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Behavioral Health Leaders' Crisis Preparedness in Health Care Organizations

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This is to certify that the doctoral study by

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

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Walden University
2023

Abstract

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MS, University of New Orleans, 2002

BS, Louisiana State University, 1999

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

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Abstract

This research explored approaches to ensure all stakeholders at Organization X knew how to enact effective and comprehensive responses to crises and disasters in the organization's service area. Organization X is a county-owned medical and mental health facility in the southern region of the United States. Behavioral health leaders have been concerned with patient safety due to the lack of involvement and crisis training by senior leaders. The growing number of crises in the United States, including natural and man-made disasters, compelled this need. This study focused on identifying critical concerns and gaps or lags in higher-level leadership training for supporting teams and managing Organization X during a crisis. The approach for the study adhered to Yin's work on case studies. Data were collected through semi-structured interviews, utilizing open coding and data triangulation with secondary data sources. The theoretical framework for this study consisted of the Baldrige excellence framework, which was used as a tool in evaluating the leadership, strategy, customers, measurement, analysis, knowledge, workforce, operations, and results related to the BHL's lack of preparedness. Findings and results of this study presented seven key themes, which included (a) preparedness, (b) administration, (c) REPC, (d) training, (e) staff, (f) stakeholders, and (g) BHL/senior leaders. Recommendations based on findings include developing and implementing crisis training plans in eight phases over a 12-month action plan to educate and train BHLs to provide effective leadership during a disaster. This study may contribute to positive social change by guiding hospitals and other healthcare settings to improve leaders' preparation for a crisis.

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Dedication

This doctoral study is dedicated to my amazing husband. Thank you for being my biggest supporter throughout this journey; you are my best friend. I could not have gone through this process without your continuous love, support, and picking up the pieces at home and with the children when I needed to submit assignments, make changes to sections, or when I needed quiet time to write. To our children, Brittany, AJ, Dylan, Alexa, and Conor, always keep God first. He will always be there to guide you along your journey in life. Dream big and reach for the stars; you can accomplish anything with hard work, determination, and perseverance. I also dedicate this study to all branches of the Armed Forces and first responders, who leave their families and loved ones to selflessly and willingly protect others. Last but not least, I dedicate this study to the memory of my mother, Dianne J. Ramsey. I know you are forever watching over me, and you were here with me every step of the way as I completed this process; I hope I made you proud.

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First, I praise God for giving me the strength to go through this journey when facing adversities. To my husband, Andrell, thank you for your calmness, encouragement, being a great listener, and knowing how to bring me down when I'm floating away. To my little ones: Dylan (Munchkin), Alexa (Lexi Pooh), and Conor (Candy Man). The three of you are truly my sunshine; I am so proud to be your mother; you are all my true inspiration. To my fantastic cohort, I certainly could not have completed this process without each of you; we will forever have a bond. To my committee members, I will be forever grateful to both of you for your guidance. To my chair and mentor, Dr. Cherry Sawyerr, I see the light. Thank you for listening when I complained, encouraging me when I worried, and ending the conversations by saying, "It's a process; everyone is on their path." I also acknowledge the guidance of my second committee member, Dr. James Brown, for teaching me patience and humility.

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Section 1a: The Behavioral Health Organization

Introduction

Organization X, the research study site, was established in the mid-1960s as a county-owned general medical and surgical hospital providing community health care in a southern U.S. state. The organization is in a rural town in the fourth least-populous county in the state (U.S. Census Bureau, 2020). According to its website, Organization X's mission statement is "To provide comprehensive health care to people living in our community," thus fostering a collaborative approach for patients to access medical, mental, and behavioral health services in the same facility.

In alignment with its mission statement, Organization X also takes a collaborative approach to providing behavioral and mental health, offering geriatric psychiatric services and partial hospitalization programming while supporting patients in a medical setting. According to Organization X's website, the geriatric psychiatric unit (GPU) provides comprehensive diagnoses and treatment for individuals 50 and older experiencing emotional, cognitive, or behavioral symptoms. The partial hospitalization program (PHP) offers services to patients diagnosed with mental disorders who attend intensive outpatient services, such as individual and group therapeutic services at the facility during the day. Patients admitted to the GPU or enrolled in the PHP are from the local community or one of the surrounding 82 counties.

According to BHL1, Organization X receives funds from multiple sources such as Medicaid, Medicare, private insurance, and private pay. Services are rendered at the facility and billed through the accounts payable and the billing department. Organization

X employs the following service providers to ensure a continuity of care for patients: medical doctors, psychiatrists, registered nurses, nurse practitioners, dietitians, and mental health professionals, such as social workers and counselors specializing in cognitive, behavioral health, and substance abuse treatment.

Practice Problem

The practice problem addressed in the research study is ensuring that all stakeholders at Organization X know how to enact comprehensive and effective responses to crises and disasters in the service area. The growing number of crises in the United States, including natural and man-made disasters and local issues and concerns, compels this need. A crisis can be natural (earthquakes, floods, hurricanes) or man-made (terrorist attacks, including active shooters and chemical leakages; Caunhye et al., 2012). A review of the statistics in the region where Organization X is located showed that the area is affected by both natural and man-made disasters.

While crises such as active shooter situations are relatively rare in the area, with just one of these incidents in the last five years, the county where Organization X is located is noted for its severe weather, a year-round concern. In the five years before the proposed study, natural disaster incidents have included severe thunderstorms and weather systems that have produced hail and flash floods. There have also been straight-line winds, which produce tornados, severe lighting storms, heavy snow, and sleet. Tropical storms have also been categorized as localized crises (National Centers for Environmental Information, n.d.). All these concerns necessitate greater involvement in crisis preparedness and response among Organization X’s senior leadership.

A lack of preparedness and response in an organization can result in service disruptions, which are a particular concern for the populations served in the GPU and the PHP, both of which are considered high-risk and vulnerable and who have physical and mental health conditions that can be exacerbated by inadequate health care. A lack of preparedness and response can also endanger Organization X's staff, necessitating an understanding of staffing limitations among the organization's leadership at all levels during crises. The organization employs a small number of staff members in a rural community. As such, staffing is limited during a crisis, which could pose immediate concerns. Many employees are willing to put their lives at risk during a crisis and work many more hours than is safe. Police and fire, which normally operate 24/7, tend to implement 12-hour shifts and rotate personnel appropriately. However, staff in other roles, such as directors, supervisors, or support staff, must adapt to 24/7 mode, and many departments may not have the policies and discipline to implement shifts (Carlee, 2019). Leaders must have situational awareness and understand how excessive work and stress can cloud one's judgment and put employees and others at risk.

As a result of the storms occurring in the region, there are several issues the community encounters, such as roads blocked by fallen trees and power lines, which then result in power outages. These are also challenges for Organization X's employees as they affect their ability to reach their jobs and effectively perform them. All of these concerns are issues requiring understanding by the BHLs and other organization stakeholders. They are all concerns that can be addressed in training, which can also

facilitate a greater understanding of the types of crises that can occur and procedures that need to be employed during them.

In identifying the crises that have affected Organization X's service area in the past, it is apparent that the organization's direct-line BHLs, such as supervisors and directors, need to be aware of the concerns presented by each crisis, including addressing the immediate crisis, following policies and procedures, and the emergency plans in place. However, because Organization X is county-owned, other important stakeholders also need a certain level of awareness of these concerns, including the county's board of supervisors and the organization's board of trustees, members of which are also expected to perform certain roles such as issuing warning bulletins and interfacing with the media during crises and disasters.

Various federal, state, and local organizations provide disaster training, such as the Federal Emergency Management Agency (FEMA) and the state's Emergency Management Agency (EMA). However, there is a concern that not all individuals involved in crisis response at Organization X are receiving the guidance imparted in these trainings or are unable to do so for various reasons, such as work and scheduling conflicts. This knowledge is necessary for leaders to support crisis and disaster efforts as they unfold and support preparedness efforts. This knowledge can also help leaders better understand employee needs during crises and how organizational leadership could support and assist lower- and mid-level staff during stressful situations. Leaders also need to know how to help employees by preparing resources and procedures before crises occur.

Because Organization X is county-owned, it is also important that its leaders understand pay policies before a disaster occurs to set the standard by which a city will get reimbursed for eligible personnel costs (Carlee, 2019). In many cases during a disaster, FEMA and the state EMA require organizations to submit reimbursements for overtime costs that cities or counties incur during a crisis. Because Organization X is county property, tracking personnel costs throughout a disaster is required.

Researching employee needs and how leadership in the organization can better support and assist staff during and after an emergency is vital. Therefore, analyzing literature, training, policies, procedures, and protocols is crucial to preparing for a crisis. Prepared leadership can support staff during an emergency with improved communication with staff, patients, and the community. As a reflection of these needs and concerns, the following research questions were developed to guide the proposed study:

RQ1: How does the lack of senior leadership training affect crisis preparedness in healthcare organizations?

RQ2: How are crisis trainings preparing leaders in healthcare organizations to increase communication among staff?

Purpose

This study aimed to explore approaches for ensuring that all stakeholders at Organization X know how to enact effective and comprehensive responses to crises and disasters in the organization's service area. The Baldrige framework (National Institute of Standards and Technology [NIST], 2021) will guide this exploration. The Baldrige

framework comprises seven categories: (a) leadership, (b) strategy, (c) customers, (d) measurement, analysis, and knowledge management, (e) workforce, (f) operations, and (g) results. All categories assess how senior leaders' actions guide and sustain organizations (NIST, 2021).

Specific to the study's practice problem, focusing on leadership is critical as concerns regarding possible gaps or lags in higher-level leadership training for supporting staff and managing the organization during a crisis have been voiced. Focusing on strategy is also a crucial and valuable factor in addressing the practice problem, which encompasses strategic planning and logistical operations during a crisis. The Baldrige framework's strategy component addresses how organizations develop strategic objectives and action plans, implement them, change them if circumstances require, and measure progress (NIST, 2021). Analyzing leadership and strategy is vital to addressing the practice problem because they encompass the organization's leadership, training, and process to execute emergency plans effectively. These factors are essential to the security and safety of staff, patients, and the community.

Significance

Findings from focusing on BHL crisis preparedness may benefit healthcare organizations, professional practices, and positive social change. Particularly, study findings could help Organization X's leaders identify specific crisis trainings on the federal, state, and local levels that would be beneficial to leaders and develop approaches for communicating the importance of gaining knowledge from these trainings to stakeholders such as the county's board of supervisors and the organization's board of

trustees, who also play key roles in crisis preparedness and management. The findings also suggested various approaches for offering training, such as online via Zoom or Microsoft Teams, to accommodate leaders who cannot attend in-person training. Such training could further BHLs' understanding of the needs of staff employed with the organization and facilitate more informed communications that better reflect the understanding of crises and the employees' needs in these situations.

Findings from this study may contribute to professional practices by informing approaches for educating organizational stakeholders at all levels regarding the need for ongoing involvement in crisis training and for implementing strategies for imparting this knowledge. Study recommendations may also guide future research with other organizations in the southeastern United States, other U.S. regions, or globally.

Finally, study findings may contribute to positive social change by increasing BHLs' crisis preparedness and providing knowledge of crisis training, staff involvement, organization requirements, and the organization's responsibility to the community. According to Nicholson et al. (2013), a key aspect of organizational leadership is influencing change in the workplace and initiating social change in the communities that organizations serve and in physical and cultural environments. Therefore, focusing on factors that contribute to BHL preparedness for crises in healthcare organizations may result in positive social change through improved leadership training, manuals, and processes, all of which may also help other organizations thrive by establishing additional safety measures, opening communication among leaders and staff, and providing guidelines for further training.

According to Barnes et al. (2021), for study results to be useful for other organizations, the findings must have generalizability or transferability to a larger population. Ultimately, the proposed study's recommendations may be used to support BHLs in other organizations in providing additional training for staff and updating emergency manuals, protocols, and organizational policies and procedures.

Summary

Organization X is a general medical facility located in the southern United States. Services include a GPU and a PHP, serving patients with mental and behavioral health concerns. The need to ensure comprehensive and effective crisis preparedness and response among all organization stakeholders, leaders, and employees informed the practice problem addressed in the proposed study. The Baldridge framework guided the exploration and identified critical factors supporting the organization. Using the Baldrige excellence framework (NIST, 2020) as a guide, Section 1b further discusses the BHO's mission, service offerings, populations served, and competition.

Section 1b: Organizational Profile

Introduction

This study addressed the organizational problem of ensuring that all stakeholders at Organization X have the knowledge necessary for enacting comprehensive and effective responses to crises and disasters in the service area. Researching employee needs and how leadership in the organization can better support and assist staff during and after an emergency is vital. Prepared administration can support staff during a crisis with improved communication with staff, patients, and the community. Therefore, analyzing literature, training, policies, procedures, and protocols is crucial to preparing for a crisis. As a reflection of these needs and concerns, the following research questions were developed to guide the proposed study:

RQ1: How does the lack of senior leadership training affect crisis preparedness in healthcare organizations?

RQ2: How are crisis trainings preparing leaders in healthcare organizations to increase communication among staff?

Section 1b focuses on Organization X's treatment offerings and services. The organization's key factors include its strategic direction, mission, vision, and values. This capstone study focuses on all stakeholders at Organization X having the necessary knowledge for enacting comprehensive and effective responses to crises and disasters in the service area. This qualitative case study explored behavioral health leaders' crisis preparedness in healthcare organizations and analyzed literature, training, policy,

procedures, and protocols to prepare leadership to improve communication with staff and patients.

The following terms and definitions specific to the study focus are presented first to facilitate this discussion and for the reader's convenience.

After-action report (AAR): The purpose of these reports is to synthesize information and data from the emergency event or exercise, recognize strengths, determine areas of improvement, and generate potential corrective actions (After-Action Reports, 2022).

Emergency management agency (EMA): These agencies involve the efforts of municipalities, cities, counties, and special government entities in responding to threats/hazards and coping with emergencies (Atkinson, 2023).

Federal Emergency Management Agency (FEMA): FEMA, the principal component of the U.S. Department of Homeland Security, supports citizens, states, and local governments (Atkinson, 2023).

Mitigation: Mitigation encompasses activities directed at eliminating or reducing the degree of long-term risk to human life and property from natural and technological hazards (Bumgarner, 2008).

Preparedness: Preparedness describes activities undertaken before an emergency or disaster to develop operational and logistical capabilities and facilitate an effective response should an emergency management event occur (Bumgarner, 2008).

Recovery: Recovery reflects activities intended to restore the community to its condition before the disaster or improve the condition over what it was before the disaster (Bumgarner, 2008).

Response: Response encompasses what the government and other organizations do immediately before, during, and after a disaster or terrorism event. The response phase involves acute activity intended to save lives and property and to pave the way for effective recovery (Bumgarner, 2008).

Organizational Profile and Key Factors

Organization X is a county-owned medical and mental health facility in the southern United States. The facility is a Medicare-certified general hospital and mental health facility that opened in the mid-1960s to become an asset to the community and surrounding counties to provide quality care. As such, it can receive and admit patients from all counties.

Organization X is certified by the Centers for Medicare & Medicaid Services (CMS). This certification assures that healthcare providers and suppliers participating in Medicare and Medicaid programs meet applicable federal requirements. CMS also helps to ensure that when there is a natural disaster, man-made incident, or a public health emergency, patients who pay for services with Medicare or Medicaid funds continue to receive quality health care. During a crisis, CMS works closely with local, state, and tribal healthcare providers and federal partners to ensure that the rights of patients are not violated and that they receive emergency response and recovery information to plan for, respond to, and recover from disasters and other emergencies (CMS, 2020).

When staff members render services, Organization X's billing department bills the clients' insurance providers, which include Medicare, Medicaid, private insurance, managed care organizations, and private pay. Because Organization X accepts payments other than private pay for services, it must follow regulations set by public and private insurers.

Organization X is under the purview of the state Department of Mental Health, which monitors programs servicing Medicare and Medicaid funds after providing services to patients. The organization is also monitored by the Division of Medicaid and Managed Care Organizations, which monitors insurance claims billed by the organization.

According to its website, Organization X's mission is as follows:

> To contribute to the overall health of this community by providing comprehensive health care to people living in its primary service area at a level of excellence. To contribute to educational programs for preparing health personnel in keeping with evidence of the need for such personnel in the community (Name of organization.com redacted, n.d.).
>
> To encourage the maintenance of and participation in preventative medicine programs in the community to increase the general level of health (Name of organization.com redacted, n.d.).
>
> To contribute to research improving the type and quality of health services available to this community (Name of organization.com redacted, n.d.).

Based on this mission statement, Organization X's societal responsibility is to provide various healthcare services to the community. As the organization thrives to meet its mission, its leaders work toward contributing to educational programs and research to improve quality care for patients.

Organization X primarily provides care under the supervision of physicians, including a team of additional staff who includes nurses, nurse practitioners, therapists, and dieticians to provide services such as inpatient diagnostics, medication management, and mental and behavioral therapeutic services. Two programs are important to the organization: the GPU and the PHP, overseen by the director of nursing (DON). According to the organization's website, the GPU provides comprehensive diagnosis and treatment for individuals 50 and older experiencing emotional, cognitive, or behavioral symptoms (Name of organization.com redacted, n.d.). These patients' most common mental health concerns are dementia, delirium, and depression. The BHO employee's mental therapist services patients with memory loss, mood disturbances, and anxiety. Additionally, social workers and occupational and physical therapists work closely with the patient, family member, or caregiver to assist with transitioning back into the home. Furthermore, the BHO provides comprehensive services and coordinates care for patients by meeting their long-term needs, improving their quality of life, and maintaining their independence.

The PHP offers services to patients diagnosed with mental disorders who attend intensive outpatient services, such as individual and group therapy, during the day at the facility. Adults 65 years or older are encouraged to participate in the program, which

allows them to remain at home while accessing structured therapeutic activities at Organization X daily. The PHP enables these patients to participate in an outpatient psychiatric program that includes intensive individual and group cognitive behavioral therapy, individual psychotherapy, dialectical behavior therapy, and skills training. Organization X staff also educates patients on medication management. The PHP allows patients to receive services in their community and stay at home as an alternative to an inpatient facility.

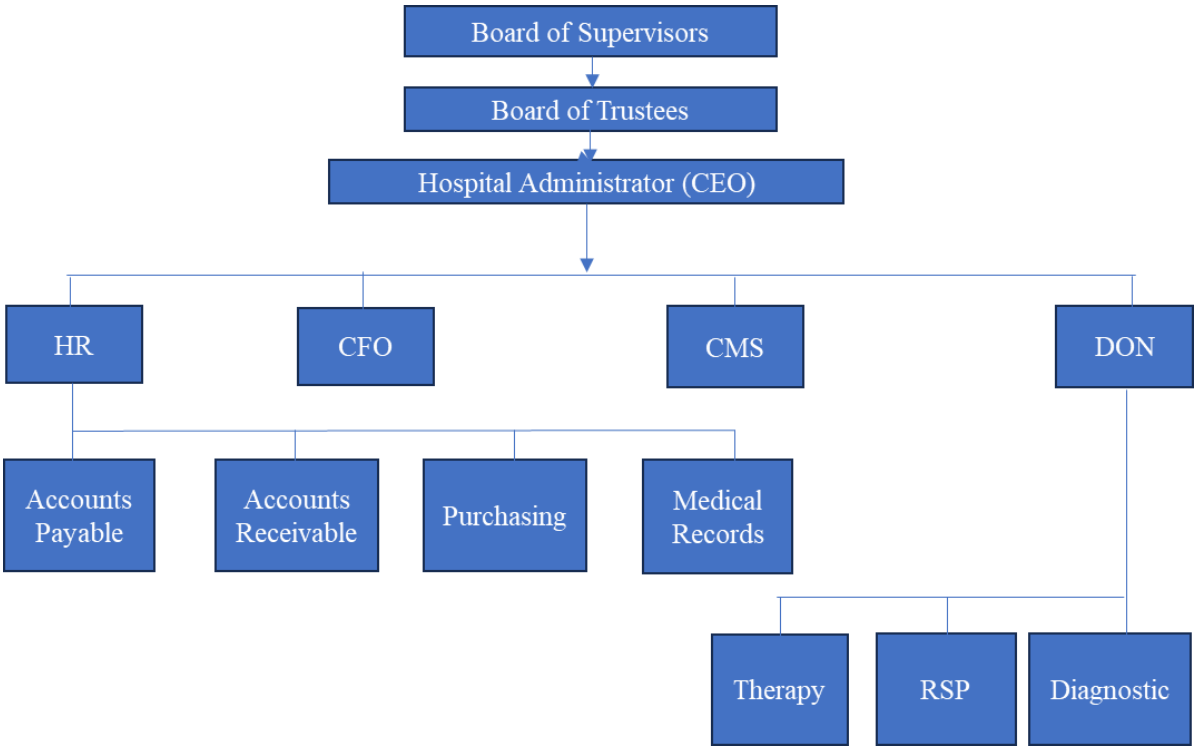
An internet search on facilities similar to Organization X showed that it is one of three hospitals in a 100-mile radius. Of the three facilities, the closest is a rural facility, approximately 18 miles north of Organization X. The facility is comparable to Organization X, with a similar number of beds available for care, and both serve the same population. The second competitive facility is located approximately 86 miles northeast of Organization X and is the state's mental health hospital. It has more than 300 beds and can receive patients from all the state's counties. The third competitive facility is 52 miles north of Organization X. This facility is the most comparable to Organization X because it has similar accessibility with a medical and behavioral health unit component located in the same facility. However, this facility differs from Organization X as it is part of a more extensive medical system with nine locations around the state.

Organization X is county-owned. Its top executives include five county supervisors. The county's residents elect the supervisors and are responsible for all staff at the facility. They have decision-making authority and overall oversight of the facility. However, overseeing the organization's day-to-day, each supervisor appoints one

individual to the organization's board of trustees to work directly with the organization's directors. In addition to the supervisors and the board of trustees are leadership staff, as shown in Figure 1 (personal communication, January 3, 2023).

Figure 1

Organizational Chart



Note. CEO = chief executive officer; HR = human resources; CFO = chief financial officer; CMS = chief of medical staff; DON = director of nursing; RSP = respiratory therapist.

According to the BHL 1 (personal communication, January 3, 2023), the organizational structure is as follows:

• *Board of Supervisors*: the governing body elected from each district in the county establishes goals and objectives to direct the county's growth and development and carries out other responsibilities as set forth by state statutes.

• *Board of Trustees*: members appointed by each member of the Board of Supervisors to oversee the organization's day-to-day operations.

• *Hospital Administrator/ CEO*: responsible for the oversight of the operations of the organization. Work closely with each department's directors to ensure the organization maintains and abides by governing guidelines.

• *Human Resource Director*: responsible for overseeing directors of units that adhere to organizational policies and procedures and comply with human resource laws and regulations.

• *Chief Financial Officer*: responsible for overseeing the organization's financial operations. The CFO monitors the cash flow and works closely with the CEO and Board of Trustees to strategize the organization's financial stability.

• *Chief Medical Officer*: Responsibilities include ensuring the organization's expenses stay within the budget. The chief medical officer works closely with each department's CEO, CFO, and directors to properly train all healthcare staff.

• *Director of Nursing (DON)*: responsible for overseeing the nursing staff and organization operations relating to nursing duties. Responsibilities also include monitoring best practices in the field and introducing the new guidelines to staff.

• *Accounts payable*: responsible for the financial processing for the organization and works closely with HR and CFO.

• *Purchasing:* responsible for purchasing products and services for the organization from vendors. Purchasing works closely with accounts payable, HR, CFO, and directors from each department.

• *Accounts receivable:* responsible for recordkeeping and collecting vendor and patient payments for the organization. Accounts receivable works closely with purchasing, HR, and CFO.

• *Medical records*: maintaining and managing patients' health records and history. Duties include assisting with fulfilling requests for documents to patients or facilities. Works closely with the HR director.

• *Therapy*: trained therapeutic staff who provides mental and behavioral services to patients at the facility. Responsibilities include maintaining therapeutic records on each patient and conducting services according to created treatment plans. Works closely with the DON.

• *Respiratory therapist:* primarily works with patients in acute critical conditions. Works closely with DON.

• *Diagnostic testing*: primarily conduct evaluations and create treatment services for patients at the facility. Works directly with DON and therapist.

In addition to the staff indicated on the Organization X organization chart, the facility employs support staff, including administrative clerks, custodial staff, and students completing their residency there. The facility also hosts interns and volunteers to assist different units.

As reflected in the organizational chart, the county, represented by the board of supervisors, is Organization X's primary stakeholder, followed by the board of trustees and the hospital's senior leaders. Although senior leadership is considered stakeholders, supervisors, staff, and employees are also considered stakeholders, those having an invested interest in the institutions' viability in the community.

According to Maurer et al. (2022), engaging stakeholders promotes inclusion and partnership with individuals who bring unique perspectives and are directly interested in research findings. According to (Name of organization.com redacted, n.d.), other stakeholders include the city's elected officials, such as the mayor and the board of aldermen, local business owners, schools, faith-based organizations, insurance groups, and community members. Another set of stakeholders is state legislators, who can assist in providing funds with the understanding that Organization X is a community facility. Receiving federal funds for a rural community facility allows residents to stay in their community while receiving services and continue to receive visits from family, friends, and loved ones while receiving treatment in an inpatient facility. In many rural communities, transportation is a barrier to healthcare outside the community. Therefore, stakeholders need to support community healthcare. Gizaw et al. (2022) stated that strengthening primary healthcare (PHC) is the most comprehensive, reliable, and productive approach to improving the community's physical, mental, and social well-being.

Other key stakeholders or partners include the emergency management agency (EMA), the local emergency response affiliated with the state, two ambulance services,

the local police and fire departments, and the county sheriff's department. Additionally, Organization X partners with the Regional Emergency Planning Committee (REPC) to collaborate in the planning of emergency drills and identify areas of crisis training needs for staff. The Organization does not contract or partner with local mental health organizations.

However, doctors and therapists will refer patients to other facilities for additional services. Organization X is under the prevue of the Department of Mental Health (DMH), which monitors programs servicing Medicare and Medicaid funds after providing patient services. The Organization is also monitored by the Division of Medicaid and Managed Care Organizations to monitor insurance claims billed by the Organization.

Organizational Background and Context

Organization X is a community health care provider, general medical and surgical hospital. It also operates as a multispecialty business group that practices different areas of specialization and is owned by the county in which it is located. Key services of strategic importance are the GPU and the PHP, which provide medical, mental, and behavioral health services for local patients and patients in the surrounding counties. Organization X also provides emergency care for injuries and sudden and severe illnesses.

Key terms and definitions for this study as the study continues to discuss the two units at Organization X include the following:

Geriatric psychiatric unit (GPU): A vulnerable population. Some may have mental disorders, physical decline, cognitive challenges, and other comorbidities in addition to their mental illness (Risper, 2020).

Partial hospitalization program (PHP): Partial hospitalization programs represent a midpoint along the treatment intensity continuum between an inpatient and an outpatient service. Partial hospitalization programs can replace an inpatient unit for crisis stabilization patients (Khawaja & Westermeyer, (2010).

The in-depth study of Organization X and crisis planning manuals helped to understand the Organization's mission and service. According to BHL1, the collaborating partners who are members of the Regional Emergency Planning Committee (REPC) offer a wide range of support when collaborating in crisis training. Organization X partners with other law enforcement departments, fire departments, and facilities outside of the local area in the event of an emergency to secure a safe place for patients. Collecting this information provides an understanding of any gaps in Organization X's need for various training options for leaders to allow senior BHLs to participate in crisis training. The Organization provides services to a vulnerable population on a GPU and assists during the day with a PHP at the facility.

The Organization has designed a direct plan for providing safety and implementing the crisis plan during crises. However, turnover and moving staff to different units or departments can result in crucial mistakes during crises if additional training is not implemented after transitions occur within the facility. Additionally, many

of the facility trainings occur during the hours of operation when many senior leaders are not available to participate in drills for various reasons.

Organization X has many advantages in healthcare services, law enforcement support, and state support. The directors know the surrounding counties they partner with in transporting patients to another facility during an emergency. The organization has the support of local law enforcement and law enforcement from surrounding counties. As BHL1 explained, collaborating with the REPC also allows added support from the local EMA office, the state EMA office, and surrounding counties, which provides an opportunity to receive timely local and state support.

Summary

In Section 1a, Organization X was introduced as a community health care provider in the southern region of the United States. The practice problem and the study purpose were identified based on a preliminary interview with Organization X's leaders. The Baldrige excellence framework (NIST, 2021), which explains leadership actions as a critical factor in guiding and sustaining an organization, was identified as the guiding framework for this study. The significance of the study and the social change impact of the study were also addressed. Section 1b provided an overview of the organizational profile, and key factors such as the service segments, mission, suppliers and partners, stakeholders, performance improvement, and competitive environment were addressed. These two sections provide details on the overall study focus, including the practice problem, which is explored further in Section 2.

Section 2 includes a discussion on the leadership assessment and strategy of Organization X. The section provides information on the source of evidence and analysis. Also, Section 2 summarizes a review of literature relevant to the practice problem and organizational leadership strategy and assessment.

Section 2: Background and Approach–Leadership Strategy and Assessment

Introduction

The organizational problem that prompted the research study was the need for more involvement in crisis preparedness among Organization X's senior leadership. As such, this study ensured that all stakeholders at Organization X have the knowledge necessary for enacting comprehensive and effective responses to crises and disasters in the service area. As a reflection of these needs and concerns, the following research questions were developed to guide the study:

RQ1: How does the lack of senior leadership training affect crisis preparedness in healthcare organizations?

RQ2: How are crisis trainings preparing leaders in healthcare organizations to increase communication among staff?

In Section 2, there is a review of the supporting literature covering leadership training, crisis training, and crisis preparedness in healthcare organizations. Also described in Section 2 are Organization X's leadership strategy, assessments, and clients and populations served.

Supporting Literature

A systematic review of relevant literature supported the significance of the proposed doctoral study by identifying published articles and journals. These reviews are essential for developing a research idea, consolidating what is already known about a subject, identifying any knowledge gaps, and how the research could contribute to further understanding of a situation or issue (Winchester & Salji, 2016).

Scholarly research published from 2013 to 2023 was located using databases accessed through Walden University's online library, including ProQuest Central, the Homeland Security Digital Library, EBSCO Discovery Service, and EBSCO Academic Search. Keywords searched were the following: preparedness and leadership, health care organization and preparedness, crisis preparedness and leadership, crisis and health care, preparedness and crisis, crisis preparedness, leadership and crisis, leadership or crisis, emergency preparedness, and emergency and health care organization and crisis.

In addition to scholarly articles, internet-based sources such as Google Search, Google News, and the local newspaper will be searched for additional information on Organization X and Organization X's BHLs. The organization provides services to a vulnerable population: elderly adults diagnosed with mental disorders who are physically declining or experiencing cognitive challenges.

Organization X also hosts a partial hospitalization program for patients managing a mental illness. The literature relevant to the practice problem is related to ensuring that all stakeholders at Organization X have the knowledge necessary for enacting comprehensive and effective responses to crises and disasters in the service area. The following literature explored crisis preparedness, elected officials' responses during crises, and crisis management.

Data collected provided knowledge of how leaders' early involvement and exposure to crises is critical before an active emergency, thus the need for active involvement in crisis training before an emergency occurs. A study by Post et al. (2022) on participative and directive leadership for improving the accuracy and speed of

decision-making in crisis management teams was contingent on whether teams were familiar or unfamiliar with emergencies. The study made several contributions to team leadership and team decision-making research on crisis management teams. According to Post et al. (2022), the research findings found that participative leadership improves decision accuracy in unfamiliar emergencies, whereas directive leadership improves accuracy in familiar crises; directive leadership produces speedier decisions than participative leadership when the team is familiar with the crisis. The research was also vital to the study because the study theorized what forms of leadership were most effective in crisis management teams, an emerging area of leadership studies.

According to Palliyathukkal (2021), healthcare systems are responding to new demands and strains on the overall healthcare system. Hiring experienced health crisis managers and leaders with proper expertise and preparation to manage such issues is necessary. Collaborative leadership encourages collaborative cooperation and mobilizes network partners to solve problems effectively. Leaders should share their ideas, encourage people to get involved, and concentrate on the problems and results. The leader should ensure and protect the success of the collaboration and interaction's success and patiently deal with any frustrations that arise during collaboration and activity. The research is also vital to the study because it demonstrates the importance of collaborating and partnering with outside agencies and the benefit to agencies. This confirms BHL1's understanding of collaborating with other agencies based on the Organizations' active involvement with the REPC meetings (personal communication, March 3, 2023).

Organization X, the research study site, is a general medical and surgical hospital providing community health care at the same facility. Liu et al. (2018) performed a study of hospital personnel charged with disaster management and crisis communication. The study aimed to examine an organization and explore how disasters may facilitate increased pressure on hospitals, especially as disasters may include injured persons, hospital mismanagement, and lack of preparation, which can all lead to crisis. According to Liu et al. (2018), prior studies did not identify their research findings, such as communication challenges. These findings included how hospitals must apply public relations and relationship management principles. The research was vital to this study because it supported future research on organizations facing disasters and communicators who must be prepared to communicate effectively internally, externally, and across organizations. According to Liu et al. (2018), the public expects hospitals to provide compassion, care, and extensive support for injured and uninjured disaster survivors. However, there needs to be more literature examining strategic risk and crisis communication in healthcare settings, including best practices.

In an article by Ingram et al. (2021), which raised awareness concerning a lack of preparedness that calls for immediate correction at the state and local level, state guidelines for implementation of crisis standard of care (CSC) demonstrated a lack of preparedness, as only five states in the United States have appropriately completed necessary plans, despite a clear understanding of the danger. This research was vital to this study, ensuring that all stakeholders at Organization X have the knowledge necessary to enact comprehensive and effective responses to crises and disasters in the service area.

According to Caringal-Go et al. (2021), researchers identified organizational leaders' traits and behaviors that employees deemed helpful during the COVID-19 pandemic. The researchers clustered leadership traits into three superordinate themes: attending to the person, taking charge, showing the way forward, and sustaining the spirit. Leadership involvement during crises is vital to setting examples or leadership stability within an organization and support for staff. The research was vital to this study to identify traits employees need from leaders during a crisis.

Hede (2017) conducted a study to examine factors contributing to three aspects of preparedness among municipal leaders: perceived municipal preparedness, individual preparedness, and motivation for preparedness work. According to Hede (2017), the research findings have implications for understanding perceived preparedness and motivation and can be used to develop crisis management exercises. The results indicated that exercise participation is important and only for perceived municipal and individual preparedness, not motivation. The research was vital because it supported further research needed to comprehend fully the nature of perceived preparedness.

Podnar's (2021) research contributed to an overview of leaders' behavioral patterns in crises. Recognition of decision-making patterns in crises and using a decision-based model was proven helpful to inexperienced crisis experts and organizations to prepare individual crisis plans for the organization. Results from the study assisted leaders in preparing a timely response in critical situations, including choosing the most appropriate leadership approach (Podnar, 2021).

Lim et al. (2020) study addressed disaster response readiness. By addressing response readiness, the researcher developed a measurement tool to assist leadership and management in crisis responses. According to Lim et al. (2020), the research findings offered management a guideline to assess the hospital response capability and improve their response performance. This study was related to the BHO practice problem, which supported leadership and response readiness roles.

Sources of Evidence

The situation or issue that prompted a literature search for this study was the excessive number of crises occurring in our country today. A crisis is an unforeseen, natural, or manufactured emergency that leads to unstable or dangerous conditions (Demiroz et al., 2012). The problem addressed senior leaders' need for more involvement in crisis preparedness. An effective leader recognizes the more significant benefit considering all aspects of any given situation (Gehrke, 2000). Senior leaders of Organization X do not participate and are not actively involved in pre-planning or after-action reports (AAR) crisis training, exhibiting top-down, autocratic leadership. Autocratic leadership is generally understood to reflect a particular style of leadership where power and authority are concentrated in the leader (House, 1996). The lack of involvement in crisis training is contrary to best organizational practice. Organizational leadership behavior is vital to sustaining a quality and safe institution (Bohan et al., 2012).

Developing a fundamental knowledge of how Organization X operates and how BHLs prepare for emergencies is essential to ensuring that all stakeholders at

Organization X have the knowledge necessary to enact effective and comprehensive responses to crises and disasters in the organization's service area. Sources of evidence for this qualitative study included semi-structured interviews with BHLs at Organization X. These interviews were conducted to gather detailed descriptions and interpret interviews of participants' firsthand knowledge, experience, and perspectives of BHLs' crisis preparedness. As qualitative researchers, the objective is to observe and study people and things in their natural settings and to attempt to determine and interpret the phenomena of the participants' words during the study (Aspers & Corte, 2019).

Secondary data were also collected as sources of evidence, in addition to reviewing the organization's website and other essential documents, including policies and procedures manuals, departmental manuals for the GPU and the PHP, accountability procedures for the GPU and the PHP, and forms and documents reflecting departmental crisis evaluations. Secondary data were obtained that explored BHLs' involvement in crisis preparedness at the organization to meet workforce and performance expectations (NIST, 2020).

Interview questions were created to explore and gather an in-depth understanding of the practice problem (see Appendix A). Qualitative research is interactive, interpretive, and a naturalistic approach to the world (Arnett, 2007). As qualitative researchers, the purpose of research is to observe and study people and things in their natural settings and to attempt to determine and interpret the phenomena of the participants' words during the study. Interview questions will elicit data on BHLs' crisis preparedness and the leaders' level of involvement in crisis training. Semi-structured interview data will be coded to

identify themes and patterns. The proposed interviews and collecting data from secondary sources reflect qualitative methodology approaches. It is anticipated that they will result in a thick description of the participants' experiences, which, according to Lincoln and Guba (1985), is achieved by providing as much detail as possible while making explicit connections to the cultural and social contexts surrounding data collection.

Leadership Strategy and Assessment

Information on Organization X's leadership strategy and assessment is unavailable to the public via the organization's website. Strategic planning involves a reasonably deliberative and disciplined workaround clarifying organizational purposes, requirements, and likely strategies for success (Bryson, 2010). The BHLs, such as the CEO, CFO, CMO, HR, and DON, strategically plan to ensure their departments follow local, state, and federal guidelines. This study addressed specific planning strategies surrounding the lack of leadership and staff involvement, staff shortages, qualified staff retention, and increasing department oversight. Unfortunately, there were challenges within the structure and during the strategic planning process, such as poor communication or lack of ownership.

However, according to Bryson (2018), one potential challenge is changing the organization's culture and identifying the norm or what has always been done. These could be the same systems that must be fixed for the organization to succeed. BHLs explained that strategic planning can be challenging due to not wanting to change or seeing the need to change. Nevertheless, change was necessary for the patients and staff (Personal communication, July 13, 2023).

The BHLs, such as the CEO, CFO, HR, and DON, strategically planned to ensure their departments follow local, state, and federal guidelines. However, there were specific planning strategies that Organization X would collaborate with to address the lack of leadership and staff involvement, staff shortages, retaining qualified staff, and increasing oversight over departments. The organization's leadership strategy could be considered autocratic based on the organizational structure, which is generally understood to reflect a particular style of leadership where power and authority are concentrated in the leader (House, 1996). Leadership decisions are generated by the board of trustees appointed by the board of supervisors.

As for assessments, the BHLs conduct evaluations annually and provide constructive feedback for improvement during individual meetings with staff members. Organization X evaluates staff annually by performances such as work ethic, professionalism, and job duties performed. As leaders meet with the employees for evaluations, constructive and positive feedback is provided to staff in addition to accomplishments achieved during the evaluation period. Additional feedback is given to departments based on the outcome of crisis training, which relates to the after-action reports (AARs) results. This feedback is also based on strengths and needs for improvement and is designed to strengthen departments to fill gaps in crisis needs before an emergency occurs.

Clients/Population Served

Organization X is a rural community facility located in the southwest region of the United States, which includes a general medical, mental, and behavioral health

service. Organization X's primary service area covers one rural county; however, the GPU and PHP units can accept patients from more than 80 counties in the state (Personal communication January 9, 2023). Senior adults (50 years and older) experiencing emotional, cognitive, or behavioral psychiatric issues can be admitted to the GPU. Organization X's PHP services patients diagnosed with mental disorders who live at home and attend activities at the organization daily. According to the Organization X website, there are 30 hospital beds, four attending physicians, nurses, and other staff. Also, approximately 900 patients are seen annually at the facility (redacted BHO.com, 2023).

Organization X's population resides in a rural area of the state with the highest percentage of African Americans of any county. It is also the fourth-poorest county in the nation. The local population was less than 1,500 at the last census, a county population of more than 7,000, and slightly over 2.5 million in the state (U.S. Census Bureau, n.d.). This county's median age is slightly over 40, and the median income is slightly less than $30,000. As a result, more than 25% of the family members in the county live below the poverty level (Name of state redacted.gov, n.d.).

Client engagement is the level of involvement in which clients participate or make efforts to accept an organization's offerings, such as organizational programs or activities, which either the customer or the organization initiates (Vivek et al., 2012). Organization X's engagement and relationships with clients are based on community dynamics and participation in community engagements in the local community. Most of Organization

X's clients living in the community are closely connected and related biologically or through marriage (Personal communication, 2023).

Organization X participates in community events. The organization also supports local community events by setting up tables and providing promotional items, including information pamphlets, cups, pens, and soda can sleeves (personal communication July 13, 2023), to individuals attending the events. These community events allow leaders from the organization to participate and interact with clients from the local community.

Organization X obtains client information to gather data regarding services and patient care in multiple ways. One way Organization X gathers client data is to allow the outreach employee to call patients or caregivers and gather information regarding their most recent visit to the facility through outreach at an event and client surveys. During community events and outreach efforts, being visible in the community builds relationships with stakeholders and gathers information to improve Organization X's standard of care and customer satisfaction. During community events, brief surveys gather information on customer care, satisfaction, and improvement suggestions.

Organization X also obtains information by administering in-person surveys to clients or caregivers in the GPU or the PHP. The surveys ask about cleanliness, customer service, food service, patient care, and any additional areas of concern indicated by the patient. Feedback from clients, caregivers, or family members who were previous clients is used to help improve the overall system at Organization X.

Workforce and Operations

Organization X's engagement with the workforce is divided into two sections, which consist of senior leadership (Board of Supervisors and Board of Trustees) and direct leadership (Hospital Administrator/ CEO, Chief Medical Officer (CMO), Human Resource Director, and Director of Nursing (DON). Neither the Board of Supervisors nor the Board of Trustees directly interacts with the staff relating to day-to-day operations. Comprehensive reports are provided to the boards during board meetings by the direct leadership, with sensitive personnel matters being discussed during executive sessions. However, the workforce and the two boards will contact one another directly during ceremonies or special events hosted by the Organization or casual visits when board members visit the Organization. However, due to significant changes within the direct leadership, members from the Board of Trustees have been more visible at the Organization with unannounced visits. Direct leaders and supervisors interact more with staff daily. These leaders include the Hospital Administrator/ CEO, Chief Medical Officer (CMO), Director of Nursing (DON), and Human Resource Director. These individuals provide direct contact with the staff, provide support, and are integral in implementing policy, procedure, and guideline changes. Conducting semi-structured interviews with the BHLs will provide additional insight into the leadership involvement with the workforce during crisis preparedness.

Emergency exercises involving the health community are essential and integral to emergency preparedness activities (Skryabina et al., 2017). Organization X meets with the regional emergency planning committee (REPC) six months out of the year,

reviewing organizational manuals, planning upcoming training, and discussing local and state conferences.

The REPC consists of a team of professionals from four counties and various disciplines, such as the Federal Emergency Management Agency (FEMA), the local sheriff, the fire and police department, the state police, hospital representatives from each of the counties, EMS, nursing facilities, the road departments and other entities that may play a role in a training scenario. The REPC team designs and manages crisis drills such as facility fires, tornado damage, active shooter, or facility virus outbreaks. The crisis drills are planned out as far as three months in advance and add as many unexcepted situations into the scene as possible. The trainings are designed to improve key services and the organization's work process by practicing drills like a real-life crisis.

Additionally, Organization X designs, manages, and improves critical services and work processes to coincide with the state guidelines requiring the organization to conduct drills to meet certification requirements. Therefore, these requirements are carried out in multiple capacities, such as engaging in full-scale exercise, which consists of numerous agencies from the county and surrounding counties. Next, organizing a presentation consists of various agencies discussing the emergency step-by-step in one room, enacting the scenario with one person from each agency. Lastly, Organization X participates in a drill with another entity in a support role. This capacity is designed to assist another facility if another organization requires assistance in an emergency.

Leadership is vital to organizational structure and management systems success within a healthcare organization (Ali et al., 2017). Organization X has a multi-tier

leadership system (see Figure 1) that disseminates roles and responsibilities to multiple leaders. Therefore, Organization X leadership comprises multiple daily tasks such as communication, training, staffing, operational, and managerial responsibilities. Communication is essential at multiple levels to ensure successful management and organizational structure. Leadership should inform staff of job duties, responsibilities, and tasks.

Additionally, staff members are responsible for informing leaders of their needs and challenges. Failure to retain valuable employees due to the lack of effective management can result in high turnover costs, including the time it takes to search for, interview, hire, and train a new employee. It can cause disruptions to the business and the clients (Smither, 2003).

Analytical Strategy

As a doctoral research scholar consultant in this study of Organization X, objectives as a qualitative researcher are to understand the agency's mission, values, vision, crisis preparedness, and the organizational strengths and leadership barriers that lead to limited involvement in emergency preparedness training.

The qualitative case study focuses on an individual BHO in the southern region of the United States. According to Yin and Davis (2007), the classic case study focuses on single entities such as an individual, organization, decision, or community. Yin also highlighted the important consideration that qualitative research design is not a linear plan in which one follows predetermined steps. Rather, it is an interactive process in

which the researcher moves back and forth and may change some steps (Mirhosseini & Bagheri-Lori, 2015).

The research data will be obtained from semi-structured interviews (see Appendix A) and are the foundation of the qualitative study with BHLs of the organization as participants. Interview responses will be thematically coded, and secondary data will be used to support additional data. The potential participants will be identified based on their organizational leadership roles. They will be contacted through the researcher's Walden University email account and mutually agreed times to conduct future interviews after "I consent" emails are returned. Furthermore, interview questions were carefully developed to elicit pertinent information for the practice problem. Interview questions and responses will be transcribed, and transcriptions will be coded using NVivo 14 (Lumivero, 2023) for Windows qualitative software.

I will obtain institutional review board approval to conduct this study before collecting data. After receiving approval, I will schedule one-hour semi-structured interviews with the BHLs. I will follow an interview protocol consisting of the following questions:

> Question 1: What are the most important issues in your organization relating to crisis preparedness?
>
> Question 2: What are your expectations regarding customer care amid a crisis, and how does that align with the organization's mission, vision, and goals?

Question 3: What level of involvement is senior leadership during a crisis, and how are leaders notified?

Question 4: How does the organization prepare for a crisis? How are staff notified of a crisis?

Question 5: What are the organization's crisis protocols? How are you using performance evaluations to improve protocols and procedures?

The interviews will also take place using a digital recording device for in-person interviews and the recording device on the Zoom platform for electronic interviews. Each interview will be transcribed immediately after completion. Transcriptions will be sent to the BHLs via email to be checked for accuracy. Any identifying information about the organization will be omitted from the transcripts for privacy and confidentiality. The organization will be referred to as Organization X. Organization names that may identify the state where the organization may be located will also be omitted. Lastly, the names of BHL's staff members and positions will be redacted and replaced with BHL 1, BHL 2, BHL 3, and BHL 4 as pseudonyms. In addition to individual interviews with BHLs, secondary documents will be requested from the organization. These documents will include the following: the organization's current policy and procedures manual, samples of employee evaluation forms, training plans, and emergency plans for crises about roles and responsibilities.

Qualitative data analysis involves constructing categories using words, phrases, or text sections (Royse et al., 2009). In this study, data analysis focused on the context of the

words and phrases from the participant interviews. Determining an analytic direction helps qualitative researchers decide which findings to highlight in a dataset (Sale, 2022). According to Saldaña (2009), coding qualitative data is an integral part of the analytical process of analyzing qualitative research. Coding allows the researcher to interpret, organize, and structure the data into meaningful theories. Open coding is used to identify emergent themes aligned with a conceptual framework Cascio et al., (2019). Open coding was used to analyze the data in the transcripts; each code was highlighted in various colors to identify chunks of data and then separated into words and phrases. Rubin and Rubin's (2012) data analysis steps were followed, beginning with transcribing the interviews. The next step was summarizing the data by marking the transcriptions, which consisted of identifying interview excerpts to code as similar themes, concepts, events, names, or examples. After summarizing each code, the next step was to weigh the different versions of themes identified by the codes, which included synthesizing the research. Synthesizing research evidence involves ascertaining how each summarized theme creates the whole picture drawn from the research data (Pope et al., 2007). Responses were then transcribed, and transcriptions were coded using NVivo 14 (Lumivero, 2023) for Windows qualitative software. During the study, the data collected were stored in a locked file cabinet. Audio recordings and the transcripts were password protected on a personal laptop without another person having access to the laptop or password. Following Walden University's policies, transcripts, emails, secondary data, and audio recordings will be securely stored for five years after study completion, after which they will all be deleted and destroyed.

Summary

Section 2 reviewed supporting literature related to BHL crisis preparedness in healthcare organizations. A literature search revealed the lack of leaders' crisis preparedness in hospital settings and how the lack of preparedness impacts a crisis. However, the gap in research showed the necessity for exploring approaches to ensure that all stakeholders have the knowledge necessary for enacting effective and comprehensive responses to crises and disasters.

In Section 3, the analytical strategy of the organization, workforce engagement, and operations is examined. In addition, workforce environment, knowledge management, and effective management are discussed as these sections relate to the organization's practice problem.

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

Introduction

The practice problem addressed in this study was ensuring that all stakeholders at Organization X have the knowledge necessary for enacting comprehensive and effective responses to crises and disasters in the service area. The following research questions were developed to guide the proposed study:

RQ1: How does the lack of senior leadership training affect crisis preparedness in healthcare organizations?

RQ2: How are crisis trainings preparing leaders in healthcare organizations to increase communication among staff?

Sources of evidence for the proposed study included interviews with the organization's BHLs. The BHLs were also asked to provide secondary materials such as the organization's current policy and procedures manual, samples of employee evaluation forms, training plans, and emergency plans about roles and responsibilities for crises.

Section 3 of this study analyzes Organization X's measurement, analysis, and knowledge management components. According to the Baldrige framework, analysis and knowledge management are the control centers for calibrating the organization and its strategies (NIST, 2021). Understanding how an organization supports its workforce, organizes operations, and uses data helps organizations for future planning and improvement (NIST, 2021).

Analysis of the Organization

Organization X also provides general medical and surgical care for citizens in the county where it is located and in surrounding areas. According to its website, there are 30 hospital beds, four attending physicians, nurses, and other staff. Approximately 900 patients are seen annually.

A supportive work environment improves employee commitment and performance (Raziq & Maulabakhsh, 2015). Organization X builds an effective and supportive workforce environment by focusing on efforts to retain staff and show them they are appreciated. Staff appreciation activities include an annual employee appreciation day to honor employees and thank them for all their hard work throughout the year. Additionally, each department recognizes its staff for personal achievements, such as birthdays, educational advancements, weddings, and family additions. Supporting the staff is essential to keeping the employee's morale and acknowledging that they are appreciated for what they do and running the day-to-day operations (personal communication, 2023).

Information gathered from BHL1 indicated the organization has also built a supportive and effective workforce by offering employee benefits and collaborating with outside agencies, including local and surrounding counties. The organization also collaborates with the local university nursing program, counseling, psychology, and social work departments to create ongoing opportunities for students to intern at the facility.

Organization X has faced staff shortages, particularly the need for more qualified staff and staff retention, such as the recently encountered workforce nationwide. However, an advantage to the workforce and health care for Organization X is the proximity to a state university. Organization X is approximately 15.8 miles from a state university, allowing the organization to access the university's nursing and counseling departments. Access to these two departments is an asset to the organization and university, providing accessibility for internships, training, and job opportunities for both departments.

A strategic challenge and advantage consist of leadership and staff involvement. It was stated that the challenge is related to leaders who are not directly involved with day-to-day operations nor providing daily support; however, the leaders are giving feedback that may not align with the unit daily. Hassan (2004) stated that leadership is a collective role between employer and employee; therefore, no one can be a leader alone. Leadership is considered actively participating in a group in any given situation. Thus, the feedback or suggestions from leaders not directly involved with day-to-day operations nor providing daily support would not be conducive to or in the best interest of patient care.

Knowledge Management

Organization X manages information and knowledge assets, providing emergency training after-action reports to the departments within 30 days and implementing the corrective actions in the next training. After-action reports capture the incident or scenario and actions of the organization, community, and community partners. The purpose is to synthesize information and data from the emergency event or exercise,

recognize strengths, determine areas of improvement, and generate potential corrective actions (After-Action Reports, 2022). After the directors debriefed with law enforcement and other participants who participated in the drill, the directors set up department meetings with staff. The key components of the after-action reports are as follows:

Overview: date, time frame/duration, and location of the event; name and type of exercise (if applicable); participants and agencies/ organizations in attendance; scenario; and Emergency Operations Plan (EOP) annex(es) activated and/or tested;

Goals and objectives: broad, general statements that indicate the desired outcome of the emergency exercise or event and specific, measurable actions for achieving the goals;

Analysis of the outcomes: the level to which goals and objectives were or were not met and why, based on observations, surveys, and discussions;

Analysis of critical tasks/capacity: strengths and areas of improvement regarding the capability levels of administrators, faculty, staff, and community partners, as well as the adequacy of supplies and equipment;

Summary: lessons learned, including demonstrated capabilities, primary areas for improvement, and/ or required updates to the organization’s emergency operation plan;

Recommendations: corrective actions to be implemented, the person(s) responsible, needed resources, and expected completion date (After-Action Reports, 2022).

The second key finding related to implementation is also included in the last section of the after-action report under the recommendation category. After the

department directors receive the after-action reports, the information is reviewed to present to staff. Then, the department's policies and procedures are reviewed with staff to check for understanding and to ensure staff are aware of department staff roles and responsibilities.

Summary

Section 3 reviewed Organization X's workforce support and engagement, high-performance work environment, organization operations, organizational performance, and knowledge management. Organization X has developed a system to collaborate with surrounding counties to meet requirements for annual training to ensure funding requirements are met and staff are trained. Directors and supervisors from each unit (geriatric psychiatric unit and partial hospitalization program) meet with staff to review after-action reports, discuss the next improvement steps, and review successful actions during drills. Although there are multiple ways for drills to be addressed with full-scale exercises, tabletops, or collaborating with another county, senior leaders still need to be involved and participate in crisis training to review and prepare mitigating factors before a crisis occurs at the organization.

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

Introduction

This qualitative study aimed to explore approaches for ensuring that all stakeholders at Organization X have the knowledge necessary for enacting effective and comprehensive responses to crises and disasters in the organization's service area. This study's participants included four BHLs from various departments within the organization. The importance of roles and responsibilities for all stakeholders involved in the organization during a crisis evolved from this study, with the potential of aligning them with targeted objectives and emergency plans.

The organization has provided services to the community since the mid-1960s, which includes a medical and mental health model at the facility. The organization is located in a rural town in the fourth least-populous county in the southern region of the United States (U.S. Census Bureau, 2020). According to its website, Organization X's mission statement is "To provide comprehensive health care to people living in our community." The organization's leaders recognized that providing medical and mental health services to patients at the facility is not the staff's only mission but a responsibility to keep patients safe from harm.

Throughout the study, disasters, crises, emergency management, and emergencies have been used in various capacities, and each definition has been established by law. Descriptions are found in multiple locations, most notably including glossaries in the National Response Plan (NRP) (National Response Plan, 2005) and the National Incident Management System (NIMS) (National Incident Management System, 2005). States and

local governments also define some of these terms; however, these terms are commonly used in training and during crises, with it being critical for stakeholders to understand commonly used words, thus understanding the roles and responsibilities for each emergency.

To conduct the research, the researcher analyzed the organization's website, and databases were searched with specified keywords, such as emergencies, crises, preparedness, organizations, leadership, and leadership and healthcare. Semi-structured interviews were conducted with four BHLs, and themes from the interviews were analyzed as data. Results were then prepared to be presented to disseminate to the organization.

Analysis, Results, and Implications

The process used to analyze the sources of collected evidence was conducted in multiple steps to identify the themes and categories for the capstone. According to Yin (2018), to meet the test of construct validity, establishing correct operational measures for the concepts being studied refers to using multiple sources of evidence such as documents, archival records, and interviews. Next, create a case study database, including case notes and case study documents. Lastly, maintain a chain of evidence such as citations of the database, study protocol, and links to initial study questions. Initially, semi-structured interviews were conducted with each participant; once the transcriptions were completed, participants were encouraged to review their transcripts for accuracy. Next, for each participant’s interview, identified words and phrases relevant to the research problem were highlighted. Open coding is the first level of coding when the

researcher identifies distinct concepts and themes for categorization (Williams & Moser, 2019). The open-coding method allowed single words and a short sequence of words to develop themes from the interviews for the first coding cycle. The second coding cycle was transferred to an electronic file utilizing coding software to categorize and find patterns in the data collected.

Triangulation is a method by which the researcher analyzes data and then presents the results to others to understand the experience of a common phenomenon (Denzin, 2006). Specifically, data triangulation was used in the capstone, using data from multiple sources, such as documents provided by the organization and the semi-structured interviews conducted with BHLs. By gathering data from various sources and triangulating the data analyses, the researcher could cross-check the emerging precise themes from the analysis. Yin (2018) stated by demonstrating the operations of a study, the study can be replicated with the same results, with the emphasis on preparation for data collection and development to meet the test of reliability.

The transcribed interviews were entered into NVivo coding software, which identified themes from each of the participants' interviews. The transcribed interviews and the software coding analysis were compared to gain an in-depth understanding of the themes of the qualitative case study. The coding software NVivo identified 35 codes, which were the frequently used words from the transcribed interviews. A word cloud was created to illustrate the frequently used words (see Figure 2).

Figure 2

Word Cloud (Lumivero, 2023)

Initially, the responses from the transcribed interviews were manually coded, then inserted into Word Cloud, using NVivo 14 (Lumivero, 2023), an automatic coding analysis software, to compare identified words and themes identified throughout the transcriptions. While qualitative researchers have used electronic data analysis software, manual coding can allow the researcher to have an in-depth perspective and analysis strategy (Crick, 2018, p. 260). The word cloud represents 35 frequently used words identified from the participants' coded interviews. Keywords included weather, training, EMA, severe weather, lack of preparedness, zoom, safety, REPC, support, stakeholders, rural, convenient, drills, and collaboration.

Next, the Mind Map was created using NVivo, utilizing the codes identified in the word cloud. These codes were grouped into seven themes, including preparedness, which was the only word frequently used for both RQs, staff, stakeholders, REPC, training,

administration, and BHL/senior leader. Then, 18 categories were grouped within the seven themes relevant to the study, RQ1 and RQ2, including reorganization, design scenario, support surrounding counties, resources, active shooter, severe weather, fire, chemical plant, bomb threat, not prepared, lack of training, turnover, community, staff, patients, elected officials, lack of availability and flexibility. The following themes aligned with the research questions that guided the study:

RQ1: How does the lack of senior leadership training affect crisis preparedness in healthcare organizations?

Preparedness, BHL/senior leaders, staff, stakeholders

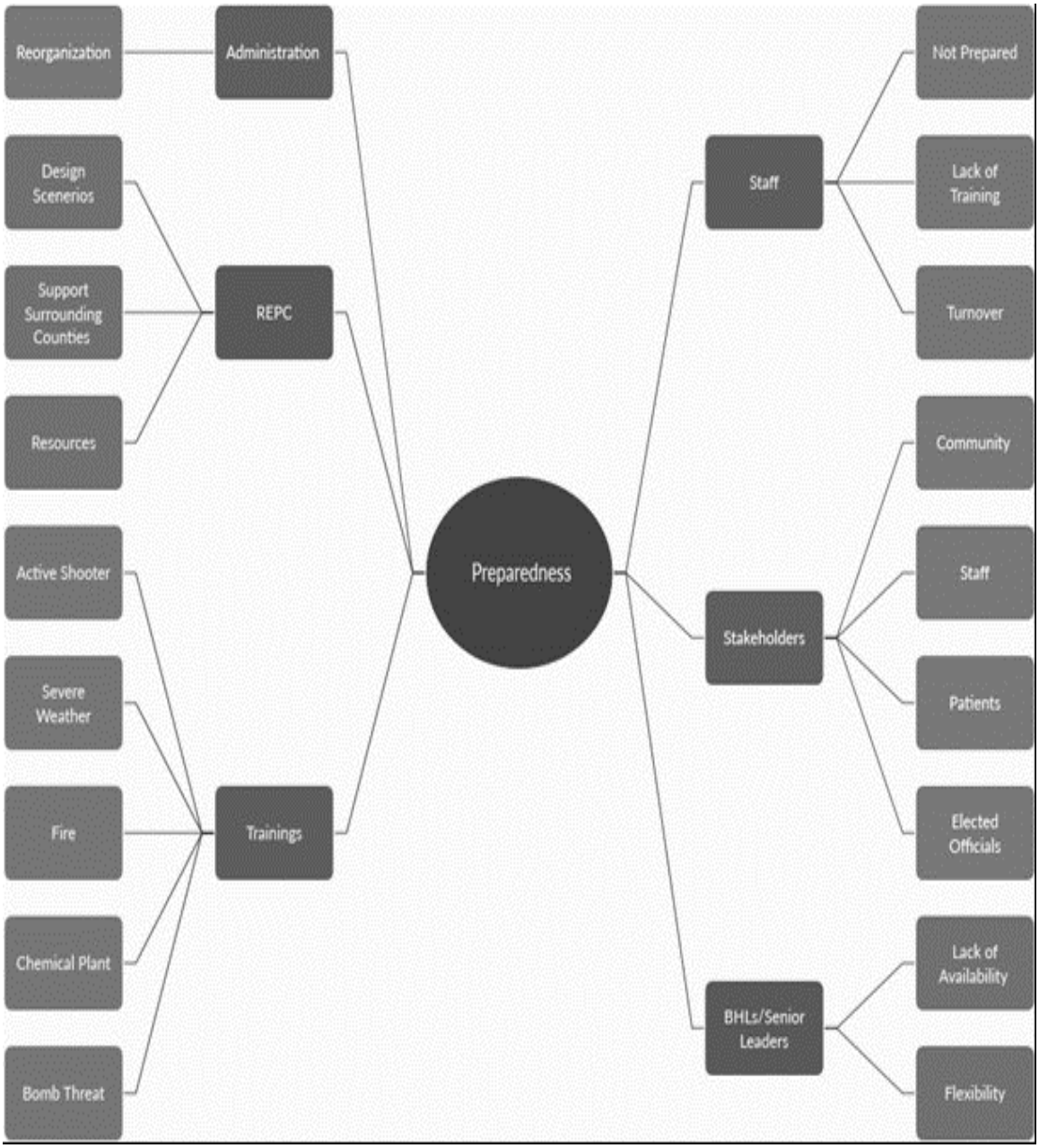
RQ2: How are crisis trainings preparing leaders in healthcare organizations to increase communication among staff?

Preparedness, REPC, training, administration

Figure 3 illustrates the emerging themes that were identified and analyzed.

Figure 3

Mind Map of Preparedness Theme (Lumivero, 2023)



Emerging Theme 1: Preparedness

Preparedness was the first theme to emerge and the only theme that emerged to address both RQs.

RQ1: How does the lack of senior leadership training affect crisis preparedness in healthcare organizations?

Staff, stakeholders, and BHLs/senior leaders.

RQ2: How are crisis trainings preparing leaders in healthcare organizations to increase communication among staff?

Administration, REPC, training, administration

The data collected identified preparedness for a crisis was a priority for the organization. The lack of preparedness from senior leaders affected response time when managing a crisis due to direct guidance from direct leadership or staff during the crisis. The lack of preparedness also led to increased response time to manage crises timely.

Emerging Theme 2: Staff

RQ1: How does the lack of senior leadership training affect crisis preparedness in healthcare organizations?

Staffing issues emerged as a theme, presenting three subcategories during the study. The staff subcategories included not being prepared, lack of training, and turnover. These staffing issues were related to a lack of training and not being prepared in the event of an emergency to protect patients. Staffing turnover included both administrative and support staff. BHLs were aware of the staff shortage. However, being properly prepared in the event of an emergency is crucial to ensure the current staff have proper rotation to

properly care for patients in the event of a disaster (personal communication, August 1, 2023).

Emerging Theme 3: Stakeholders

RQ1: How does the lack of senior leadership training affect crisis preparedness in healthcare organizations?

An asset for the BHO is the facility's location in the center of the community. The subcategories that emerged from the stakeholder theme included the community, staff, patients, and elected officials. Because the organization has existed since the mid-1960s, the BHOs have identified the stakeholders who directly or indirectly impact the facility. However, BHLs have not trained the stakeholders during a drill to understand the policies, procedures, and protocols of each entity. The stakeholders in the community who directly impact the facility are those who live in the community and use the facility for behavioral or mental healthcare, local emergency agencies, the local EMA office, staff, employees, and community business partners. Stakeholders who impact the facility are those members of the REPC from surrounding county, state, and federal agencies, including Medicare and Medicaid, FEMA, and insurance companies (personal communication, July 27, 2023).

Emerging Theme 4: BHL/Senior Leaders

RQ1: How does the lack of senior leadership training affect crisis preparedness in healthcare organizations?

The BHO has several levels of leaders, including the board of supervisors (BOS), consisting of elected officials. The board of trustees (BOT) includes individuals whom

each member of the BOS appoints. The next level of leaders includes the chief executive officer (CEO), chief financial officer (CFO), and chief medical officer (CMO). Direct leaders at the facility include the director of nursing (DON) and the human resource director (HR). The impact of the BHL's being engaged with crisis training is critical to the safety, security, guidance, and support of staff, employees, and the organization's stability. Two subcategories appeared from the BHL/senior leaders' theme: lack of availability and flexibility. BHL 4 expressed that training is essential and crisis training is valued; however, sometimes the training could be more conducive for those with time and scheduling conflicts, especially if the training is only offered in-person and during the weekdays (personal communication, July 19, 2023).

Emerging Theme 5: Administration

The administration was identified as a consistent theme for preparedness and the BHO directors, which emerged from RQ2: How are crisis training preparing leaders in healthcare organizations to increase communication among staff?

Reorganization emerged as a subcategory from the administration theme as five directors at the BHO changed administrative leadership within the last 12 months, resulting in the BHO restructuring and reorganizing the direct leadership administration. Based on the administrative change, each BHL has experienced training in a different capacity based on previous employment training. Nonetheless, all five BHLs have not experienced a crisis within the current system as a cohesive administrative team until a recent bomb threat was directed toward the BHO (personal communication, July 27, 2023).

Emerging Theme 6: REPC

The REPC emerged from RQ2: How are crisis trainings preparing leaders in healthcare organizations to increase communication among staff?

The BHO is affiliated with the Regional Emergency Planning Committee (REPC) to assist with strategic planning, organizing training scenarios, and participating in training and drills in surrounding counties. Three subcategories emerged from the REPC theme: design scenarios, supporting surrounding counties, and resources. The REPC was designed to support surrounding counties and provide additional resources. REPC emerged as a theme due to the senior leaders not participating in drills, training, or strategic planning meetings. During the training, leaders are able to interface with multiple agencies from the local and state levels, learning vital information such as roles and responsibilities of organizational staff and leaders, reimbursements from the state, and emergency funds that are available for areas affected by a disaster. The REPC comprises individuals from different areas of expertise in law enforcement, medical, fire, healthcare, assisted living facilities, and road departments (personal communication, August 1, 2023).

Emerging Theme 7: Training

Training was the seventh theme to emerge RQ2: How are crisis trainings preparing leaders in healthcare organizations to increase communication among staff?

The REPC organizes training and scenarios for the BHO to meet annual state and federal training guidelines and requirements. Throughout the year, BHLs are scheduled to observe or actively participate in active shooter drills, severe weather and fire training,

and readiness to receive chemical plant evacuees. Unfortunately, recently, a bomb threat was a “real world” threat to the BHO, thus identifying a bomb threat as additional training needed for BHLs and staff to add to the training plan (personal communication August 1, 2023).

Furthermore, the BHO's programs and services were analyzed by interviewing four BHLs and reviewing Organization X's website. Organization X is a county-owned medical and mental health facility in the southern United States. The facility is a Medicare-certified general hospital and mental health facility that opened in the mid-1960s to become an asset to the community and surrounding counties to provide quality care. Until recently, two behavior and mental health programs were crucial to the organization: the GPU and the PHP; both programs were overseen by the director of nursing (DON). According to the organization's website, the GPU provided comprehensive diagnosis and treatment for individuals 50 and older experiencing emotional, cognitive, or behavioral symptoms (Name of organization.com redacted, n.d.). Recently, Organization X's GPU was dismantled, and patients were either discharged or transferred to partnering facilities to accommodate patient care (personal communication, August 1, 2023).

The PHP continues to offer services to patients diagnosed with mental disorders who attend intensive outpatient services, such as individual and group therapy, during the day at the facility. Adults 65 years or older are encouraged to participate in the program, which allows them to remain at home while accessing structured therapeutic activities at Organization X daily.

The BHO offers annual surveys and collects patient comments and concerns without having a fundamental tool to analyze results. The patients' surveys or comment cards were not available for review. BHL #3 explained that clients are encouraged to express concerns directly to the staff member's immediate supervisor and an administrator if the situation is not addressed and resolved promptly or to the patient's satisfaction to resolve the issue. Leaders of the BHO review annual surveys and comment cards, but the information or data is not measured according to patient issues or concerns. However, patient concerns are addressed with staff during departmental staff meetings; generally, this would be the time comment cards are discussed (personal communication, July 7, 2023).

Formally, the Center for Medicare & Medicaid Services (CMS) regularly gathers feedback information from patients about their experiences with a specific hospital. Information collected is helpful to the organization, telling where to focus such improvement efforts for better health care and services (Center for Medicare & Medicaid, 2023). According to Ozcan (2014), health agencies need help with new policies and regulations at the state and federal levels, resulting in leaders needing to respond with sound performance evaluation and decision-making.

According to NIST (2021), the workforce actively accomplishes the organization’s work. It includes permanent, temporary, and part-time personnel. Including but not limited to contract staff, independent practitioners such as physicians, physician assistants, nurse practitioners, social workers, physical and occupational therapists, and dieticians. Information gathered through interviews indicates the BHO

senior leaders have made decisions to reorganize the organization, which included administrative staff and directors, beginning with one of the departments at the start of the 2023 calendar year. According to BHL 4, since the beginning of 2023, the BHO has changed more than three senior leadership staff members. However, the supportive staff has been consistent throughout the change of leadership. In an interview with BHL 4, information was provided regarding the new administration's open communication, building relationships, consistency, and support to minimize turnover and provide crisis training throughout the year (personal communication, July, 19,2023). The BHO has a working relationship with community colleges and universities to continue having resumes on file for open positions to sustain an operational capacity for the facility. By the end of 2023, the organization will provide one drill for staff, organized by the REPC (personal communication, July 19, 2023).

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Currently, the BHA staff is fully staffed and is in the process of working closely with the REPC to train the staff. Now, the BHO has nearly 100 staff members and those affiliated with the BHO. According to BHL 4, the directors will get trained and organized by working with the Regional Emergency Planning Committee (REPC) to prepare for the organizations' training in the Fall. In the meantime, the department directors will review emergency plans per program guidelines to ensure the safety of patients, staff, and the community.

As a result of the lack of engagement, the literature supported leadership accuracy when an emergency occurs. Post et al. (2022) found that participative leadership improves decision accuracy in unfamiliar emergencies, whereas directive leadership improves accuracy in familiar crises. However, due to a change of leadership at the BHO, several leaders and staff members have not participated in a training organized by the Regional Emergency Planning Committee (REPC); the last exercise the BHO participated in was documented as an active shooter drill on June 30, 2022 (personal communication, July 18, 2023). The organization's last training consisted of all entities of

the REPC, such as law enforcement, fire, EMS, hospital, surrounding counties, EMA directors and staff (logistics, planning chief, Deputy EMA director, and Public Information Officer (PIO), and state emergency management. If other services were needed for the drill, additional entities would have participated in the training exercise if the scenario was written to include nursing homes, helicopter services, the Red Cross, Electric Companies, the Highway Patrol, or the Department of Transportation (DOT).

However, there was a missed opportunity for BHLs to observe a training drill on June 29, 2023, in a nearby county (personal communication July 18, 2023). An organized hazardous waste drill had taken place in a surrounding county, but no one from the BHO attended the drill to observe the training drill; other participating agencies included the local emergency services, emergency management, EMS, the local hospital, and staff from surrounding counties observed the training drill and provide feedback.

Therefore, due to the change of leadership and restructuring of the BHO, the BHLs will be expected to observe the next training drill of which the scenario will consist of a hazardous chemical spill, which will be located in another supporting county, this drill is expected to take place on mid-September 2023 (personal communication, July 18, 2023). The BHL, who is new in the role, reported that the BHO has a drill scheduled training drill with the REPC in the Fall of 2023 (personal communication, July 18, 2023).

The Baldrige excellence framework suggests measuring financial and budgetary performance by return on investment, operating margins, and profitability (NIST, 2020). Financial reports were not accessible by the BHO during the study. However, BHL 3 stated that a recent audit and financial changes were needed to sustain the BHO and the

behavioral health units (personal communication, July 19, 2023). Financial viability can be measured by liquidity, debt-to-equity ratio, cash, and other values of tangible assets (NIST, 2020). All the details for making changes are not currently finalized. Therefore, further details were not disclosed due to the sensitivity of changes that may be made in the future.

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The BHO has an informal marketing strategy. The BHO has been operating in the community since the mid-1960s; therefore, the BHO's brand has been in the community for more than six decades. However, the BHLs continuously interact with the community and stay engaged in community events, and the BHLs understand that the residents are stakeholders. According to BHL 3, marketing consists of events held in the community and surrounding areas. These include community outreach events such as job and health fairs, school career day events, and collaborating with partner organizations. The BHO provides branding material to the community, such as cups, pens, water bottles, or hand sanitizer, with the BHO labels attached (personal communication, July 19, 2023).

According to a BHL interview and a review of the BHO's website, challenges for individual, organizational, and community impact for the BHO include the necessity of having a facility in the rural community. The BHL explained the organization's need and the community's impact by stating that the closest facility is approximately 25 minutes away from the BHO in an emergency. Proper training, mitigation, and readiness would reassure the community that they would feel safe at the BHO (personal communication, August 1, 2023). The next closest facility comparable to Organization X, with a similar number of beds available for care, and both serve the same population, is located approximately 52 miles north of Organization X.

Researchers often use a qualitative methodology to address social change (Fush et al., 2018). The impact of positive social change the case study might trigger is the potential for BHLs to increase flexibility for additional training opportunities and provide more communication. Increased training, communication, and flexibility allow BHLs to mitigate crises by staying updated on new policies, laws, documentation, and reimbursement requirements. Introducing policies that outline a clear and concise readiness plan for preparedness is vital for efficient and ethical crisis response in healthcare organizations (Ingram et al., 2021). Additionally, BHL's mitigation training and crisis preparedness would ensure readiness to make complex decisions involving the organization, staff, employees, and community needs.

Strengths and Limitations of the Study

The strength of this qualitative case study was the standards and guidelines set by Walden University and the Baldrige excellence framework when interviewing

participants and gathering data to analyze to improve the organization's outcomes. Relational ethics in qualitative research include approaches and emphasis on how data emerges from interviews between researchers and participants (Ravitch & Carl, 2016). As a researcher, to minimize biases during data collection and analysis, there was self-reflection and processing based on how biases may impact this capstone research study.

The limitations of this qualitative capstone were the number of participants participating in the study, the size of the organization, multiple changes in leadership roles, and the facility's location. Each limitation was considered based on the outcome of the data collected due to the small sample size, only interviewing BHLs, and not including support staff. The interviews with BHLs reflected the perspectives of each leader within the organization, which may not reflect the other leaders' and staff's perspectives. Each limitation identified could impact the results and data collected for the study.

The Baldrige excellence framework was utilized to guide the analysis of the BHLs, organizational structure, crisis preparedness, planning, and training. The Baldrige excellence framework is a systems perspective that manages an organization's components as a unified whole to achieve ongoing success (NIST, 2020). The Baldridge excellence framework is a nationally recognized model for evaluating a healthcare organization's systems and identifies criteria in seven key areas: 1) leadership; 2) strategy; 3) customers; 4) measurement, analysis, and knowledge management; 5) workforce; 6) operations; and 7) results. Through analysis of the seven key areas, the

framework allows the BHA to reach its goals, improve results, and become more competitive (NIST, 2020).

Transcriptions of interviews with four BHLs were coded manually and analyzed using NVivo 14 software (Lumivero, 2023). BHL's interviews and transcripts were coded, creating categories, subcategories, and themes. Reflexivity was utilized throughout the study to remain aware, self-reflect, and monitor possible influences on the research. Additionally, being aware of issues of power was important during the research to allow the research to remain accurately represented while presenting BHL's experiences. Member checks were also utilized to check in with the BHLs to ensure that the information gathered adequately represented the participant's reality (Ravitch & Carl, 2016).

The nature of the designed case study relating to BHL's crisis preparedness in behavioral health organizations presented at least four limitations. The small sample size of the case study contributed to one of the study's limitations, as it could have undermined the internal and external validity of the study (Ravitch & Carl, 2016). The second limitation is that interviews captured the experience relating to BHL's crisis preparedness of four BHLs from one agency, which may not correlate to BHL's experiences in other agencies. Another limitation was the researcher's professional relationship with two of the four BHLs at the organization. Lastly, the region could be considered a limitation in the study, considering that the BHO is located in the southern region of the United States, which may not correlate to BHLs in another region. To minimize risk to the study with the relationship between the BHLs, as the researcher,

reflexivity was practiced to identify potential conflicts that may impact or influence the interview with the BHLs.

Additionally, data triangulation by gathering and reviewing secondary data sources was utilized to maximize the findings' accuracy, accountability, and utility to reduce bias (Ravitch & Carl, 2016). Lastly, the case study examined processes, a method used to assess work rather than outcomes. Therefore, the inability to access secondary data sources such as employee evaluations, financial reports, and consumer surveys also posed a limitation. While this approach was conducive to the study, not having access to critical secondary sources was not necessarily generalizable to other behavioral health organizations. The Baldrige framework was used as a guide and helped to assess the study in four categories: 1) leadership, 2) strategy, 3) customers, and 4) operation (NIST, 2020).

Section 5: Recommendation and Conclusions

Recommendations

This qualitative single case study aimed to explore approaches for ensuring that all stakeholders at Organization X have the knowledge necessary for enacting effective and comprehensive responses to crises and disasters in the organization's service area. Recommendations for the BHO leaders are based on the findings and results of this study and the key themes, including (a) preparedness, (b) administration, (c) REPC, (d) training, (e) staff, (f) stakeholders, and (g) BHL/senior leaders. Therefore, I recommend the following:

1. Consider updating and maintaining the BHO website with year-to-date information, identifying the BHO's mission, vision, and values, including the BHO board of trustees, directors, services offered at the facility, and a directory of BHO departments.
2. Implement a training plan for BHLs to stay current on policies, procedures, and requirements mandated by health and hospitals.
3. Create an annual training plan with the REPC for training and drills, ensuring state healthcare guidelines and requirements are met.
4. Ensure BHLs receive training during orientation by completing training modules developed by FEMA.
5. Create a training plan to stay current on FEMA requirements and reimbursement mandates.

6. Provide training opportunities for leaders on various platforms via Zoom, Microsoft Teams, or GoTo Meetings.
7. Communicate with leaders via email, including calendar invites to participate in trainings.
8. Ensure leaders and staff are cross-trained in positions.

A crisis training plan is recommended to be developed and implemented to ensure that all stakeholders at Organization X have the knowledge necessary for enacting effective and comprehensive responses to crises and disasters. I have divided each recommended goal into active objectives with timeframes for each goal. The implementation should be done in phases to ensure effectiveness and allow organizational learning, flexibility, and delivery of positive results.

The following is a 12-month action plan of recommended initiatives for the BHO to be completed in eight phases. The recommended actions incorporate research findings, ensuring all stakeholders at Organization X have the knowledge necessary for enacting effective and comprehensive responses to crises and disasters. A comprehensive literature review, semi-structured interviews, review of secondary documents, analysis, and guidance from the internationally recognized Baldridge excellence framework formed the BHO's phase plan (National Institutes of Standards and Technology, 2020). The recommended phases are as follows:

Table 1

Phases and Timeline of Implementation

Phase	Activity	Timeframe
Phase 1	Identify the crisis team	Month 1
Phase 2	Develop a crisis training plan	Month 2-3
Phase 3	Written plan/review/disseminate	Month 4-7
Phase 4	Implementation/drill	Months 7-8
Phase 5	Evaluation	Month 9
Phase 6	Identify limitation/weakness	Month 10
Phase 7	Modify strategic plan	Month 11
Phase 8	Re-evaluate	Month 12

In Phase 1, the BHLs will identify a crisis preparedness team (CPT) of five to seven staff individuals who could brainstorm and create a crisis training plan for the BHO stakeholders. This phase includes identifying a team leader who would report directly to the DON bi-weekly and provide progression updates. Building a team with diverse backgrounds and various professions, perceptions, and ideas is necessary for the execution of the strategic plan. It is recommended this team consists of internal and external members with various backgrounds relating to crises, including different types of crisis experience, policy and procedure, and evaluation. Recommended team members include a BHL from the BHO as the team leader, administrative personnel, public information officer (PIO), IT/communications, EMA personnel, police, fire, and EMS.

In Phase 2, the CPT will develop a crisis training plan per the BHO's mission, vision, and values to create an annual training plan to satisfy state and federal guidelines. The team leader will set priorities for each CPT meeting and develop the crisis training plans, which would include the following categories: crises specific to the organization and the organization service area, required and recommended training associated with

each crisis; contacts and communication, and identifying partnering agencies the crisis would impact. Furthermore, the team leader will work with the team members to strategize each category, thus providing input regarding each team member's area of discipline. During Phase 2, the team will also determine which electronic platform will be used for training and evaluations, ensure up-to-date BHL emails, and design an individualized crisis training plan for each BHL, tailored towards their role and responsibility.

In Phase 3, create a written crisis training plan for all stakeholders, including elected officials and hospital and behavioral health leaders, providing guidance, clarity, and direct training plans for leaders. During the fourth of Phase 3, the entire CPT creates and reviews all documents and forms. Changes are made as needed during this month. Changes and updates to the documents are discussed at this time. During months 5, 6, and 7 of Phase 3, crisis training schedules and modules are disseminated to BHLs. The team leader and administrative personnel will follow up with the BHLs regarding the training progress and guide as needed.

In Phase 4, a drill is scheduled with the REPC to test the crisis plan.

In Phase 5, the CPT will meet to review and discuss the evaluations from the crisis training. The team will particularly pay close attention to the training plan designed to test the crisis training plan and the BHL’s response.

Phase 6, team members will meet to identify limitations and weaknesses found during the crisis drill. Team members will brainstorm, discussing strengths and weaknesses and the need for improvement, thus making changes to the crisis training

plan to accommodate for limitations/deficiencies found during the crisis drill. During month 10, the crisis training plan is modified and prepared for review by the team the following month.

In Phase 7, team members will review the modified crisis training plan and make additional changes as needed with the team's consensus.

In Phase 8, re-evaluate the crisis training plan and conduct a 6-month, 9-month, and yearly re-evaluation of policies, procedures, email addresses, and BHL positions. The documents and forms will be adjusted after each team meeting and disseminated to the CPT for accuracy and accountability. The re-evaluations are needed to accommodate changes and needs for the success and safety of BHLs, staff, and the community.

Recommendations for Future Studies

The practice problem focused on ensuring that all stakeholders at Organization X have the knowledge necessary for enacting comprehensive and effective responses to crises and disasters in the service area. Based on the findings, Organization X experienced and underwent a significant restructuring of the leadership staff at the end of 2022 and the beginning of 2023. Therefore, future research is needed in the area of staff turnover, and the impact turnover has on organizational crisis training and preparedness. Employee retention is vital for organizational sustainability (Upadhyay et al., 2020), thus ensuring patient safety and proper care.

Dissemination Plan

The plan for disseminating the work within this study to the organization is to create a well-organized PowerPoint presentation that will include an executive summary

of the research, an analysis of the findings, detailed recommendations, and an explanation of executing the eight-phase plan for the BHO. Time will be allotted for comments and questions at the end of the presentation for further clarification. At the conclusion of the presentation session, the BHO will be provided an email address for any follow-up questions regarding the study.

The following are seven steps for conducting the feedback meeting:

1. Welcome and introduce the presentation.

2. Review the agenda and goals of the presentation.

3. Describe the project, including your role and the role of the research.

4. Describe the focus of the research and research methods.

5.. Describe the issues discovered from the research.

6. Describe the recommendations and actions.

7. Open the meeting up for questions and answers.

Summary

This qualitative single case study aimed to explore how to ensure that all stakeholders at Organization X have the knowledge necessary to enact comprehensive and effective responses to crises and disasters in the service area. This study was guided by the Baldrige excellence framework NIST (2020), providing an overview of Organization X, a literature review of factors contributing to behavior health leaders' knowledge for comprehensive and effective responses to crises, conducting semi-structured interviews, analyzing the findings, and presenting results. Based on the semi-structured interviews' primary and secondary data, a recommended action plan was

prepared to improve the organizational factors contributing to BHLs' knowledge for enacting comprehensive and effective responses to crises. Qualitative methodology was utilized to triangulate data from primary and secondary data resources and the Baldrige framework of excellence (NIST, 2020). This study's findings and recommendations can lead to positive communication, knowledge, and readiness during a crisis and social change in individuals, organizations, and communities by behavior health leaders' focusing on training and being knowledgeable of responses to emergencies. Leader involvement in crisis training and organizational crisis response is essential to the safety of employees, staff, and the community's safety and security.

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Appendix A: Interview Questions

The interview questions are as follows:

- Question 1: What do you think are the most important issues in your organization relating to crisis preparedness?
- Question 2: What are your expectations regarding customer care in the midst of a crisis, and how does that align with the organization's mission, vision, and goals?
- Question 3: What level of involvement is senior leadership during a crisis and how are leaders notified?
- Question 4: How does the organization prepare for a crisis? How are staff notified of a crisis?
- Question 5: What are the organizations crisis protocols? How are you using performance evaluations to improve protocols and procedure.