacts the organization's quality of care standards, insurance reimbursement, and accounting and payroll. Consequently, this also affects the BHO's compliance with DBHDD medical records requirements, CARF International standards, Medicaid reimbursement requirements, DPH quality assurance standards, and Qlarant performance standards.

The Behavioral Health Division of DBHDD is the "authority" for behavioral health programs and services statewide (DBHDD Services, n.d.). The Division of Behavioral Health contracts with the network of providers for 100% of direct care services. DBHDD and its providers must collaborate to achieve the following qualities for the network: "safe, accessible, efficient, positive clinical outcomes, financially and administratively stable, accountable, and a competent workforce" (DBHDD Services, n.d.). Providers must adhere to their respective program standards. Annually, providers will be evaluated against the overall standards by submitting a performance monitoring report that includes standards and indicators (DBHDD Services, n.d.). In the DBHDD

Behavioral Health Providers Manual, Community Service Requirements for All Providers in Section III: Documentation, it states, “All items in this section are DBHDD expectations, however, items using the word “must” indicate requirements for which non-adherence may impact payment or reimbursement via the Administrative Services Organization or other regulatory entities. Items using the word “should,” are less likely to impact payment, however, non-adherence will likely impact performance on quality and compliance reviews” (Department of Behavioral Health and Developmental Disabilities, 2022, p. 367). This section also includes specifications on the frequency and style of clinical documentation per the service guidelines (Department of Behavioral Health and Developmental Disabilities, 2022). Due to this institutional context, the BHO must maintain adequate clinical documentation to demonstrate that services were provided in a timely and appropriate manner and were medically or psychologically necessary. Consequently, the BHO’s practice problem of inadequate and late clinical documentation adversely affects the BHO’s compliance with statewide requirements and the quality of care provided to clients.

**Key Terms and Definitions**

Key terms and definitions for this qualitative case study were:

*Clinical documentation:* Documentation of a medical record, whether done on paper or electronically, serves to promote patient safety, minimize error, improve the quality of patient care, as well as ensure regulatory and reimbursement compliance (DBHDD, n.d.).

*Compliance:* Observance, conformity, and obedience (Gale Encyclopedia of American Law, 2010).

*Effective Leadership:* Effective leaders provide clear direction to their employees, motivate them to take ownership of their jobs, and work collaboratively to accomplish the organization's goals and objectives (Hao & Yazdanifard, 2015).

*Employee engagement:* When an employee's engagement aligns with his or her cognitive, emotional, and physical resources at work, he or she draws on positive psychology and focuses on making the best use of individual strengths (So et al., 2021).

*Employee motivation:* Level of energy, commitment, and creativity that a company's workers bring to their jobs. The "internal state" encourages employees to work toward organizational goals and achieve high-performance results (Leitão et al., 2022).

*Quality assurance (QA):* Process of evaluating the quality of one or more components, such as technical competence, access to services, effectiveness, interpersonal relations, efficiency, continuity, safety, and amenities (Leonce, 2021).

*Quality improvement*: management strategies assessing and analyzing an organization's performance and production to enhance its products and services (Kreidler, 2021).

**Legal and Regulatory Compliance**

The BHO's leadership team manages and monitors compliance with all federal and state regulatory and licensing standards. The CD is responsible for the organization's clinical operations, and the DO is responsible for the BHO's financial operations. The state requires the BHO to maintain compliance standards governed by the Composite Board of Professional Counselors, Social Workers, and Marriage and Family Therapists (Licensing, n.d). The Composite Board is mandated by law to regulate professional counseling, social work, and marriage and family therapy to safeguard the public's

health, safety, and welfare. This is achieved by implementing the education and training criteria established by law for licensure in each profession, adopting and enforcing a code of ethics for licensees, creating and enforcing continuing education requirements, and addressing unlicensed practice in these professions. Lastly, the BHO adheres to Medicaid regulations and guidance monitored by the Centers for Medicare and Medicaid Services (CMS). The CMS National Standards Group manages the Compliance Review Program on behalf of HHS, verifying covered entities' compliance with HIPAA Administrative Simplification requirements for electronic health care transactions (CMS, n.d.).

## Summary

Section 1a and 1b of this case study included an overview of the BHO's organizational profile, outlining the essential organizational characteristics of the BHO's strategic environment. Several key factors were identified to emphasize what is of strategic importance to the BHO. The BHO's organizational background was reviewed to substantiate the need for this case study, and the institutional context was examined to demonstrate the regulatory environment's importance and link to the practice problem. A list of definitions of key terms was created to assist readers in conceptualizing the case study. Additionally, management and compliance with behavioral health policies were examined to demonstrate the BHO's efforts to comply with federal and state laws despite their identified problem with inadequate and late clinical documentation.

Section 2 of this case study includes a discussion of leadership, strategy, and clients. This section includes information about how BHO leaders lead, focusing on the BHL's identified leadership styles and effective leadership practices. Lastly, client

engagement is explored from service inception to service termination, and an analytical strategy is developed to analyze findings.

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

The problem identified by BHLs is the lack of engagement experienced by employees to complete their clinical documentation with precision and punctuality. Employee engagement surveys collected by the DBHDD, direct employee feedback to leadership via one-on-one supervision and focus groups, and biannual internal audits by the QA department revealed this issue. The DBHDD conducted employee engagement surveys to ascertain their commitment to the BHO as well as intrinsic and extrinsic motivation. Three focus groups with eight clinicians each were formed to discuss quality improvement issues and employee engagement concerns. Internal audits were conducted with clients over the phone, by direct mail, and electronically on the BHO's tablet while the client was in the office to evaluate quality of care and client satisfaction. According to the BHL, lack of employee engagement, employee motivation, and ineffective leadership practices have adversely affected clinical documentation compliance, compromising accreditation and state and financial regulatory requirements. Clinical documentation is used to improve patient safety, reduce errors, and enhance quality of patient care. When clinical documentation is incomplete or of poor quality, it negatively impacts the organization's quality of care standards.

This qualitative case study involved examining the perceived impact of effective leadership on employee engagement and compliance at a midsized nonprofit BHO. Developing a solid plan, maintaining it, and evaluating what does and does not work was used to provide a practical method for communicating essential compliance information to employees and engaging them in discussions about the most critical compliance

challenges. Moreover, leaders' dedication to compliance is partly expressed by establishing compliance-related performance objectives (Mckinney & Paulus, 2017). Effective leadership impacts positive employee engagement and compliance through developing leader-employee relationships and specific leadership traits (Gadolin & Andersson, 2017; Osborne & Hammound, 2017).

Section 2 includes a review of supporting literature on effective leadership, employee engagement, and compliance. An overview of the BHO's leadership strategy and assessment, clients and population served, analytical strategy, and operational data is discussed in this section. In addition, this section includes data collection methods which were used to acquire information. Lastly, this section concludes with a summary.

## Supporting Literature

The consulted BHLs expressed concern about the quality and completion of clinical documentation. According to the BHLs, the lack of employee engagement, employee motivation, and effective leadership adversely affects clinical documentation compliance. These concerns were also identified in employee engagement surveys which were conducted biannually. Specific databases used to find relevant and peer-reviewed literature were: ProQuest Central, SAGE Journals, and Thoreau Multi-Database Search. Thoreau Multi-Database Search proved more efficient because it returned several articles covering multiple subjects and references rather than a single subject I searched for the following keywords and descriptors: *leadership*, *effective leadership*, *leadership styles*, *employee engagement*, *job engagement*, *work engagement*, *clinical documentation*, *transformational leadership*, *compliance*, *employee motivation*, *quality assurance,*

*quality improvement*, *accountability*, *training*, *incentives and rewards*, *retention*, *job satisfaction*, and *behavioral health*. Boolean operators used during the literature search were AND and OR.

**Effective Leadership**

Effective leadership and an adaptive organizational culture are crucial for BHOs to thrive in environments with increased accountability and efficiency (Vito, 2020). According to Northouse (2021), when a leader can effectively identify the development level of employees in a goal situation and then show the prescribed leadership style that matches that situation, that leader is demonstrating effective leadership. Leadership is a process through which individuals influence others to lead, organize, and facilitate group and organizational activities and relationships (Durmishi & Popovski, 2020). Being able to inspire people and being prepared to do so is the essence of leadership. Motivating an entire team toward an overarching purpose is the art of leadership. Strang (2005) suggested that effective leaders "harness power sources" obtained from influencing others through their acts, presence, or demonstration of charismatic qualities. Durmishi and Popovski (2020) posited that numerous empirical studies have found that leadership behavior impacts organizational performance, great leaders surpass weak leaders, and transformational leadership produces better results than transactional leadership. This qualitative case study was focused on transformational leadership as an effective leadership approach. Transformational leadership is distinguished by individualized regard, intellectual stimulation, inspirational motivation, and idealized influence, all of which connect people and drive them to remain involved in their jobs (Kelly & Hearld,

2020). Islam et al. (2021) concluded that employee engagement is significantly linked with transformational leadership, and both valence and trust in leadership individually and consecutively mediate the impact of transformational leadership and employee engagement. As a result, transformational leadership has a significant and beneficial effect on employee work engagement (Islam et al., 2021).

Islam et al. (2021) researched four widely recognized transformational leadership characteristics (p. 53).

- A transformational leader's idealized influence behavior enhances the followers' ethical engagement and confidence level.
- The intellectual stimulation behavior of a transformational leader assists and encourages followers by providing solutions to their queries and confusion.
- A transformational leader's inspirational, motivational attitude encourages followers and increases self-confidence.
- The individual consideration attribute of a transformational leader presents the leader as a teacher or coach and offers personal care, support, and encouragement to the followers.

Schenck (2016) postulated transformational leaders motivate employees through "Inspirational Motivation-articulating a vision and cultivating a strong sense of purpose; Intellectual Stimulation- challenging followers to think outside the box; Individual Consideration-attendance to each follower's needs; and Idealized Influence- setting high ethical standards and serving as a role model" (p. 1-2). Instead of dominating by

intimidation, leaders use charisma and interpersonal skills to encourage and cultivate a strong sense of vision, establish high ethical standards, and provide help based on everyone's needs (Schenck, 2016).

**Employee Engagement**

Osbourne and Hammoud (2017) suggested that employee engagement consists of two fundamental components: (a) a willingness to contribute to company success and (b) a positive and enthusiastic employee in a motivational state. Karanges et al. (2015) defined employee engagement as an employee's willingness to commit emotionally and rationally to their organization, length of time they are willing to stay due to that commitment, and level of dedication to their work. Islam et al. (2021) defined employee engagement as the active and enthusiastic physical, psychological, and emotional engagement of employees during an organizational transformation process. Employee engagement is influenced by the psychological experiences of people who affect their work process and behavior (Karanges et al., 2015). Gautam and Kothari (2021) posited that employee engagement is positively associated with work meaning, safety and security, coworker availability, and self-directed supervision. Employee engagement is a significant predictor of various behavioral, attitudinal, operational, and financial outcomes (Gautam & Kothari, 2021).

Interpersonal relationships, group, intergroup dynamics, and management style and method substantially impact a person's psychological safety (Rana et al., 2014). Psychological safety refers to the feeling of being able to express and do things without fear of losing a reputation or career. In turn, this psychological safety condition increases

the employee's degree of engagement (Rana et al., 2014). Since healthcare professionals perceive management-initiated quality improvement work as a threat to their authority and domain of knowledge, they respond with resistance or ignorance (Gadolin & Andersson, 2017). If events that endanger professional identity are avoided, if managers understand and value professional identities, and if steps are made to link organizational development work with professional fulfillment, professional workers are less resistant to quality improvement work (Gadolin & Andersson, 2017). Frequent interaction between employees and managers creates trusting relationships, which is essential for generating high levels of employee commitment and engagement (Gadolin & Andersson, 2017). Positive clinical work attitudes and behaviors were also facilitated by positive working relationships and relational leadership styles as opposed to command-and-control (Gadolin & Andersson, 2017). Similarly, when employees believe their bosses to be genuine, they are more likely to trust them, become more involved, and feel at ease raising problems (Gadolin & Andersson, 2017).

**Compliance**

Hu et al. (2018) suggested that compliance efforts may be motivated by the perceived utility value of procedures. Although procedures are intended to guide and support employees' work, employees cannot be compelled to follow processes that are deemed unnecessary. In order to foster a quality culture, behaviors must be aligned with quality and compliance requirements and become ingrained as organizational habits (Macht & Davis, 2018). Leaders must establish and reinforce the continuous actions necessary to cultivate a quality and compliance culture (Macht & Davis, 2018). As such,

a well-executed compliance program and do it right culture may assist in driving business performance, reducing business interruption, fines, and reputational damage, and notably, enabling an engaged and dedicated workforce (Suich, 2017).

Regular employee training is seen as a vital deterrent against unlawful and unethical conduct in organizations (Hauser, 2020). Effective training should build leadership and employee knowledge and comprehension of the organization's ethics and compliance standards and enhance awareness of the employer's expectations for compliance with such policies, thereby influencing employees to perform appropriately (Hauser, 2020). Therefore, in theory, ethics and compliance training should reduce organizations' likelihood of unethical practices (Hauser, 2020).

By using integrated quality and compliance platforms, leaders should foster a culture of quality and compliance (Macht & Davis, 2018). Setting compliance goals for leaders also delivered a powerful message about company principles and tone from the top, instilling a true cultural awareness that compliance is everyone’s responsibility (Mckinney & Paulus, 2017). Quality, health and safety, environment, and process safety compliance are equally important in a unified corporate social responsibility platform. Quality and compliance training, acknowledging that there is always space for growth, and asking questions and listening are all parts of effective communication techniques (Macht & Davis, 2018). The lack of value, time and money, leadership commitment, and inefficient training across the workforce are some of the obstacles to successfully adopting a culture of quality and compliance. An organization's quality and compliance culture are built and sustained by various interrelated elements, such as senior

leadership's actions and the workforce's habits (Macht & Davis, 2018). Lastly, setting compliance goals for leaders also delivered a powerful message about company principles and tone from the top, instilling a true cultural awareness that "Compliance is Everyone's Responsibility" (Mckinney & Paulus, 2017).

## Sources of Evidence

Sources of evidence used in this case study were the BHO's website, semi-structured qualitative interviews with BHLs, recent audit feedback from an accreditation agency, employee engagement surveys, archival data, and supporting literature regarding the practice problem. The BHO's website provided general information about the BHO, such as who they are, services provided, population served, and careers. The Baldrige Excellence Framework and its performance excellence criteria were used to develop semi-structured interview questions about the BHO's organizational profile, key factors of strategic importance, leadership, strategic implementation, customers, analytical strategies, and knowledge management. The Baldrige Excellence Framework performance criteria served as a guide for analyzing organizational performance through primary and secondary data collection, inducing strategic thinking through guided discovery, and creating opportunities for the leadership team to learn through feedback and recommendations provided by this case study. An accrediting agency provided the recent audit feedback. This feedback indicated the BHO's strengths and opportunities for improvement. The employee engagement surveys measured employee motivation, employee satisfaction, leadership, work culture, and intrinsic motivators. Archival data included policies and procedures, quality assurance requirements, clinical training, and

de-identified clinical notes within the last two years. Lastly, supporting literature regarding the practice problem helped define effective leadership, employee engagement, and compliance, provided additional data sources, provided a point of reference, and identified gaps in research where this topic could be expounded upon to further knowledge and interventions in this area.

## Leadership Strategy and Assessment

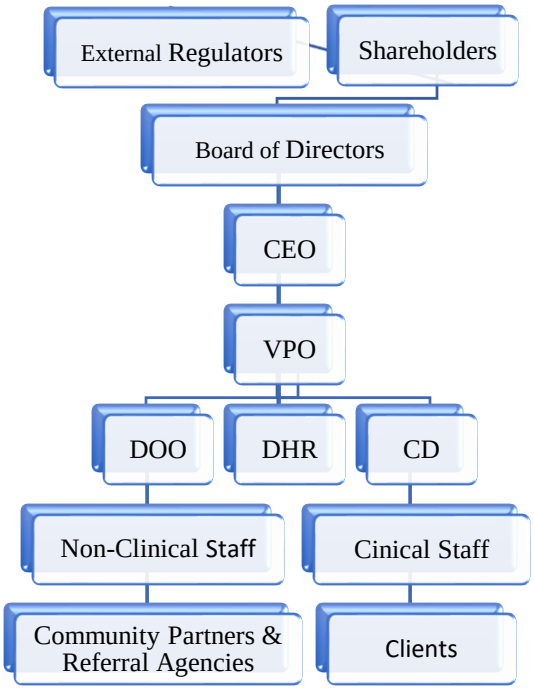
The Baldrige Excellence Framework elicited information about how senior leaders' personal behaviors and governance framework drive and sustain the organization. The governance and societal contributions discussed in The Baldrige Excellence Framework provided information regarding critical aspects of the BHO's governance system, such as leadership development and the leadership system. Additionally, The Baldrige Excellence Framework was used to address how the BHO guarantees that all employees act legally and ethically, how they perform societal responsibilities, how they support their clients, and how the BHO promotes social change.

The BHO's governance structure consisted of external regulators such as the DBHDD, an accreditation agency, state auditors, shareholders, a board of directors, and the CEO. The CEO is the organization's leader and reports to the Board of Directors, and the Board of Directors reports to the shareholders. This governance structure employed both a top-down and bottom-up management approach. Internally, the BHO's leadership team consisted of the Regional VPO, who oversaw the BHO, the DOO, who oversaw nonclinical operations such as the day-to-day activities, the CD, who oversaw the clinical operations, and DHR who oversaw employee relations. The DOO, CD, and DHR

reported to the VPO, and the VPO reported to the CEO. This leadership structure employed a top-down leadership approach (see Figure 1).

**Figure 1**

*2022 Organizational Chart*




## Strategy Development

The Baldrige Excellence Framework was used to address how the BHO sets strategic objectives and action plans, implements them, modifies them if needed, and analyzes progress. The strategy category emphasized the importance of the BHO's long-term success and competitive environment as critical strategic issues that must be integrated into the overall planning. As such, the BHO's strategic planning process began with the QA Forum committee comprised of the CD, the DHR, compliance officer, business development manager, front desk coordinator, clinical coordinator, director of

the TAP, and the VPO. The QA Forum meets monthly to address the desire for change, the allocation of change initiatives, and the organization's adaptability and fortitude. The QA Forum utilized the SWOT analysis to assess the BHO's strengths, weaknesses, opportunities, and threats. According to Schooley (2022), "You can employ a SWOT analysis before you commit to any sort of company action, whether you are exploring new initiatives, revamping internal policies, considering opportunities to pivot, or altering a plan midway through its execution" (para. 8). In addition to utilizing the SWOT analysis, the BHO consulted with their accreditation agency to ensure that the recommended changes align with accreditation standards and requirements.

**Strategy Implementation**

Once the committee has voted on change/s and its strategies, each BHL is responsible for communicating the change/s to their respective teams. The BHL is also responsible for educating their teams on the reasons for the change/s and implementing the change/s within 30 days. Within 30 days of the change implementation, the BHL meets individually with their team to address questions, concerns, and resistance. The BHO's key strategic objectives are:

- To provide individualized treatment to each client.
- To provide timely clinical services by well-educated staff.
- To provide employees with access to on-demand, evidence-based trainings.

Key performance indicators used to measure these objectives are session counts, session unit utilization, and clinical documentation. Session counts are times when a clinician provides care to a client. Utilization is defined as the appropriate and effective

use of the client's authorized hours for clinical services. These authorized hours have been approved by the client's insurance provider and are closely monitored to track client progress/ regress/ stagnation and manage the cost of services by assessing appropriateness. Clinical documentation helped to substantiate the clinical need for services, informs BHLs on the competencies of the clinician, and adheres to the accreditation agency's requirements and DBHDD expectations.

## Clients/Population Served

The BHO is a privately funded Medicaid Rehab Option Provider approved by the DBHDD located in the southern region of the U.S. The BHO provides Medicaid-funded mental health services to youths between 4 and 18 with emotional and behavioral issues. The BHO's website indicates that they specialize in treating children, adolescents, adults, and families who suffer from psychiatric disorders and impairments related to mental, behavioral, cognitive, emotional, social, and family disturbances.

When clients are referred to the BHO, their identifying information (name, date of birth, address, phone number, sex, ethnicity, insurance, presenting problem) is sent to the intake department. Someone from the intake department then contacts the client to schedule an intake appointment where a BioPsychoSocial assessment is conducted, assessing biological, psychological, and social factors contributing to the client's problems. Before initiating services, the utilization management team collects the client's insurance information for billing purposes. Following the assessment, the client is assigned a clinician who continues to collect information on the client during therapy

sessions until discharge. Additionally, the QA department randomly selected active clients to complete monthly quality improvement surveys via phone or in-person.

The BHO engaged with its clients by providing various services that meet the client and family needs. These programs included individual therapy, family therapy, TAP, clothing pantries, food pantry, and community resources. The BHO also engaged clients in service through relationship building by letting them be involved in their treatment decisions as much as possible. This level of engagement included motivating clients to participate in developing their treatment and discharge plans, selecting community support programs, and selecting services provided while involved with the BHO. The BHO built relationships with their clients by providing consistent service, initiating contact within 24 hours of the referral, seeking quality improvement feedback from clients, and ensuring that someone from leadership adequately addressed client grievances within 72 hours.

## Analytical Strategy

The analytical strategy's objective is to connect the case study data to significant concepts of interest and use such concepts to guide data analysis (Yin, 2017). The Baldrige Excellence Framework (2021) is the concept of interest or conceptual framework for this qualitative case study. The Baldrige Excellence Framework (2021) presented questions to assist the researcher in identifying the BHO's areas of strength as well as possibilities to improve the BHO's performance and sustainability. The data acquired from these questions helped inform the BHLs about effective and ineffective leadership practices, employee engagement, and provided recommendations on

improving compliance with clinical documentation. The Baldrige Excellence Framework aided me in composing semi-structured interview questions relative to the practice problem but, most importantly, provided a criteria to assist the researcher in assessing the seven categories representing the essential functions of the BHO: leadership, strategy, customers, measurement/ analysis/ knowledge management, workforce, operations, and results. Moreover, the Baldrige Excellence Framework assisted the BHO in determining whether they were establishing and implementing a sound, balanced, and systematic approach to effective leadership (leadership), employee engagement (workforce), and clinical documentation compliance (operations).

Yin (2017) suggested that the analytic strategy creates a cycle (or series of cycles) that includes the research questions, the data, justifiable treatment and interpretation of the data, and the knowledge and skills to present findings and draw conclusions. Thus, reliance on a theoretical proposition informed the data collection method and yielded an analytic criterion (Yin, 2017). The analytic criterion included the following steps:

- Identify the presenting problem (theoretical proposition) within the BHO.
- Develop qualitative research questions.
- Link the presenting problem to scholarly, peer-reviewed literature within the last six years.
- Prepare semi-structured qualitative questions to interview the BHLs.
- Collect secondary data (employee engagement surveys, redacted clinical documentation, clinical policies and procedures, leadership trainings, and clinical trainings.

- Identify codes, categories, and themes while analyzing data.
- Analyze results and implications.
- Report evaluation and recommendations to the BHO.

**Operational and Archival Data**

The Walden University Institutional Review Board (IRB) approved this doctoral case study (#11-08-21-0985925). This approval indicated permittance to acquire and analyze data from senior leader interviews, public data, literature reviews, and documents and data obtained by the BHO, as specified in the PsyD Option 2 Manual's Site Agreement contract and pre-approved Consent Form provided to the BHO (Walden University, n.d.).

Archival data included the BHO's website, policies and procedures, quality assurance requirements, DBHDD audit feedback and recommendations, employee engagement surveys, focus group feedback, and clinical training.

**Participants**

I emailed the BHO and requested a meeting to discuss potential collaboration on my doctoral study. The CD planned an initial meeting to learn more about the doctoral study and evaluated its suitability for the BHO. The CD contacted me by email and confirmed the BHO's participation and scheduled a meeting. The CD informed me that the VPO and herself would attend the meeting. Before meeting with the BHLs, I emailed the consent form, the site approval form, the service order agreement, and a description of the doctoral study procedure to the CD. All participants were contacted through a personal Walden University email account to schedule interviews, ask clarifying or

doctoral study-related questions, provide participation consent, sign the site agreement form, sign the service order agreement form, and other doctoral study-related communication.

The participants selected to contribute evidence to address the practice problem were two BHLs, the VPO and the CD. However, the VPO informed me that if other BHLs were needed to assist in providing information, the VPO would ensure that those BHLs were made available. In order to align with the clinical nature of the practice problem, the CD was chosen by the VPO as the point of contact for this case study. The CD provided information on the clinical workforce, clinical training, policies, and procedures, DBHDD adherence, accreditation expectations, client care, and clinical quality assurance. The VPO attended meetings/ interviews and corresponded by email to provide further insight from an operations point of view and to support the CD. The IRB pre-approved PsyD Doctoral Studies that involved only the analysis of BHL interviews, internal data and documents shared by the BHO for the intent of this qualitative case study, as well as publicly available data and documents (Walden University, n.d.).

**Procedures**

For this qualitative case study, semi-structured interviews with BHLs were the main source of primary data. I employed the responsive interviewing method to engage participants. Responsive interviewing is in-depth interviewing in which interviewees are considered partners rather than study participants (Rubin & Rubin 2011). The research design in responsive interviewing evolved during the project. A significant characteristic of the responsive interviewing paradigm is the researcher's capacity to hear what is said

and shift direction to capture a gleam of insight, follow a new theme, or redirect the overarching questions (Rubin & Rubin, 2011).

These interviews included the CD and the VPO. The main objective of the semi-structured interview questions was to elicit information about the presenting problem, using the Baldrige Excellence Framework healthcare criteria as a guide. I utilized the interview refinement protocol (IRP) framework to protocolize the interview process. According to Castillo-Montoya (2016), the IRP approach can help to improve the dependability of interview protocols used in qualitative research, hence improving the quality of data acquired from research interviews. The IRP framework consisted of a four-phase approach for systematically designing and enhancing an interview protocol. The four-phase method consisted of the following steps: verifying that interview questions align with research questions; developing an inquiry-based dialogue; receiving feedback on interview protocols; and practicing the interview protocol with peers (Castillo-Montoya, 2016). These questions assessed the BHO's organizational environment; leadership, governance, and societal contributions; strategy and strategy implementation; the workforce; current operations; measurement, analysis, and knowledge management; and results.

**Coding**

Following the interviews' completion, multilevel coding assisted in establishing common themes and narrowing down specific interview topics. Multilevel coding or codifying organizes things in a logical sequence to incorporate something into a system or classification to categorize them (Saldana, 2021). When you apply and reapply codes

to qualitative data, you are codifying—a process that allows for the division, grouping, reorganization, and linking of data to condense meaning and produce explanations (Saldana, 2021). Moreover, a theme is a protracted phrase or sentence describing the subject or meaning of a data unit (Saldana, 2021). The data obtained from the interviews were then compared to publicly available data and peer-reviewed literature regarding employee engagement, effective leadership, and compliance to examine trends.

**Document Analysis**

Another approach to this qualitative case study is document analysis. Document analysis is a qualitative research method that employs a methodical approach to study documentary evidence and answer key research questions (Frey, 2018). Like other qualitative research methodological approaches, document analysis entails repeated data review, evaluation, and interpretation to gather significance and empirical knowledge regarding the investigated construct (Frey, 2018). I analyzed documents such as the BHO's policies and procedures, internal memos regarding clinical documentation, transcripts of clinical meetings, employee engagement surveys, and existing literature (Rubin & Rubin, 2011). Lastly, Frey (2018) postulated that document analysis is a feasible independent research method that should not be regarded as a supplement to other methods. As such, documents of various kinds can help researchers unearth ideas, build theories, and obtain a deeper understanding of the presenting problem.

Triangulation

Burkholder et al. (2016) postulated that triangulation is the process of comparing different types of data and different interpretive frameworks to determine which

interpretation best matches the data, not your hopes for the data, but the actual data. Thus, triangulation, or analyzing a phenomenon using various data sources, improves the case study's quality. Primary and secondary data sources enabled the exploration of experiences from various viewpoints and research modalities (Ravitch & Carl, 2020). Using several data sources to triangulate implies comparing and cross-checking data acquired through observations at different times or locations or interview data collected from people with diverse experiences or follow-up interviews with the same individuals. As Patton (2015) suggested, triangulation, in whatever form, promotes credibility and quality by combating the fear (or charge) that a study's conclusions are a product of a single method, a single source, or the blinders of a single investigator.

### Role of The Researcher

The role of the researcher is to collect, organize, and examine perspectives from individuals who have experienced a particular phenomenon (Burkholder et al., 2016). In a case study, like in most qualitative research, the researcher is the primary data collector. The researcher conducts interviews, administers surveys, and evaluates and analyzes documents. It is critical to avoid bias during both the data collecting and analysis phases. Bias is the tendency to prejudice or inappropriately influence the method or findings of a study effort (Burkholder et al., 2016). Therefore, credibility, dependability, and transferability of this qualitative case study depended on the integrity of the researcher.

## Summary

Section 2 of this qualitative case study included an overview of the BHO's leadership strategies, clients and populations served, and analytical strategy. A review of existing

literature on the practice problem's relevance and sources of evidence used to substantiate the problem was explored. Baldrige Excellence Framework criteria were used to examine how BHLs govern and lead the BHO and implement strategies. The BHO's targeted client population and engagement with the client population were identified. Lastly, I described archival and operational data which were collected for this case study.

Section 3 of this qualitative case study includes an exploration of the BHO workforce, operations, measurements, and BHO analysis and knowledge management components. Section 3 includes information about how the BHO acquires, analyzes, integrates, and develops its data, information, and knowledge assets, and how it used review findings to optimize performance.

## Section 3: Workforce, Operations, Measurement, Analysis, and Knowledge Management

BHLs noticed a problem with employees' lack of interest in terms of completing their clinical documentation accurately and on time. Employee engagement surveys conducted by the DBHDD, direct feedback from employees to leadership via one-on-one supervision and focus groups, and biannual internal audits conducted by the QA department all identified this issue. The DBHDD surveyed employees to ascertain their commitment to the BHO and intrinsic and extrinsic motivation. Eight clinicians were divided into three focus groups to explore quality improvement strategies and employee engagement. Internal audits about quality of care and client satisfaction were conducted with clients through phone calls, direct mail, and electronically using the BHO's tablet while the client was in the office. According to the BHLs, lack of employee engagement, motivation, and ineffective leadership practices has impacted clinical documentation compliance, jeopardizing accreditation, and compliance with state and federal regulatory requirements. Clinical documentation is used to increase patient safety, eliminate errors, and improve overall quality of care. When clinical documentation is insufficient or of low quality, it has a detrimental effect on quality of care standards.

This qualitative case study involved investigating the perceived influence of effective leadership on employee engagement and compliance at a midsized nonprofit BHO. Effective leadership has increased employee engagement and compliance by developing leader-employee relationships and specific leadership attributes (Gadolin & Andersson, 2017; Osborne & Hammound, 2017).

Section 3 includes a review of the BHO's workforce by assessing how it builds an effective and supportive workforce and engages its staff to achieve a high-performance work environment. In addition, this section includes an examination of operations, measurement, analysis, and knowledge management (KM) of the BHO. This section concludes with a summary.

**Sources of Evidence**

I met with the BHLs in-person to conduct semi-structured interviews on three separate occasions. These interviews were the main source of primary data for this qualitative case study. The CD and VPO were included in these interviews. Semi-structured interview questions were designed to gather information about the presenting problem, using the Baldrige Excellence Framework as a guide. These questions were used to examine the BHO's organizational environment, leadership, governance, strategy and implementation, workforce, current operations, measurement, analysis, knowledge management, and results. In addition to these interviews, email communication was used to gather data such as archival documents, provide doctoral study updates, and schedule brief phone calls with BHLs to ask clarifying questions.

Document analysis is another data collection method that was used in this qualitative case study. Documents that provide a firsthand account of an event or occurrence without interpretation or analysis are primary data sources (Frey, 2018). Document analysis entailed analyzing documents such as the BHO's policies and procedures, internal memoranda about clinical documentation, clinical meeting transcripts, employee engagement surveys, and existing research. There are several

advantages to using documents as a medium of data, but there are also some limitations to consider while employing this research strategy. First, documents were developed for a fundamentally different purpose and may not include enough information to fully address the research questions. Second, accessibility of documents may be an impediment, particularly for certain types of archival documentation that may not be publicly accessible or are deliberately restricted by the BHO (Rapley & Rees, 2018).

## Analysis of the Organization

### Workforce Environment

The Baldrige Excellence Framework (2021) workforce category focused on core workforce practices to establish and maintain a high-performance environment and engage the workforce in order to help it adapt to change and thrive. This category inquired about the BHO's workforce capabilities and capacity requirements, how the BHO met those requirements in order to carry out the organization's mission, and how the BHO fostered a supportive work environment. The BHO built an effective and supportive workforce by using topgrading strategies to hire qualified individuals, providing continuing education courses, providing heavily vetted and evidence-based training, and "keeping the human aspect of the business" (personal communication, 2022).

Topgrading is based on extensive chronological interviews that enabled recruiters and hiring managers to gain insights regarding job applicants based on patterns identified during multiple interview rounds and competency questioning (Topgrading, 2022). The topgrading objective is to develop a high-quality workforce comprised of high-

performing employees The BHO used topgrading strategies to search for and hire qualified individuals in order to build an effective and supportive workforce environment.

Haine-Schlagel et al. (2013) posited, there is an emerging body of research that examines the efficacy of various approaches to training in evidence-based practices (EBPs). The existing literature strongly indicates that stand-alone workshops do not adequately facilitate the successful integration of an intervention into a service system. Evidence-based training approaches are founded on and backed by research demonstrating their effectiveness. Using evidence-based methodologies helps to ensure effective training and positive client outcomes. The BHO used EBP to increase employee skills, improve client outcomes, and reduce training costs (personal communication, 2022).

The VPO reported that the BHO built and maintained a supportive workforce environment by "keeping the human aspect of the business." The VPO explained, "It is imperative to remember that employees are people, not robots; therefore, they should be treated with the same respect, kindness, and empathy that is expected of them to give to clients." According to Nur et al. (2021), job satisfaction and organizational commitment are the two most important factors contributing to employee performance and resilience.

**Workforce Engagement**

Per the VPO, the BHO engaged its workforce through productivity incentives, on-demand asynchronous trainings, and quality improvement focus groups. In turn, an employee's desire to participate in these engagement activities may be extrinsic or intrinsic, contingent on the purpose and outcome of their participation. Productivity

incentives are variable payments offered to motivate employees to improve their productivity or reward them for their contributions. The BHO offered productivity incentives to their employees based on utilization use (use of the clients approved units), session counts (an indication of whether the employees are seeing clients), and recently implemented clinical documentation completion (completed within 24 hours). On-demand asynchronous trainings assisted employees with maintaining their licensure with the required 35 continuing education units CEU needed every 2 years. CEU training also assisted employees with professional development, knowledge, and skills enhancement. Three sets of eight clinicians formed the quality improvement focus groups. These focus groups aimed to produce data about quality improvement strategies through peer engagement and sharing clinicians' lived experiences.

**Organizational Design**

The Baldrige Excellence Framework (2021) proposed that effective design also considered the cycle time and efficiency of healthcare service delivery procedures. This may involve the extensive mapping of service delivery processes and the redesign of those procedures in order to achieve efficiency and satisfy changing client and other consumer needs. Organizational design involves the implementation of organizational structures and systems that are aligned with the goals of an organization. Typically, reorganization happens when an organization expands or must downsize. Nevertheless, it may also be due to the transition in leadership, strategy, or the organization's operating environment. Per the BHLs, the BHO utilized a SWOT analysis to assess the need for an organizational redesign.  SWOT stands for strengths, weaknesses, opportunities, and

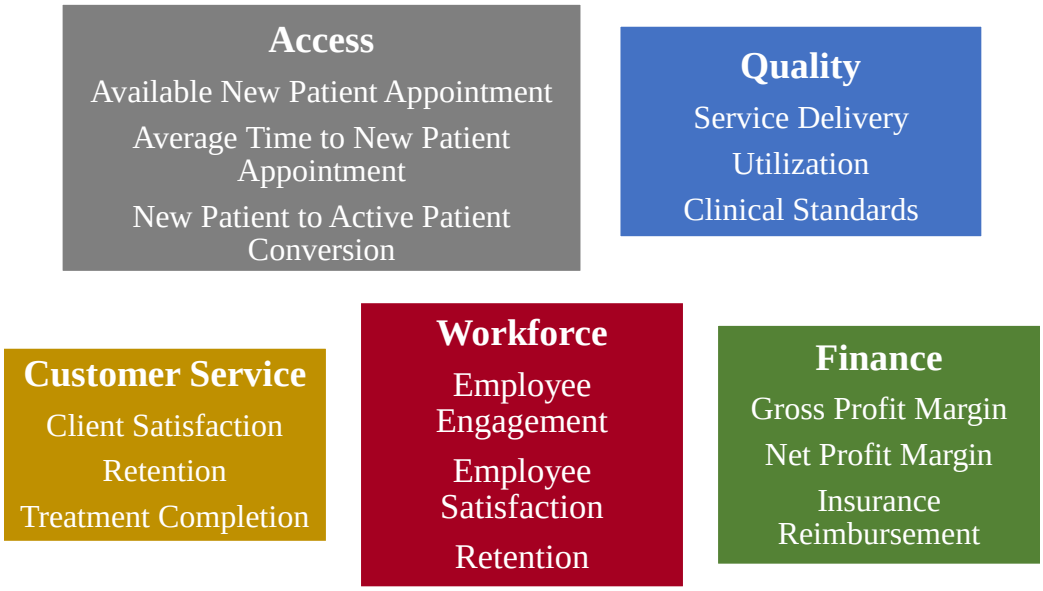
threats. A SWOT analysis organizes data, identifies problems, establishes solutions, and proposes opportunities (Bryson, 2018). A SWOT analysis determines how internal and external factors impact an organization (Bryson, 2018). There are strengths and weaknesses among internal factors, such as an organization's reputation. The BHLs reported that the need for organizational design existed because of environmental changes (acquisition of larger BHO) and the current organizational design negatively influences sustainability (the aforementioned presenting problem).

According to the BHLs, the BHO controlled the organizational redesign by developing an action plan that identifies metrics, actions, responsible persons, a timeline, and allocated resources for each item/ project. The action plan is broken into quarters to account for the annual completion target. The action plan is evaluated every two weeks to evaluate progress, challenges, and expected completion date. Once an action item has been completed, it enters the monitoring/evaluation phase, which entails adjusting benchmarks as necessary, collecting feedback, and measuring performance.

Per the BHLs, the BHO improved its key services and work processes by creating key performance indicators. A key performance indicator (KPI) is a measurement or metric that measures an organization's progress toward its organizational and strategic goals. KPIs monitor the organization and its workforce's performance in carrying out tasks crucial to its success (Kivak, 2020). These KPIs assess access, quality, customer service, the workforce, and finance. These KPIs aligned with the BHO's goals of providing quality client care and sustainability- profit. The BHO's current KPIs are exhibited in Figure 2.

**Figure 2**

*BHO KPIs*




**Management of Operations**

The BHO managed the effectiveness of its operations by ensuring that they were measuring the correct performance metrics, utilizing data (session counts and utilization) to identify issues, and staying abreast of best clinical practices and evidence-based practices for therapeutic interventions. In addition, the BHLs reported that they communicate their vision and mission monthly, convey organizational changes through staff meetings and emailed memos, communicate a timeline for implementing the change and explain what occurs at each step.

## Knowledge Management

Baldrige Excellence Framework (2021) explained KM as the "brain center" for operational alignment with strategic objectives. It is the main center within the Health

Care Criteria for all essential information on efficiently measuring, analyzing, and enhancing performance and managing organizational knowledge to foster progress, innovation, and organizational competitiveness. KM is the collection of techniques for developing, sharing, utilizing, and managing an organization's knowledge and information. The knowledge management system (KMS) utilized by the BHO houses its EHR. The other KMS facilitated the BHO's intranet, a private, secure network that allows employees to share information, communicate, collaborate on projects, broadcast announcements, and provide training.

### Information Technology

The BHO's IT infrastructure is located in the BHO's building. This includes the room where IT equipment is housed with necessary power, cooling, and security components, routers, switches, firewalls, data storage, physical and virtual servers, infrastructure management tools and services such as a dynamic host configuration protocol (DHCP) and domain name system (DNS), and applications (personal communication, April 5, 2022). In addition to the network infrastructure, the IT infrastructure included competent and well-qualified people running and maintaining the BHO's infrastructure (personal communication, April 5, 2022).

## Summary

Section 3 includes an overview of the BHO's workforce, operations, measurement, analysis of organization, and KM. The Baldrige Excellence Framework criteria was used to examine how the BHO designs, operates, innovates, and improves its services and work processes, as well as how it enhances operational effectiveness to

deliver value to clients and other stakeholders and achieve ongoing organizational success. Lastly, the knowledge management section discussed how the BHO acquires, analyzes, integrates, and enhances its data, information, and knowledge assets, how it uses review findings to adapt and optimize performance, and how it learns.

Section 4 includes an evaluation of the BHO's client services, workforce, leadership, and governance results. Section 4 also includes analysis of results and implications, as well as strengths and limitations of this case study.

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

BHLs observed that employees lacked motivation to complete their clinical documentation adequately and on time. This issue was detected via the DBHDD's employee engagement surveys, direct employee feedback to leadership via one-on-one supervision and focus groups, and QA semiannual internal audits. The DBHDD polled employees to determine their BHO commitment and intrinsic and extrinsic motivation. In three focus groups, eight clinicians discussed quality improvement techniques and employee engagement. Internal audits of the quality of service and client satisfaction were undertaken with clients via phone calls, direct mail, and tablet devices while the client was in the office. According to the BHLs, lack of employee engagement, motivation, and effective leadership skills has negatively impacted clinical documentation compliance, putting accreditation and compliance with state and federal regulatory requirements at risk. The primary objective of clinical documentation is to promote patient safety, mitigate errors, and improve the overall quality of healthcare delivery. Poor clinical documentation adversely affects the organization's adherence to quality of care standards.

This qualitative case study involved examining the perceived impact of effective leadership on employee engagement and compliance at a midsized nonprofit BHO. Research suggests that effective leadership enhances employee engagement and compliance by fostering leader-employee interactions and particular leadership characteristics (Gadolin & Andersson, 2017; Osborne & Hammound, 2017).

**Sources of Evidence**

I used the BHO's website, semi-structured qualitative interviews with BHLs, recent audit input from an accreditation agency, employee engagement surveys, archival data, and supporting literature regarding the practice problem as sources of evidence.

I visited the BHLs in person on three occasions to conduct semi-structured interviews. The primary data source utilized in this qualitative case study consisted of these interviews. These interviews featured both the CD and VPO. Semi-structured interview questions were created using the Baldrige Excellence Framework as a guide to collect information regarding the problem. These questions were used to investigate the BHO's organizational environment, leadership, governance, contributions to society, strategy and implementation, workforce, present operations, measurement, analysis, knowledge management, and outcomes. In addition to these interviews, email was used to collect archival documents, offer updates on the study, and schedule brief phone calls with BHLs to ask clarifying questions.

This qualitative case study also involved employing document analysis as a data collecting method. Primary data sources refer to documents that offer a direct and unrefined account of an event or phenomenon, devoid of any form of interpretation or analysis. (Frey, 2018). Document analysis involved reviewing materials such as BHO policies and procedures, internal memos about clinical documentation, clinical meeting transcripts, employee engagement surveys, and existing research.

In Section 4, information discovered through this study was used to address these four research questions:

RQ1: How does the BHO's current leadership define effective leadership?

RQ2: How does effective leadership impact employee engagement?

RQ3: How does effective leadership impact compliance?

RQ4: What training is required for leaders to implement effective leadership practices?

## NVivo Analysis and Coding

To analyze data thematically, I used NVivo 12. The themes of effective leadership, employee engagement, employee motivation, and compliance were consistently expressed across all interviews. These themes reflected opportunities to improve leadership practices, increase employee engagement, and foster clinical documentation compliance.

**Figure 3**

*NVivo Word Cloud Showing Frequency of Words Used in Interviews*


## Thematic Results by Research Question

### Effective Leadership

The VPO defined effective leadership as "the ability to lead people to achieve a common goal." The CD defined effective leadership as:

> One's ability to lead people to get things done. An effective leader exhibits a level of emotional intelligence that allows them to be aware of themselves as well as others around them. An effective leader isn't driven by ego, they are driven by results i.e. the success of the whole group.

**Employee Engagement**

The VPO expressed, “Employee engagement relies heavily on the practices (or lack thereof) of their leader. How one chooses to lead impacts how employees perform at work therefore, making leadership a position of great influence.” The CD expressed:

> I think it is important to build meaningful relationships with your staff. As a trained clinician, this is akin to building rapport and creating a therapeutic alliance with your client. Developing such a relationship cultivates trust with your employees, further endorsing your influence and impacting how employees engage with you, peers, leadership, and their clients.

**Compliance**

The VPO expressed, “Effective leadership impacts compliance because if the leader is ineffective then employees compliance is close to nonexistent. Again, how one chooses to lead impacts how employees perform.” The CD expressed:

> If the leader isn’t compliant, then the team they lead won’t be either. However, an effective leader understands that they are responsible for the lives they lead meaning- leading by example and enforcing policies and procedures to ensure the adherence of clinical expectations.

**Leadership Training**

When asked about leadership training, the VPO expressed, “That is a great question. I have some ideas, but I’m hoping this study can help provide recommendations as to what that (trainings) should look like as well as who such training should target.” The CD expressed:

> I would think that some sort of formal leadership training should be required to ensure that there is a baseline and standard for all leaders to follow. However, if I had to guess what training that would be I would have to assume it has something to do with how to influence others. The caveat to that would be that must be a self-awareness aspect to this training because we should know who we are before we try to understand and lead others.

## Analysis, Results, and Implications

### Evaluation of BHO

The BHO's program and services were analyzed through a review of the BHO website and interviews with the CD and VPO. The BHO is a not-for-profit agency recently acquired by a larger behavioral health organization that operates nationwide. The BHO is managed by the VPO, governed by the Board of Directors, accreditation agencies, and external stakeholders. The BHO offers outpatient mental health services, community support services, group therapy, registered nursing care, crisis intervention, individual and family counseling, parenting classes, psychiatric evaluation, medication management, TAP, and after-hours crisis management access to the surrounding community within a twenty-mile radius. These services were developed to address the effects of childhood and adolescent victimization, homelessness, abuse, neglect, traumatic experiences, mental illness, and other developmental challenges. The QA department monitors quality performance and client satisfaction. The success of daily operations is measured by daily billing- insurance and private pay, the number of sessions

held, and utilization of authorized units per client (personal communication, March 3, 2022).

The BHO's competitive landscape is comprised of 139 CORE suppliers within a 50-mile radius. The recent acquisition by a larger BHO has transformed the BHO's competitive environment by increasing access to more resources and capital (personal communication, March 3, 2022).

**Client-Focused Results**

The BHO established relationships with its clients by delivering quality service, establishing contact with the client within 24 hours of a referral, soliciting quality improvement feedback (surveys) from clients, and ensuring that a leader responds to client concerns promptly within 72 hours. Data from the surveys were not available for review. Ozcan and Tone (2014) posited that new laws and regulations at the state and federal levels present challenges for health organizations, necessitating leaders to respond with efficacious performance evaluation and decision-making. According to the BHLs, the BHO enhanced its essential services and work processes by developing key performance indicators (personal communication, March 3, 2022). A KPI is a measurement or metric that gauges the success of an organization toward its organizational and strategic objectives. KPIs assess the organization and its workforce's performance in carrying out tasks vital to its success (Kivak, 2020). These key performance indicators evaluated accessibility, quality, customer service, the workforce, and finances.

**Workforce-Focused Results**

According to interviews with the BHLs, the BHO's workforce "needs improvement" (personal communication, March 3, 2022). Although clinical leaders provided continuous training and supervision to their workforce, employee engagement remains low. Per the VPO, employees reported a lack of engagement due to leadership and employee incentives. The VPO also reported that adherence to clinical documentation expectations has been problematic due to the lack of employee engagement. To rectify this issue, the VPO established three focus groups of eight clinicians to discuss quality improvement and employee engagement (personal communication, March 3, 2022). Consequently, due to the VPO's unestablished relationships with the clinicians, the VPO does not believe clinicians were as forthcoming as they may have been with someone with a better understanding of the work culture before the VPO arrived. This misalignment has led to several resignations and client disengagement (personal communication, March 3, 2022).

The BHO collaborated with outside organizations, companies, hospitals, universities, churches, mental health agencies, food and clothing banks, furniture stores, and schools (personal communications, March 3, 2022). According to the CD, these collaborative partnerships have translated to referrals, which advertently caused the BHO to operate at full capacity despite employee turnover and client loss.

**Leadership and Governance**

The BHO's governance structure consisted of external regulators such as the DBHDD, accreditation agencies, state auditors, shareholders, a board of directors, and the

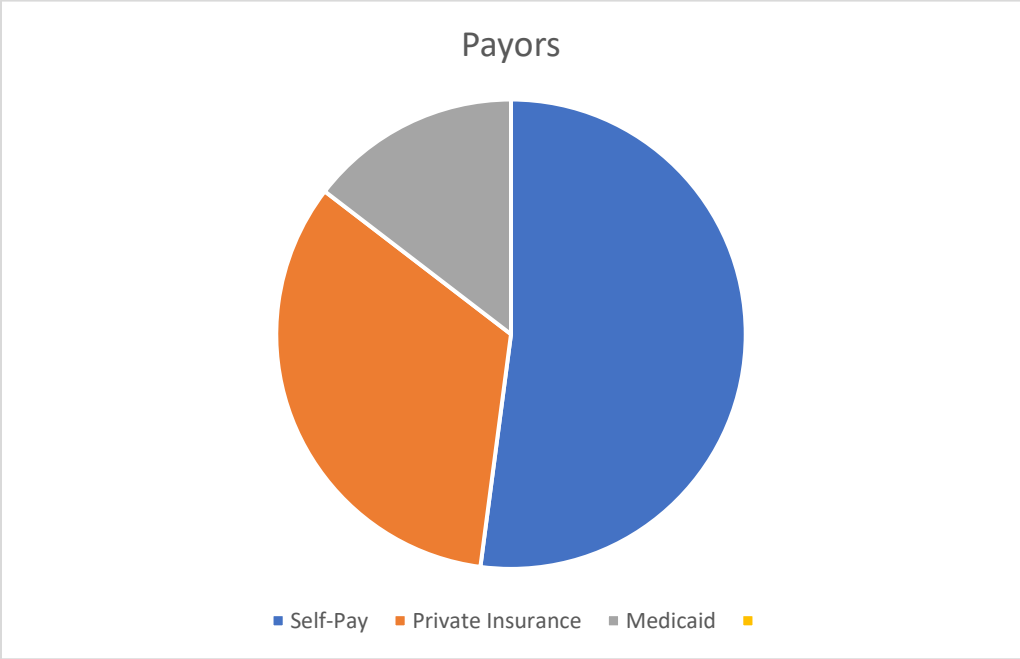
CEO. The CEO is the organization's leader and reports to the Board of Directors, and the Board of Directors reported to the shareholders. The BHO's leadership structure consisted of the Regional VPO, the Director of Operations (DOO), the CD, and the Director of Human Resources (DHR).

**Financial and Marketplace Performance**

Financial and marketplace reports were not available for this study. The VPO reported that the BHO is not in good financial standing. The VPO reported that the BHO's financial issue is partly caused by insufficient or nonexistent clinical documentation; hence, services rendered cannot be reimbursed. The VPO reported that five percent of their clientele is private pay, eighteen percent has private insurance, and the remaining clientele (largest population) are Medicaid recipients. The VPO explained that Medicaid reimbursement is a rigorous process and requires three important details: notes to be completed in a timely manner, notes contain the correct billing and International Classification of Diseases (ICD) codes, and notes contain a goal, evidence-based intervention, client response, plan of treatment, date and time, and clinician signature with license type.

**Figure 4**

*BHO Payors*




**Positive Social Change**

Homelessness, poverty, employment, safety, and the local economy can all suffer as a result of untreated mental health issues. They may impact local business productivity and healthcare expenditures, hamper children's and youth's capacity to excel in school, and cause disruption to families and the community. According to the Centers for Disease Control and Prevention (n.d.), the following statistic indicate how common mental illness is in the United States:

- More than 50% will be diagnosed with a mental illness or disorder at some point in their lifetime.
- 1 in 5 Americans will experience a mental illness in a given year.
- 1 in 5 children, either currently or at some point during their life, have had a seriously debilitating mental illness.

- 1 in 25 Americans lives with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression.

However, when mental health professionals are allowed to intervene in a timely manner, they can assist in cutting health expenses and freeing up limited resources. Mental health services also reduce chronic disorders associated with stress, anxiety, and substance abuse (PhysicianOne Urgent Care, n.d.). Thus, the BHO's positive social change contribution is their unyielding mission to help families, children, and adults "Put the Pieces Together" assist in relieving emotional challenges and behaviors through professional and empirical evidence-based therapeutic modalities, psycho-education, spiritual insight, social empowerment, community linkage, and wellness; through prevention and intervention designed to promote healthy stabilization within the structural family system in the home to empower wholeness, and enhance the quality of life for society.

## Strengths and Limitations of the Study

### Strengths

A strength of this doctoral study is its design. Utilizing the qualitative case study methodology facilitated a comprehensive examination of the practice problem within a particular context, employing various data sources and numerous perspectives to reveal multiple facets of the practice problem. This case study approach also provided significant flexibility regarding what data was collected and how it was obtained. It employed a broader range of data collection techniques, such as semi-structured interviews and archival data.

## Limitations

A limitation of this doctoral study is generalizability. Due to the limited sample size, the results may not be applicable to the larger population. This means that the case study's conclusions may not be applicable to other contexts, demographics, or environments. In addition, my inability to collect information from multiple employees, board members, and stakeholders did not allow me to capture multiple viewpoints and perspectives about the presenting problem. Furthermore, the time constraints of the doctoral study, combined with the volume of data and the number of interview participants, influenced the degree of analysis conducted within the constraints imposed by these resources.

## Unanticipated Limitations

The unanticipated limitation yet strength of this doctoral study was the change in leadership during this process. Although this shift delayed the progress of this study as the new leader became accustomed to the BHO, it also provided an opportunity for another viewpoint. The impact of this new viewpoint on information previously provided by the former CD and VPO aided the researcher in developing interventions and recommendations to enhance leadership performance, increase employee compliance, and cultivate employee engagement.

## Summary

Section 4 included study results, implications, and findings. Section 4 also highlighted the BHO’s potential for positive social change, study strengths and limitations, and any unexpected restrictions or results as well as impact on findings.

Section 5 of this qualitative case study includes evaluation and recommendations resulting from data analysis and synthesis. Section 5 also includes recommendations for future studies addressing similar subjects and plans to disseminate this doctoral study to the BHO.

# Section 5: Recommendations and Conclusion

According to the BHLs, the absence of effective leadership practices has impacted employee engagement and compliance. As a result, accreditation status, insurance claim reimbursements, employee retention, employee motivation, and the BHO's work culture are jeopardized. This study included evaluations and recommendations as well as analyzed and synthesized evidence. This section presents an overview of recommended interventions to potentially address the practice problem, as informed by the findings presented in Section 4.

## Leadership Assessment and Training

### *Leadership Assessments*

Leadership assessments are used to assess leadership ability. Managers, supervisors, and leaders may benefit from leadership assessments to better understand their leadership competencies and skills. More specifically, the BHO can assess each leader's current leadership skills to gain further insight into their leadership competencies, then create individual and organizational goals to enhance leadership abilities.

The BHO can use an assessment tool like the Leadership Practice Inventory. This evidence-based tool involves employing a 360-degree assessment to assist organizations in creating change toward a more engaged and productive workforce through developing a leadership culture (Leadership Development Solutions, n.d.).

### *Leadership Training*

Leadership training and development helps to identify high-performing individuals who are likely to become leaders and advance knowledge and abilities of those who already serve in leadership roles. Leadership training involves imparting knowledge about essential leadership behaviors and enhancing leaders' capacity to put them into practice (Jacobsen et al., 2022). Depending on the organization's existing issues, leaders may require soft and hard skills training. Identifying a leadership training and development program that aligns with the BHO's vision and core values can help in terms of employee commitment, improving communication and team collaboration, creating a work culture that retains and promotes talent, and achieving organizational goals. Effective leadership training allows for individual and group reflection on leadership practices, leading to a deeper understanding of leadership and more efficient leadership behavior (Jacobsen et al., 2022). The Dale Carnegie's leadership development training courses target specific stages of a leader's development and the skills needed to be successful at each stage (Dale Carnegie, n.d.).

The Dale Carnegie Course engages participants from initial contact via reinforcement of important actions. Their methodology facilitates acquisition of competencies and routines required to sustain performance improvement. They believe that emotional change is equally as crucial as behavioral change.

## Employee Engagement

### *Employee Engagement Surveys*

The BHLs should consider implementing anonymous employee engagement surveys quarterly to gain insight into the current company culture and morale, motivation,

compliance, and feedback. According to Timms (2022), employee engagement surveys are the most fundamental method for organizations to obtain feedback on performance of their leaders. By requiring respondents to identify their managers, employee engagement surveys can become valuable feedback instruments. These surveys can help the BHLs measure employees' connections with their work, teams, and organizations. Employee engagement strongly impacts important business KPIs such as employee retention, recruiting, productivity, and profitability. Online applications such as Culture Amp aims to improve the employee experience (Culture Amp, n.d.). Culture Amp is a tool for enhancing employee engagement, retention, and performance and helps organizations with employee feedback and analytics. The Culture Amp platform delivers continuous listening, feedback, and development tools throughout the employee work cycle to deliver insights required to make decisions confidently and properly prioritize resources to maximize individual and organizational performance. Timms (2022) advised that if an organization does not consistently measure employee engagement, it will not be able to change this metric. Thus, organizations need to conduct employee engagement surveys regularly.

## Compliance

### *Clinical Documentation Compliance*

BHLs should consider training their employees on concurrent documentation. Concurrent documentation, also known as collaborative documentation, is a technique employees can use to complete progress notes at the end of sessions collaboratively with clients. It involves incorporating the concept of collaborative decision-making between

providers and clients with the objective of a strong therapeutic alliance (Pruit, 2018). According to Maniss and Pruit (2018), benefits of concurrent documentation are that it improves staff quality of life, increases compliance with documentation submission standards, expands capacity, and enhances service outcomes and consumer satisfaction. Collaborative documentation is a client-centered documentation method that enhances therapeutic outcomes (Maniss & Pruit, 2018).

### *Recommendation 5: EHR Dashboard*

BHLs should consider using an EHR dashboard to monitor clinical documentation compliance. EHR dashboards are visual analytics tools that enable organizations to monitor and assess employee productivity and documentation compliance, as well as evaluate aggregate data for the organization's health. Dashboards that display upcoming expiration dates for biopsychosocial notes, progress notes, treatment plans, and outpatient treatment requests enable employees to complete such documentation in a timely manner to guarantee compliance. These dashboards also assist leadership in their supervision function. They enable leaders to monitor the performance of their teams. Leaders can use oversight dashboards to check employee productivity in terms of who is delinquent with documentation, assign tasks, and monitor task completion.

## Recommended Implementation

**Figure 5**

*The BHO Implementation Plan*

| Task | Assigned To | Responsible Party | Phase | Estimated Start | Estimated Finish |
|---|---|---|---|---|---|
| Internal Quality Assurance Audit | All Clinical Employees | QA & CD | 1 | Week 1 | Week 3 |
| Employee Engagement Survey | All Clinical Employees | HR | 2 | Week 3 | Week 4 |
| Self- Assessment & Direct Report Feedback | Leadership & Their Direct Reports | HR | 3 | Week 4 | Week 5 |
| Compile & Assess Data | HR & VPO | HR & VPO | 4 | Week 5 | Week 5 |
| Report Findings & Develop Action Plan | HR & VPO | HR & VPO | 5 | Week 6 | Week 6 |
| Leadership Assessment | People Leaders (leadership) | HR & VPO | 6 | Week 7 | Week 9 |
| Leadership Training | People Leaders (leadership) | HR & VPO | 6 | Week 10 | Week 22 |
| Training Implementation | People Leaders (leadership) | HR & VPO | 7 | Week 23 | Week 35 |
| Self- Assessment & Direct Report Feedback | Leadership & Their Direct Reports | HR | 8 | Week 35 | Week 36 |
| Employee Engagement Survey | All Clinical Employees | HR | 9 | Week 38 | Week 39 |
| Internal Quality Assurance Audit | All Clinical Employees | QA & CD | 10 | Week 40 | Week 42 |

In Phase 1, the QA department and CD will conduct an internal QA audit to provide a baseline of the BHO's current compliance issues. This phase will last for 2 weeks and impact all clinical employees.

In Phase 2, the DHR will administer an employee engagement survey to assess employees' connection to their work, job satisfaction, motivation, and analyze the factors that influence it. This phase will last for one week and impact all clinical employees.

In Phase 3, the DHR will administer leadership self-assessment surveys so that leaders can self-reflect and evaluate their strengths and weaknesses. In addition, the DHR will administer feedback surveys to direct reports of all leaders to gauge employees' views on the effectiveness of their leaders, as well as measure key leadership skills, notable strengths, and areas for development. These surveys will use a Likert scale from 1 to 5 to measure attitudes and opinions with more nuance than a straightforward "yes/no" question. This phase will last for two weeks and impact people leaders and their direct reports.

In Phase 4, the DHR and VPO will compile and assess the data from the internal audit, employee engagement surveys, leader self-assessment surveys, and direct report feedback surveys. This phase will last five days and impact the DHR and VPO.

In Phase 5, the DHR and VPO will report their findings to the people leaders and develop an action plan to address the deficits identified. This phase will last for five days and will impact people leaders.

In Phase 6, the DHR will administer a formal leadership assessment to the people leaders to identify the competencies, characteristics, motivations, and experiences that will enable them to excel in their leadership roles. Once this assessment is completed, the DHR and VPO will review the results and match people leaders with the appropriate leadership training track to address and strengthen leadership gaps or growth areas. Phase 6 will also include each people leader's identified leadership training track. This phase will last for fifteen weeks and will impact people leaders.

In Phase 7, the people leaders will begin implementing the leadership skills they have learned to lead their teams more effectively. During this phase, the VPO and HR will check in with the people leaders bi-weekly to track progression or regression and seek feedback. This phase will last for twelve weeks and impact the people leaders.

In Phase 8, the DHR will readminister the self-assessment survey to the people leaders and the feedback survey to the direct reports of people leaders. Each survey will ask the same questions presented in phase 3 to ascertain each survey's reliability and validity.

In Phase 9, the DHR will administer another employee engagement survey to assess employees' connection to their work, motivation, job satisfaction and analyze the factors that influence it. The results of this survey will indicate whether the VPO and DHR need to make changes or accommodate for limitations/weaknesses found during the leadership training and training implementation phases of this strategy. This phase will last for one week and impact all clinical employees.

In Phase 10, the Quality Assurance department and CD will conduct an internal quality assurance audit to evaluate whether or not the compliance issues have improved in correlation to the leadership training provided to people leaders. This training aims to provide people leaders with the skills, tools, and knowledge to empower their direct reports to thrive, thus increasing employee engagement and improving compliance. This phase will last for two weeks and impact all clinical employees.

**Future Studies**

Although researchers have examined this topic, there is very little or no literature or organizational practice knowledge regarding the impact of effective leadership on clinical documentation compliance in the behavioral health field. Despite extensive research on the impact of effective leadership in multiple professions, the relationship between effective leadership and clinical documentation compliance in behavioral health remains unclear.

Leadership has been a controversial topic of academic and practical discussion in recent years (Vilkinas, et. al., 2020). Durmishi and Popovski (2020) argue that leadership remains a contentious concept, with debates over the extent to which historical and

contemporary theory and research contribute constructively to enhanced leadership development and practice. Performance remains one of the most contested concepts, with little chance of long-term consensus, if ever, among many scholars and theorists (Durmishi & Popovski, 2020).

While research has demonstrated a strong correlation between effective leadership, employee engagement, and compliance, little is known about how leaders can leverage their relationships with employees to enhance clinical documentation compliance in the behavioral health field. Macht and Davis (2018) identified a gap in their research and suggested that future researchers use a qualitative research approach to examine employees' acquired behaviors and, possibly, identify acceptable themes for quantitative research analysis to analyze the phenomenon of a culture of quality and compliance.

### Dissemination of This Doctoral Study to BHLs

The plan for disseminating this qualitative case study's findings to the BHO is to create a well-organized PowerPoint presentation that provides a summary of the case study, findings, and clear and concise recommendations for the BHLs. An opportunity for questions and answers will be allotted at the end of the presentation for further clarification and remarks.

## Summary

This qualitative case study examined the perceived impact of effective leadership on employee engagement and compliance. The literature identified a significant correlation between effective leadership practices and employee engagement, and

effective leadership practices and compliance. The literature also highlighted transformational leadership as the most influential leadership practice for eliciting positive employee responses to engagement and compliance. This case study addressed the organizational problem of understanding what leadership abilities or factors are necessary to influence positive employee engagement and compliance. Qualitative, semi-structured interviews with the CD and VPO gave the researcher insight into current leadership practices, workforce challenges (engagement), and operational deficits (compliance). Assessing the BHO's current organizational climate with the guidance of the Baldrige Excellence Framework led to the development of recommendations to leverage leader effectiveness, increase employee engagement, and cultivate a culture of extrinsic motivators of compliance.

The findings from this qualitative case study can help the CD, and VPO create effective work processes connected with the organization's strategic plan to give appropriate support and motivation for their employees to complete clinical documentation in a timely and efficient manner. It is feasible to increase employee engagement and motivation and foster compliance through actively building strategies that uphold the value and dignity of individuals, families, and employees by establishing sustainable work systems that adhere to quality improvement objectives. Furthermore, these recommendations can contribute to constructive social change via benevolence and clinical integrity.

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# Appendix A: Interview Protocol Refinement

The four phases of Castillo-Montoya's Interview Protocol Refinement are:

1. Confirm that interview questions align with research questions
    - This alignment can maximize the usefulness of interview questions in the research process by validating their purpose and ensuring their relevance to the study by omitting those that are superfluous.
2. Construct semi-structured, open-ended questions
    - The researcher constructed an inquiry-based conversation utilizing an interview protocol in which the interview questions differ from the research questions. These questions were composed with the Baldridge Excellence Framework as a guide.
3. Receive feedback on interview protocols
    - The researcher submitted interview questions during the prospectus phase, received feedback from the Program Chair, and made necessary modifications. This process aims to enhance its reliability and trustworthiness as a research instrument.
4. Evaluate the interview protocol
    - The researcher tested the interview protocol with a colleague for 30 minutes each over two sessions. The researcher made notes on what should be improved, finalized the interview protocols, and prepared to conduct the study.

The following semi-structured interview questions were asked of the CD and VPO of the BHO:

1. Can you tell me how your work processes are incorporated into your strategic plan?
2. How does your organization measure employee engagement?
3. How does your organization identify employee compliance?
4. How does your organization assess its clinical services to align with state quality assurance requirements (documentation compliance)?
5. How does your organization resolve compliance issues?
6. How does your organization identify opportunities for improvement and innovation?
7. How does your organization communicate new policies and procedures?
8. How does your organization motivate/ encourage positive employee engagement?
9. Are you familiar with effective leadership? If so, how have effective leadership practices been implemented?
10. How often does the leadership team attend leadership trainings?

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