

2-2-2024

## Understanding How Performance Indicators Can Lead to Resistance in Behavioral Health Employees

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# Walden University

College of Social and Behavioral Sciences

This is to certify that the doctoral study by

Sheena Willis

has been found to be complete and satisfactory in all respects,  
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the review committee have been made.

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Walden University

2024

Abstract

Understanding How Performance Indicators Can Lead to Resistance in Behavioral Health  
Employees

by

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MA, Webster University, 2007

BA, Fayetteville State University, 2004

Doctoral Study Submitted in Partial Fulfillment  
of the Requirements for the Degree of  
Doctor of Psychology in Behavioral Health Leadership

Walden University

February 2024

## Abstract

Behavioral health organizations, like many other health related entities, are shifting to stronger measures of individual performance. Within behavioral health, performance indicators include tracking individual activities with clients. However, these performance indicators may be met with resistance from the impacted employees. Employees feel such performance indicators can be punitive and unfair when it comes to the expectations of the job. The purpose of this study was to understand why employees resist the implementation of performance indicators. The Baldrige excellence framework was used to guide this study of a psychiatric hospital in Southeastern region of the United States. The data used included an interview with the hospital's CEO, reviewing the organization's website, satisfaction surveys, and data from the performance improvement department. Findings indicated that additional training and other support processes would address the hospital's practice problem. Recommendations included implementing John Kotter's 8 stages of change specific to the hospital's needs. The findings of this study may affect positive social change by being used to create a harmonious work environment where staff will feel confident and happy providing patient care. Patient care will improve, and the performance indicators will be followed and exceed expectations.

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## Dedication

I dedicate this research to all the healthcare workers around the world and the mental health workers that are devoted to serving the mentally ill. I see you; I hear you, and I thank you.

## Acknowledgments

I want to thank God, The Most- High, for ordering my steps and guiding me to accomplish this task. I would like to dedicate this research to my family and friends who supported me throughout this process. I am blessed to have so many great people in my life that supported me and challenged me along this journey. When conducting research and wanting to finish strong, you never foresee that obstacles may arise. However, despite the challenges I was up against, I always had a team cheering me on and holding me accountable. I would like to dedicate this to my colleagues and mentors that provided constructive criticism and feedback about my work and most importantly about me. Thank you all for everything! I want to give a special thank you to my husband, children, parents, and brother. You all motivate me to be the best me and for that I am grateful and honored.

To my faculty advisors, Dr. Thompson, Dr. Michelle Ross and Dr. Hendricks-Noble for being awesome doctoral committee. Your advisement, encouragement, and genuinely caring about my success means so much to me. You all are so patient and dedicated to ensuring that your students learn, grow, and have the best learning experience. Finally, I would like to thank and acknowledge the support of my clients' organization. I am grateful for my client organization leader who willingly helped me with everything that I requested. I could not have asked for a better organization than this organization.

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## Section 1a: The Behavioral Health Organization

### **Introduction**

XX Psychiatric Hospital is operated and owned by the state government in the Southeastern region of the United States. The agency serves an entire state with inpatient and outpatient mental health treatment. I gathered data from the following sources: communication with the CEO (CEO), review of the website, history, and employee satisfaction survey data. The CEO stated that the vast majority served are the citizens that do not have healthcare benefits. The agency has more than 4500 employees and an annual budget of over \$520 million. The system consists of four licensed hospitals, one of which is XX Psychiatric Hospital, four nursing care centers, a forensic program and sexually violent predator treatment program. The community is composed of 17 community-based, outpatient mental health centers with clinics, satellite offices, and specialty programs, which serve 46 counties.

According to the agency's website, the mental health commission is the governing body for the agency and has jurisdiction over the public mental health system. It is comprised of seven members for 5-year terms by the governor with advice and consent of the Senate. The agency takes pride in helping the citizens throughout the state receive affordable and easy access to mental health treatment. The agency was nationally recognized for the excellent care they provide within the schools to children and adolescents. The staff at XX Psychiatric Hospital consists of 300 employees. The staff includes program managers, nurse managers, nurse executive, medical director, nurse supervisors, social workers, office personnel, medical records personnel, quality

management and performance improvement, safety and risk management, environmental services staff, and building and grounds. The hospital's average length of stay is about ninety-five days due to patients needing a longer length of stay because of their acuity level.

The CEO explained that the hospital was seen as a setting where patients could come and stay indefinitely, however, it has transformed into a more acute setting being that patients has the right to live healthy and productive lives within their communities. The CEO explained that funding to keep the hospital running comes from state legislation as well as Medicaid and Medicare funding for the treatment provided. The central office of the agency ensures that state and federal regulatory requirements are being followed to remain in compliance.

### **Practice Problem**

According to the CEO, state hospitals are tasked with meeting certain performance indicators to claim that the hospital provides a certain level of care. The use of active treatment hours is an important factor in remaining compliant with standards, policies, and accreditations. Active treatment hours are an approach where each therapist is assigned specific hours to engage with patients each day and then that time is tracked by the organization. The definition of active treatment hours or contact hours is the frequency in which the patient is being treated, seen, or engaged in therapy and treatment (Perlman et al., 2013). The specific organizational problem I addressed in this study are factors that contribute to behavioral health employees resisting the use of tracked active treatment hours as a performance indicator. There is no research on employee resistance

to active treatment hours or contact hours even though this is being increasingly implemented to ensure that each patient is being treated and actively engaged in treatment during their inpatient stay. However, there is anecdotal evidence of resistance to change from employees.

Because behavior health leadership is responsible for ensuring compliance with this new standard, it is necessary to understand why there is resistance and gain information on whether common approaches to overcoming such resistance is viable in an inpatient setting. More research is needed to identify reasons for resisting change to performance indicators such as active treatment hours and strategies for overcoming such resistance.

I addressed the following research question in this study: How can behavioral health leaders cultivate a work environment that encompasses change regarding performance of behavioral health employees?

I found that the implementation of effective employee engagement with certain programs and procedures would improve success. Future researchers or regulatory bodies may use the findings from this study to examine how new agency requirements are being implemented.

### **Purpose**

The purpose of this qualitative case study was to examine factors that contribute to behavioral health staff resisting change when implementing new performance measures in the Southeastern part of the United States. Active treatment hours will show how long clinical staff keep the patients engaged, which should decrease the use of

seclusion and restraints. For example, the Engagement Model which uses clinical intervention, has proven to reduce seclusion and restraints (Blair & Adelman, 2015). The organization specializes in working with persistent mentally ill adults, children and adolescent, and co-occurring disorders. The organization provides psychiatric, mental health counseling and intensive treatment services. The patients receive psychopharmacotherapy and psychotherapy while in treatment. The study's participants included one senior leader which was the CEO. The performance indicators coincided with the strategic objectives of the hospital. The quality improvement department of the hospital goal was to ensure that the leader can attest that treatment programming and staff participation to help treat the patients are happening.

I conducted a qualitative study with a case-study design with the goal of identifying reasoning for resistance so that policies and procedures can aid in assisting staff with meeting performance indicator goals. Understanding the reason for resistance may result in recommendations of how to improve barriers so that staff can be successful. If the organization takes the findings of this study into consideration, the hospital can grow and provide an elite quality of care for their patients.

I used the Baldrige Framework of Excellence for this study using the performance system process (see National Institute for Standards and Technology (see NIST, 2021). I used this framework to understand how employees are evaluated when performing job duties, including using the performance system process. The performance system consists of seven categories that define the process and results achieved. The categories are leadership, strategy, customers, integration, workforce, results, and operations. I used



Item 1 of Section 1.1B of the Baldrige Framework on Leadership to understand how senior leaders communicate with and engage the entire workforce, key partners, patients, and other key customers. I also focused on 1.1, C (2): How do senior leaders create a focus on action that will achieve the organization's mission? I also used Section 2.2, strategy implementation. The last section that I used for this study was Section 4 measurement, analysis, and knowledge management in item 4.1 in the Baldrige Excellence Framework (see NIST, 2021). I used this section to measure, analyze, and then improve organizational performance with the logical connections between the framework presented and the nature of my study includes senior leaders identifying strategies to improve communication, motivating team members, and to cultivate an environment that allows change.

### **Significance**

This study is significant in that it may be used to improve the behavioral health leader's strategies when working with employee resistance to change which has a direct impact on patient care and implementing new standards. For some employees, it is challenging to adapt to standards or procedural changes even if they have a positive impact on client outcomes. Such changes are inevitable and necessary in the behavioral health realm given the focus on client outcomes. This study will help leaders be able to transition resistant staff to changes that support improving client outcomes. However, having a quality workforce has presented challenges with maintaining and getting staff to adhere to policies and procedures.

The CEO identified the need for additional training so that staff can feel confident performing their job duties. Also, more structured programming will help with the challenges of getting patients involved with treatment. The CEO discussed the importance of hosting town halls as another way to communicate with employees but stated that this went away once new management and COVID-19 started.

The CEO discovered the need for more employees to conduct employee satisfaction surveys. Employee satisfaction surveys are done twice a year. The Staff made complaints about not being trained properly and wanting raises as a repeat low rating. Complaints about leadership, pay, and working extremely long hours are constant. The main concern of staff is the constant change in policies, procedures, and how it's communicated. To provide quality care and increase staff retention, it is imperative to create an environment where staff feel safe and heard. The CEO further discussed how additional funding would help with the training efforts and salary increases for staff.

XX Psychiatric Hospital is regulated 40% by the Center for Medicaid and Medicare Services and accredited by the Joint Commission. The hospital is 60% funded by the state legislature. The hospital has a division for performance improvement, risk management, compliance, and safety. The division ensures that new legislation, federal, state, and local policies are followed.

XX Psychiatric Hospital has executive leadership that provides financial oversight to the hospital. Each fiscal year starts in July. Budget planning takes place on all levels with the approval from executive leadership. Executive leadership for the entire state agency engages with state legislation regarding the budget.

## Summary

XX Psychiatric Hospital is a component to the agency that is responsible for the treatment of each citizen within the state. The agency may help play a role with assisting in identifying the reasons for employee resistance. The psychiatric hospital is the third largest psychiatric hospital system within the state. Issues within the system affect how staff respond to changes. Employee resistance is one area that is becoming prevalent in the workplace, especially when staff do not feel heard. Understanding staff's concerns regarding newly implemented procedures may decrease employee resistance.

In Section 2, I examine the background, approach to this research, the purpose of the study, and review the existing literature. I will address assessing leadership strategy and discuss client/population that is served. I will also discuss workforce and analytical strategies.

## Section 1b: Organizational Profile

### **Introduction**

The organizational problem presented in this research study is “What factors contribute to behavioral health employees resisting the use of tracked active treatment hours as a performance indicator? The purpose of this qualitative case study is to examine factors that contribute to behavioral health staff resisting change when implementing new performance measures in the Eastern part of the United States.

I explored the following question in my study: How can behavioral health leaders cultivate a work environment that encompasses change regarding performance of behavioral health employees?

The agency’s website included information on the organization’s strategic planning, how the organization is structured, and the organizational processes. Reviewing the agency’s website was important so that I could understand what the agency’s expectations are for their patients and the employees. The purpose of the research study was to examine factors that contribute to behavioral health staff resisting change when implementing new performance measures.

I used the organization’s profile and key factors to identify challenges with performance indicators and other challenges that the agency may need to address (see NIST, 2021). The agency is known for being the largest mental health provider in the state.

## **Organizational Profile and Key Factors**

The first psychiatric hospital in this state was founded in the 1820s and has several locations throughout the state. The original hospital was closed and is operating at another location with several mental health centers throughout the state. The system has shifted to a more acute care setting versus having patients for an extended period. The hospital is a 500 acute-care bed facility that focuses on treating patients and transitioning them back into the community. Many citizens use this hospital more than the other hospitals because it is centrally located in the state. According to reports and other documents, it was heavily recommended to discharge patients back into the community due to it being viewed as a violation of patient rights. A discharge initiative was formed because of this issue.

XX Psychiatric Hospital and mental health system was the third established and funded mental health system in the United States. XX Psychiatric Hospital is part of the Division of Inpatient Services which is an entity of the XX government agency. The hospital is accredited by The Joint Commission and has three distinctive divisions: adult services (civil), forensics, and children and adolescents. The divisions operate under one license. The CEO is responsible for all three divisions. XX Psychiatric Hospital's leadership reports to the governing body of the hospital. Everything that happens is reported to the governing body. The governing body holds the hospital accountable for quality patient care. The governing body consists of members in senior leadership. The body consists of the deputy director, the director of performance improvement, chief nursing officer, chief medical director, lead administrator, and the chief financial officer.

Below is the hospital's treatment offerings and services. The information below was provided by the CEO.

**Figure 1***XX Psychiatric Hospital Mission, Vision, Values, and Goals*

<p><b>Mission Statement</b></p> <p>The mission of the Department of Inpatient Services (DIS) is to provide inpatient and related specialty services to the recovery of persons with mental illness, and/or addictions; behavioral disorders, and to provide long-term nursing care.</p> <p><b>Vision</b></p> <p>Department of Inpatient Services will set the standard of excellence for public mental health care in the state providing a workplace that maximizes recruitment and retention of quality employees.</p> <p><b>Department of Inpatient Service Goals</b></p> <ol style="list-style-type: none"> <li>1. We will provide quality, individually focused care in a safe place and therapeutic environment.</li> <li>2. We will actively incorporate clients and families into the planning, designing, and delivery of services.</li> <li>3. We will design and implement processes that effectively manage humans, fiscal, and other resources.</li> </ol> <p><b>Values</b></p> <p><b>Customer –Focused Services:</b> We provide services which exceed the expectations of external and internal customers, and customers perceive they have received services which place their needs as a priority.</p> <p><b>Respect:</b> We demonstrate an attitude of care and regard for others by soliciting, acknowledging, and honoring their opinions and contributions. “Do unto others as you would have them do unto you.”</p> <p><b>Empowerment:</b> We encourage all employees and those we serve to exercise initiative and make decisions which maximize their potential.</p> <p><b>Teamwork:</b> We work cooperatively and acknowledge that collective wisdom and effort is superior to that of an individual.</p> <p><b>Integrity:</b> We are honest and kind in all we say and do.</p> <p><b>Safety:</b> We foster a blameless environment that encourages reporting of errors or unsafe conditions for the purpose of reducing or eliminating risks in care processes and the environment.</p> <p><b>Accountability:</b> We operate on the premise that we are responsible and obligated to provide effective and efficient services that support the recovery of those we serve.</p>
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**Organizational Background and Context**

The first psychiatric hospital in this state was founded in the 1820s and has several locations throughout the state. The original hospital was closed and is operating at

another location with several mental health centers throughout the state. XX Psychiatric Hospital has always played a role within the state for providing inpatient care. The system has shifted to a more acute care setting versus having patients for an extended period. Within the last 6 years according to reports and other documents, it was highly recommended to discharge patients back into the community due to it being viewed as a violation of patient rights. A discharge initiative was formed because of this issue. The hospital is a 500 acute care bed facility that focuses on treating patients and transmitting them back into the community. Many citizens use this hospital more than the other because it is centrally located in the state. However, many behavioral health providers are under the impression that patients can stay for months for treatment which is no longer the case.

### **Funding**

XX Psychiatric Hospital receives 40% of their funding from the center for Medicaid and Medicare Services and is accredited by the Joint Commission. XX Psychiatric Hospital can bill Medicaid and Medicare for the services rendered. The other 60% of funding is from state legislation. The hospital has a division for performance improvement, risk management, compliance and safety. According to the CEO, the division ensures that new legislation, federal, state, and local policies are followed.

While conducting this study key terms and phrases that I used include the following:

*Performance Measures:* a standard for assessing the performance and improvement of population health or of health plans, providers of services, and other clinicians in the delivery of health care services (Miller, 2015).



*Inpatient Mental Health Facilities:* inpatient care refers to admission into a facility dedicated solely for mental health care or a hospital (usually with a distinct mental health section) for the treatment of mental illness (Peterson, 2019).

*Performance Improvement:* using performance measures to improve healthcare.

*Staff Morale in Mental Health Setting:* good morale among staff on inpatient psychiatric wards is an important requirement for the maintenance of strong therapeutic alliances and positive patient experiences, and for the successful implementation of initiatives to improve care (Totman et al., 2011).

*Employee Resistance:* an individual's behavior in response to perceived or actual threat to maintain baseline status. It may be preceded by and amplified through mistrust, fear, and communication barriers, ultimately influencing the implementation, quality, and sustainability of the change (Dubose & Mayo, 2020).

XX Psychiatric Hospital has stakeholders from other state agencies, the court system, and different advocacy and support groups in the state. The hospital knowing who their affiliates were and how they play a role in the agency's services to the citizens helped with eliminating resistance from the staff.

The CEO explained how the citizens may be receiving services from more than one entity which creates a multidisciplinary approach. The CEO explained the importance of collaborating with outpatient services to provide continuity of care once the patient is discharged. Some staff do not see the importance of collaborating for the main goal of reducing recidivism.

The Performance Improvement Department consists of nurses that are responsible for maintaining and monitoring compliance with all regulatory and licensing bodies. The CEO oversees the day-to-day operations along with the clinical aspect of the hospital. According to the CEO, the state licensing boards, Medicaid and Medicare along with the Joint Commission, and a small percentage of private insurance are the required regulatory bodies that provide oversight to the hospital.

I conducted this study to understand the vision of XX Psychiatric Hospital. Due to funding being limited, using as many resources as possible has increased within the last 5 years. More services such as Transition Services have been used in the hospital to ensure that patients are able to continue treatment once discharged from the hospital. The agency's system is a unique system due to it being split up between outpatient services and inpatient services. The CEO stated that due to the way funding is allocated, it is almost as if the agency operates separately. However, the agency is discovering new ways to streamline this process. Even though the hospital has a performance improvement department, it operates for the whole Division of Inpatient Services and not just for XX Psychiatric Hospital. However, monthly performance improvement meetings are held to discuss the outcomes for each performance indicator which is helpful on a more macro level, but not so much specifically geared towards XX Psychiatric Hospital. The CEO stated that it would be a good idea to have a mini-performance improvement team that focuses solely on the hospital to help with outcomes.

## Summary

XX Psychiatric Hospital is the third largest psychiatric hospital system within the state. Issues within the system affect how staff responds to changes. Employee resistance is one area that is becoming prevalent in the workplace, especially when staff do not feel heard. Understanding staff's concerns regarding newly implemented procedures may decrease employee resistance, especially when Performance Improvement is reporting outcomes monthly. Further research regarding how staff can be supported in these efforts need to be explored. Section 2 includes an examination of the background and approach to this research. The purpose of the study and review of the existing literature are provided, along with the practice problem, and an evaluation of the organization using the Baldrige Excellence Framework.

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

### **Introduction**

The practice problem that I examined in this study was employee resistance to change that resulted from the implementation of active treatment hours in a behavioral health inpatient setting. The use of active treatment hours is an important factor to remain compliant with standards, policies, and accreditations. When employees are poorly introduced to changes that affect how they work, especially when they don't see the need for the changes, they may be resistant. They may also experience resistance when they haven't been involved in the decision-making process (Heathfield, 2021). Enhancing performance excellence along with leadership strategies was a key factor when looking at the hospital's history and how leaders carry out what is required (NIST, 2021). Mental health careers have challenges with retaining and recruiting staff (Adams, et al., 2021). However, when changes with performance indicators are added, it causes additional concerns that is not always seen from leadership. The resistance may be due to lack of supervisory support when changes are implemented (Adams, et al., 2021). By conducting this study, I was able to understand the contributing factors such as lack of communication from leadership to employees. Trying to understand the role that each employee plays and what is required is important in determining how to decrease resistance. Inpatient psychiatric care can be overwhelming for staff, especially trying to remember everything that should be covered every day on each shift. When new changes are required, it becomes challenging for staff to adjust and remember new processes and procedures. I examined the factors contributing to XX Psychiatric Hospital's employee's

resistance to new performance indicators. The conceptual model that I used to examine the hospital's workforce and leadership was the Baldrige Framework.

### **Supporting Literature**

To get a better understanding of the practice problem, I used Google Scholar and Walden University's Library Databases to conduct a literature review. The publishing dates of the information ranged from 2016 to 2021. I limited my searches to coincide with the practice problem (see Table 1).

**Table 1**

*Database and Terms Used for Research*

Database	Search Terms
Google Scholar	Inpatient services and quality improvement and behavioral health
EBSCO	Mental health treatment and satisfaction and staffing
Journal of Nursing Research	Behavioral Outcome
Google Scholar	Clinical performance and mental health
Taylor and Francis	Staff morale and performance

The results of the literature search included information on modalities about employee resistance, low morale, and the overwhelming stress of employees working in a psychiatric setting. I used these sources to gain a better understanding about resistance and burn out in the mental health setting.

There has been prior research on employee resistance and job satisfaction (Srivastava, et al., 2020). Resistance to change is an antecedent to the turnover intention which often represents employees' voluntary turnover in the future. Researchers have shown that there is a correlation between clinical leadership and quality indicators that include moderating roles of perceived organizational support in reducing the influence of

resistance to change on turnover intention, since retaining employees is of value to the organization. (Srivastava, et al., 2020). There is research regarding behavior of clinical leadership and how it affects job satisfaction and the quality of patient care (Boamah, 2019). Also, a researcher has analyzed a clinician's performance and different strategies that were applied and explained the impact it had on the clinician's performance and the indexes of provider performance (Beurs et al., 2018).

Other researchers have analyzed mental health treatment quality, access, and satisfaction (Boden et al., 2019). According to a study by Boden et al. (2019), the objective of mental health treatment quality, access, and satisfaction was to evaluate staffing while examining structural, organizational, and performance factors. A few researchers performed a cross-sectional regression analysis to conduct and examine the relative importance of outpatient mental health staffing and productivity and mental health patient wait times in predicting mental health treatment access and quality measures (Boden et al., 2019). The mental health staffing ratios had substantial, positive relationships with overall mental health treatment access and quality, broadly and in specific domains. Staffing ratios generally had more robust relationships with treatment access and quality than staff productivity and patient wait times. The study regarding mental health treatment quality, access, and satisfaction is critical because it provides another perspective on active treatment hours/productivity (Boden et al., 2019).

Research shows systematic reviews of behavioral outcomes for leadership interventions (Cleary et al., 2020). According to a study by Cleary et al. (2019), the leaders in the study researched and explored leadership skills that aimed to improve

performance. The leaders that were objective when performing observations were more likely to demonstrate improved leadership behavior than subjective observations.

Healthcare requires effective leadership to improve patients' outcomes, manage change, and achieve organizational goals. According to Cleary et al. (2019), the study evaluated interventions aimed at improving leadership behavior in health professionals. A systematic literature review was used as their method. During the literature review, thirty-three articles from 31 studies met the inclusion criteria. Objective observations were more likely to show improved leadership behavior than subjective observations. Face-to-face delivery of leadership development was more effective than online delivery. Interventions incorporating the elements of personal development planning, self-directed learning, workplace-based learning, and reflection were more likely to develop leadership behavior. The article is relevant to the research topic because it discusses how leadership skills among healthcare professionals aim to improve performance.

Researchers have also discussed how productivity standards have the potential of negative consequences for fee-for-service (Hatchett & Coasten, 2018). Researchers have also shown where semi structured interviews and the thematic approach to analyze findings was used to get patients' perspective on relationships and staff morale (Mistry, et al., 2015). According to Mistry et al. (2019), the article described how patients observing staff became concerned about their well-being and the impact of stress and adverse incidents. Emmerson et al. (2006), study was conducted on clinical improvement and outcomes to improve clinical and financial parameters.

Emmerson et al.'s (2006) objectives were to improve a range of clinical and financial parameters. Parameters were put in place on two clinical pathways which were psychosis and depression. A 6-month trial period took place was re-worked extensively and combined into an acute inpatient pathway. According to Emmerson et al. (2006), the pathways were trailed. The two clinical pathways were psychosis and depression and monitored clinical and financial parameters. Over 12 months, the acute inpatient clinical pathway failed to demonstrate improvement on a range of clinical and financial parameters. This article was relevant to my study because it demonstrated an example of how optimal sequencing and timing interventions were used to improve resources use, maximize the quality of care, and minimize delays.

Gilbody et al. (2006) conducted a study to examine the impact and cost-effectiveness of strategies to improve staff morale and reduce burnout amongst staff working in psychiatric units. Gilbodey et al. (2006), conducted a systematic review which consisted of robust evaluations of strategies designed to improve psychological wellbeing or the working experience of staff working in psychiatric units. The designs included were three randomized control trials, three controlled clinical trials, two controlled before and after studies, and an interrupted time series. A narrative overview of key design features, endpoints, and results was conducted. In the study, eight evaluations of strategies were to improve staff morale. Educational interventions designed to enhance the skill and competency of staff were the most evaluated and had a positive impact on at least one outcome of interest. Psycho-social interventions were positive and organizational interventions showed the potential to be effective. The article



was relevant to my study because employee resistance demonstrates an issue with morale.

There is limited research on mental health quality indicators. Perlman et al. (2013) stated that quality indicators are rarely used to evaluate mental health services because most jurisdictions lack clinical data systems to construct indicators in a meaningful way across mental health providers. Perlman et al. (2013) stated that quality indicators are rarely used to evaluate mental health services because most jurisdictions lack clinical data systems to construct indicators in a meaningful way across mental health providers. Perlman et al. (2013) examined the feasibility of developing mental health quality indicators using the Resident Assessment Instrument-Mental Health, a clinical system mandated for use in Ontario, Canada, and many other jurisdictions internationally. Retrospective analyses were performed on two datasets containing the Resident Assessment Instrument for Mental Health for seven facilities and 34,788 patients from 70 facilities. The subscales were found to have good reliability and strong convergent validity. Unadjusted rates of five Mental Health Quality Indicators based on the Depression Severity Index, Cognitive Performance Scale, and restraints showed substantial variation among facilities in both sets of data. This article was relevant to this study because of the performance indicators.

Pragholapati (2020) researched governance and how it is applied to gather all activities that promote, review, measure and monitor the quality of patient care into an integrated and coherent whole. The goal is to have the staff adhere to the concept of governance in psychiatric nursing. Pragholapati (2020) used a literature review searching

electronic database. The results showed conclusion governance is the primary vehicle used by hospitals to be responsible for protecting high standards of health care (including dealing with poor performance professionals), for continuing to improve the quality of their services, and for creating and maintaining an environment where clinical excellence can flourish. This article was relevant to this research because governance is based on quality, safety, and patient satisfaction which coincides with performance indicators.

Schenkel et al. (2020) examined barriers to behavioral interventions and why it creates a low frequency of staff-patient interactions. Schenkel et al. (2020) examined the effects of a mandatory behavioral staff-training program on staff-patient interactions on a long-term psychiatric inpatient program for individuals with SMI. Staff training consisted of two phases: didactic training followed by a written exam, and in vivo training and assessment. The lack of knowledge and negative attitudes toward behavioral interventions was tested. Schenkel et al. (2020) found reduced interaction with patients due to staff not using behavioral interventions. There is limited information on staff-training programs and on how staff responds to trainings regarding mental health patients.

### **Sources of Evidence**

I used several sources of evidence in this study. I conducted interviews with the CEO at XX Psychiatric Hospital to identify the reasoning for employee resistance and identify contributing factors to their resistance. I used secondary data from Performance Improvement for audit scores that indicated how the hospital is rated on each

performance indicator and how management support staff to meet the standards (see NIST, 2021).

I conducted an informal interview with the CEO of XX Psychiatric Hospital. The use of interview questions was the best approach because the open-ended questions can be used to identify contributing factors such as resistance, fear, or actual threat (DeBose, 2015). The approach was informal because I wanted to encourage an open dialogue with the behavioral health leader regarding specific reasoning about employee resistance. Secondary sources such as employee satisfaction surveys and patient satisfaction surveys were used to discover additional trends. I used data analysis and interview coding to understand reasons for employee resistance to active treatment hours. I used triangulation and coding from questionnaires to determine common themes and beliefs about the topic.

### **Leadership Strategy and Assessment**

#### **Assessment**

The CEO discussed that an all-inclusive effort is made for making decisions on the hospital's mission, values, and strategic planning. DIS leadership along with the hospital's leadership make the goals and strategic plan a big deal to the employees. Presentations and town halls are held to introduce the new goals and objectives. However, the goals and strategic plan went into effect a few years ago. Every decision that is made for the hospital and division is based on the vision goals and strategic framework that was created from leadership. The CEO stated that if leadership is meeting the first thing asked is how does this coincide with the vision and goals of the hospital.

The CEO stated that this keeps the strategic framework and goals in the forefront so that they can make the right decisions for the agency and hospital.

The CEO believes that trust and limited transparency is important to get buy in from employees. According to the CEO, holding employees accountable and using the Quint Studer model for leadership is what he believes is effective when managing a hospital. He stated that using his model for leadership has been successful in the past but cannot understand why there is so much resistance to change at this time. However, he does admit that the mental health population that staff are treating now is quite different and more severely ill compared to 10 years ago.

### **Leadership and Strategic Planning**

According to Phelps et al. (2016), strategic planning in population health and public health practice uses single indicators of success or, when using multiple indicators, provides no mechanism for coherently combining the assessments. However, a mechanism is needed especially for an inpatient setting. Having a more multicriteria systems analysis provides more flexibility, transparency, and clarity in decision support for public health issues compared with cost-effectiveness analysis and a more sophisticated systems-level analyses will become increasingly important to public health as disease burdens increase and the resources to deal with them become scarcer (Phelps et al., 2016). Goals and objectives are on the strategic plan and are tracked through data for the different performance indicators that are monitored through Performance Improvement. A chart was created with three colored bullets (red, green, and yellow) to show them if the hospital is meeting each goal. This information is provided quarterly. If

the goal isn't being met, a corrective action must be completed describing how the goal will be met moving forward. The CEO meets weekly with hospital leadership to ensure that goals are being met and policies and procedures are being followed. He likes to get a consensus from all of leadership so that they communicate to their respected departments what is expected. He stated that he relies heavily on and entrusts in his leadership that the goals and objectives will be communicated effectively.

XX Psychiatric Hospital's leadership created a strategic model that consists of the vision, goals, and consist of pillars that identify key areas within the hospital system and the value they contribute. The hospital uses these pillars or key areas in highlighting the vision for XX Psychiatric hospital. The pillars or key areas within the hospital are based on the hospital's strategic planning framework to help leadership implement the goals and objectives for the coming year. A Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis is conducted yearly to determine if goals are met and aligns with the mission.

### **Clients/Population Served**

XX Psychiatric Hospital serves the citizens of the state. The hospital serves most citizens that have no funding or insurance. The hospital has their divisions that includes a civil campus, children and adolescents, and forensics. The children and adolescent campus treat ages two to eighteen years old. Referrals are received from the entire state and one of the sixteen mental health centers follows up with the patient once discharged. The largest population served are patients that have severe persistent mental illnesses.

Most have co-occurring disorders, but the hospital's programming is set up to help address additional disorders.

The hospital usually receives referrals from the different counties ranging from the mid to the lower regions in the state. They receive referrals from other agencies, hospitals, and the local mental health centers. Most of the referrals are from judicial orders or emergency admissions from local hospitals.

When patients are referred to XX Psychiatric Hospital, it is mainly because the patient has no type of funding. When the patient is admitted, the social worker begins working on getting the patient approved for some kind of benefits and assist them with applying for disability, if eligible. Some of the patients have nowhere to go when discharged so housing becomes an issue. However, there are several resources within the community the social workers contact to help find placement for the patient. The hospital does a great job with preparing the patient for discharge and assisting with strengthening their daily living skills so that they can be successful within the community.

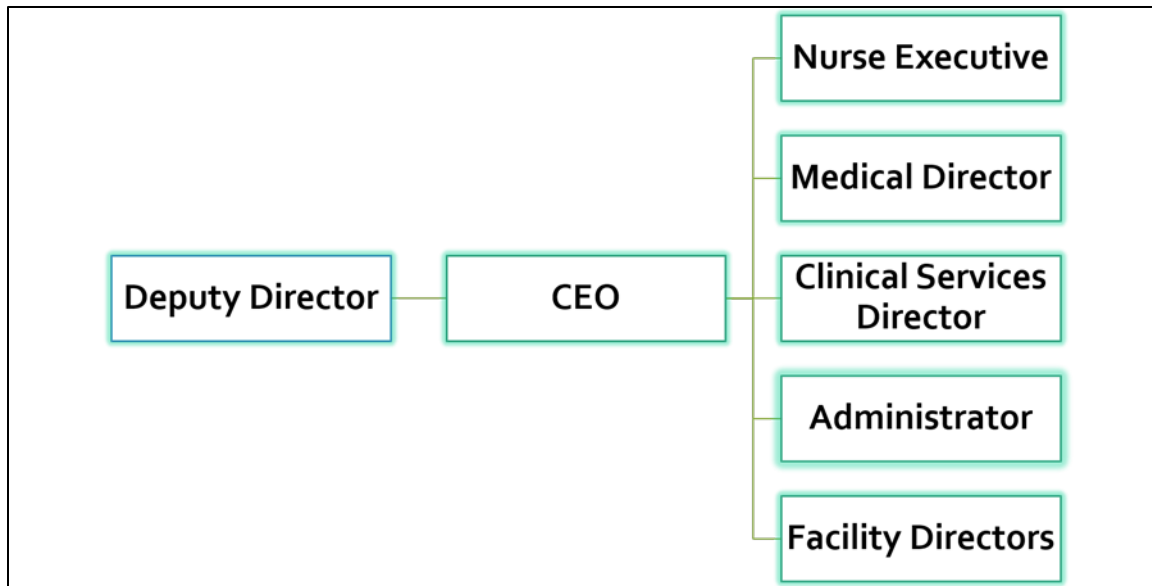
XX Psychiatric Hospital is operated by XX Government Agency with over 500 employees. The agency has a fiscal responsibility, but to also meets the needs of the citizens within the state. The organization is comprised of experts in the field of public health. The experts' goal is to establish best practices and standardize processes, to operate with agility and effectiveness to ultimately create value to the agency and to their stakeholders. Their vision is to set the standard of excellence for public mental health care in the state with a focus on a quality workforce. However, having a quality

workforce has presented challenges with maintaining and getting staff to adhere to policies and procedures.

### **Surveys**

Employee satisfaction surveys are done twice a year. Complaints about not being trained properly and wanting raises is a repeat low rating. Complaints about leadership, pay and working extremely long hours are also constant. Another main concern of staff is the constant change in policies, procedures and how it's communicated. The CEO stated that to provide quality care and increase staff retention, it is imperative to create an environment where staff feel safe and heard.

XX Psychiatric Hospital has over 300 full-time staff comprising mostly nursing staff. However, social workers, psychiatrists, counselors, nurse practitioners, activity therapists, and psychologists complete the treatment team for patients. The structure of the hospital's organization is completed through the Division of Inpatient Services (DIS). The CEO of XX Psychiatric Hospital reports up to DIS leadership (see Figure 2).

**Figure 2***XX Psychiatric Hospital Organization Chart*

The CEO stated that the positions in the organizational structure duties are as follows:

- The Deputy Director directs and manages high level units, programs, or systems which have significant impact upon the agency or the state.
- The CEO explained that he provides oversight over the hospital and day-to-day operations for all three campuses of the hospital. The CEO directs complex statewide program operations. He also provides administrative, programmatic strategic planning, and fiscal oversight.
- The Nurse Executive is responsible for the effectiveness of nursing care and assists with developing policy and procedures regarding nursing care.
- The Medical Director is responsible for the team of doctors that provide psychopharmacologic care to patients.



- The Clinical Services Director provides oversight to all other multidisciplinary areas except for nursing and medical doctors. Responsible for treatment programming for patients.
- The administrator is responsible for the overall budget of the hospital.
- Facility Directors are responsible for the overall day-to-day operations at each hospital location.

### **Analytical Strategy**

Qualitative analysis is warranted for this study. My role was as a doctoral research scholar-consultant. The objective was to understand the agency's mission, vision, organization structure, and contributing factors to employee resistance to new performance indicators. When conducting a qualitative study, the researcher is the main point of contact for the process.

Walden University Institutional Review Board approved this study (approval #09-28-21-0994167). The research study is a representation of what leaders' face when implementing changes that are required. Approval was granted before interviews were conducted, and written informed consent was obtained from all participants prior to conducting interviews (see Appendix A for interview questions).

Data analysis was used for thematic coding and theme identification. The information gathered from the government websites were coded manually. Other information about the hospital was gathered from interviews with the CEO. Theoretical concepts were obtained from the literature that was reviewed. The participants were identified based on their role in leadership. An email was sent to the CEO after the

consent form was signed and returned from Walden University's student email account. Appointments were scheduled for interviews based on the participant's availability. Interview questions were developed to coincide with the practice problem. Interview questions and responses were transcribed using Optimal Workshop Ltd (2022) for Qualitative research.

The sampling was used to understand what leadership thought the contributing factors to resistance of new performance indicators were. The researcher chose the participants based on their leadership role. Since there was no specific sample size, data saturation occurred after no new information was provided.

To avoid conflicts of interest, ethical research standards of Walden University and the American Psychological Association were followed. Once consent was granted by the participant, the researcher was able to have discussions with the participant that would coincide with the study.

### **Summary**

There is evidence explaining the reasoning for employee resistance to performance indicators. Evidence shows that how information is communicated is a contributing factor to resistance to performance indicators. It is important to determine a solution to the identified contributing factors for the hospital to be successful. If not, the hospital will not meet federal and state standards to continue operating.

In section 3, I discuss the hospital's data analysis and process-improvement method. Detailed information is provided about patient and employee satisfaction. There

is an explanation on how resistance has impacted patient care. Last, there is information on how the hospital manages data processes and knowledge assets.

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

### **Introduction**

XX Psychiatric Hospital provides inpatient services to the citizens within a Southeastern state. I identified contributing factors to employee resistance regarding performance indicators. The hospital has over 300 employees that provide treatment and services to patients who are persistently mentally ill. I examined leadership and employee satisfaction to understand why so many employees resist changing to new performance standards. The evidence that I collected consisted of strategic planning, policies, employee performance tools, employee satisfaction and additional information that explained changes in processes. The evidence that I collected was determined based on the Baldrige Excellence framework (NIST, 2021).

Performance measures/indicators are receiving more attention now than ever before (Miller, 2015). Because of this, staff feel overwhelmed and resist changes and new mandates. Therefore, it is important for leadership to understand why and develop a plan to transition staff to adapt to the changes.

I collected data through interviewing one participant and reviewed the agency's website and information provided by the performance improvement department. The information provided played a vital role in being able to address the practice problem so that the agency can improve employee morale and quality care.

### **Analysis of the Organization**

XX Psychiatric Hospital strives to provide the best behavioral health care possible to all citizens within the Southeastern state. The regulatory bodies and executive leadership set standards for the senior leadership to follow to maintain funding through federal and state government. Innovative strategies must be implemented to retain and sustain staff for systemic changes (Foster et al., 2013). I used the Baldrige excellence framework to analyze the data. I explored the hospital's workforce and employee evaluation system to understand the impact of leadership.

XX Psychiatric Hospital positions are posted on the main government website. Additional initiatives were implemented starting one year ago to increase recruitment efforts. The initiatives improved hiring staff to help existing staff. The hospital has more nurses, medical staff, and mental health technicians. Sign-on bonuses and an employee referral program are an example of what the hospital put in place. Employees that are hired receive benefits and are eligible for tuition reimbursement. The employees accrue annual leave and sick leave monthly and are awarded 13 paid holidays off. Other perks such as working flexible schedules and remote working are offered to certain departments. This offer is contingent upon being considered an essential employee. If the employee is not essential, then flexible schedules and remote work may be offered. The agency has created more initiatives to invest in their employees. The hospital has several internship programs and resident rotation for doctors. The hospital collaborates with several colleges and universities in the area for all disciplines within the hospital. The CEO stated that internship programs

are a great tool for recruitment. Employees are recruited by the government agency website and other job websites such as Indeed. Due to not having enough nurses, leadership at the agency's central office, created bonuses and referral programs. The programs made a tremendous improvement in nurse recruitment. The state Human Resources Department is assessing the request for salaries to be adjusted for the hospital to remain competitive for hiring nurses.

The CEO discussed the great work that staff perform with the clients. He stated that the nursing staff spends the most time with the clients because they work in the lodges 24 hours a day. Ultimately, the nurses are responsible for what happens each day with the patients. Nurse managers are responsible for six lodges which hold up to 30 to 34 patients per lodge. However, the interdisciplinary teams and treatment teams are responsible for the therapy and treatment of the patients. The CEO stated that having the different areas working together at times can be challenging when it is perceived that the nurses are ultimately responsible for the care of the patients.

### **Evaluation Performance Management System (EPMS)**

The hospital uses the state mandated EPMS system to evaluate employees. The EPMS here is a three-step rating on the overall performance. This performance system has been used by the state since the early 1990s. The evaluation outlines the employees' essential duties and regular duties. Each new performance indicator is listed or amended on the EPMS. However, there is no formal process with how the job duties are being met. Regular supervision sessions are scheduled with the employee, but there is no formal tracking system to objectively examine performance. Holding employees

accountable for what is required can become complicated if the duties are not created to be objective.

The CEO explained that he would like to see employees grow and develop within the hospital and agency. He stated that he meets with XX leadership weekly as a group and biweekly individually. The managers' concerns, strengths, weaknesses, and what to improve on is discussed. He talked about having discussions with leadership to determine how he can be more supportive to them to help make their job easier.

### **Knowledge Management**

The hospital has a performance improvement department through the Department of Inpatient Services. This department measures and analyzes information provided to them through several business object systems and through electronic health care records. The hospital uses an enterprise information system to keep up with assets. Another department, called Healthcare Information Systems and the Office of Network Information Technology manages the infrastructure.

### **Performance Improvement**

This division focuses on the regulatory bodies and what is required from each entity. According to the article "Performance Improvement: Steps, Stages, and Tools" (n.d.), performance improvement (PI) is a method for analyzing performance problems and setting up systems to ensure good performance. However, this division gathers all information for the hospital as it relates to adverse incident reports, chart compliance, employee and client satisfaction surveys, and all information gathered from the quality review boards.

## **Risk Management**

Risk management falls under the quality improvement department, and the performance improvement department as well. The safety compliance manager and team ensure that the hospital adheres to safety rules sent down by regulatory bodies and legislators (Mishra, 2022). The hospital must comply to reduce ligature risks and to follow all policies regarding safety.

## **Health Information Systems**

The CEO explained that the hospital has a clinical informatics department. This department oversees the electronic medical record system that the hospital uses. XX Psychiatric Hospital also has an information technology department that oversees the virtual private network (VPN) services that the employees use. Both systems are highly confidential and protected along with being Health Insurance Portability and Accountability Act (HIPAA) compliant. The agency provides their own security to ensure sensitive and privileged information is secure.

## **Summary and Transition**

XX Psychiatric Hospital has improved with increasing data tracking and more use of technology, but still lacks a strong morale and workforce when it comes to employees. Employees are provided with the basic and overall knowledge of what is expected to complete the job. However, ongoing training and cultivating an environment of ongoing training and learning still needs strengthening. The quality of staff that are hired is remarkable, however, reassurance and support is lacking.



Even though there are issues within the system, the structure is solid as it relates to operations. However, the performance system could use some revamping. More initiatives can be used to improve other areas within the hospital. In Section 4, I will focus on analysis, results, and implications.

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

### **Introduction**

In this study, I examined the factors related to employee resistance due to the implementation of active treatment hours. The study included the CEO as the participant. By exploring employee resistance to implementation of active treatment hours, I created information that could be used to structure a plan eliminating resistance from the employees.

The CEO stated that the mental health system has provided services to citizens for over 200 years. The agency just celebrated 200 years of service. The hospital has a great reputation and people feel that the agency cares for and supports citizens with mental illnesses. In 2021, the hospital was still admitting and serving patients despite the pandemic. There were some requirements made by the regulatory bodies; however, it did not stop the hospital from admitting and treating patients. Even though there were staffing shortages, leaders recognized this and came together to put programs together to increase recruitment efforts, which was successful.

I evaluated the hospital's workforce, training, and performance system. The hospital in this study has success with hiring staff and providing great care to the patients. However, when new performance requirements were communicated to employees, resistant and disgruntled employees began to speak out. The employees speaking out assisted with identifying themes that could be evaluated and used to resolve the resistance.

When conducting the research, I explored topics such as performance indicators, inpatient mental settings, performance improvement and staff morale. I conducted a literature review to understand the topic. I interviewed the CEO and reviewed the agency's website and employee satisfaction surveys for in-depth understanding.

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

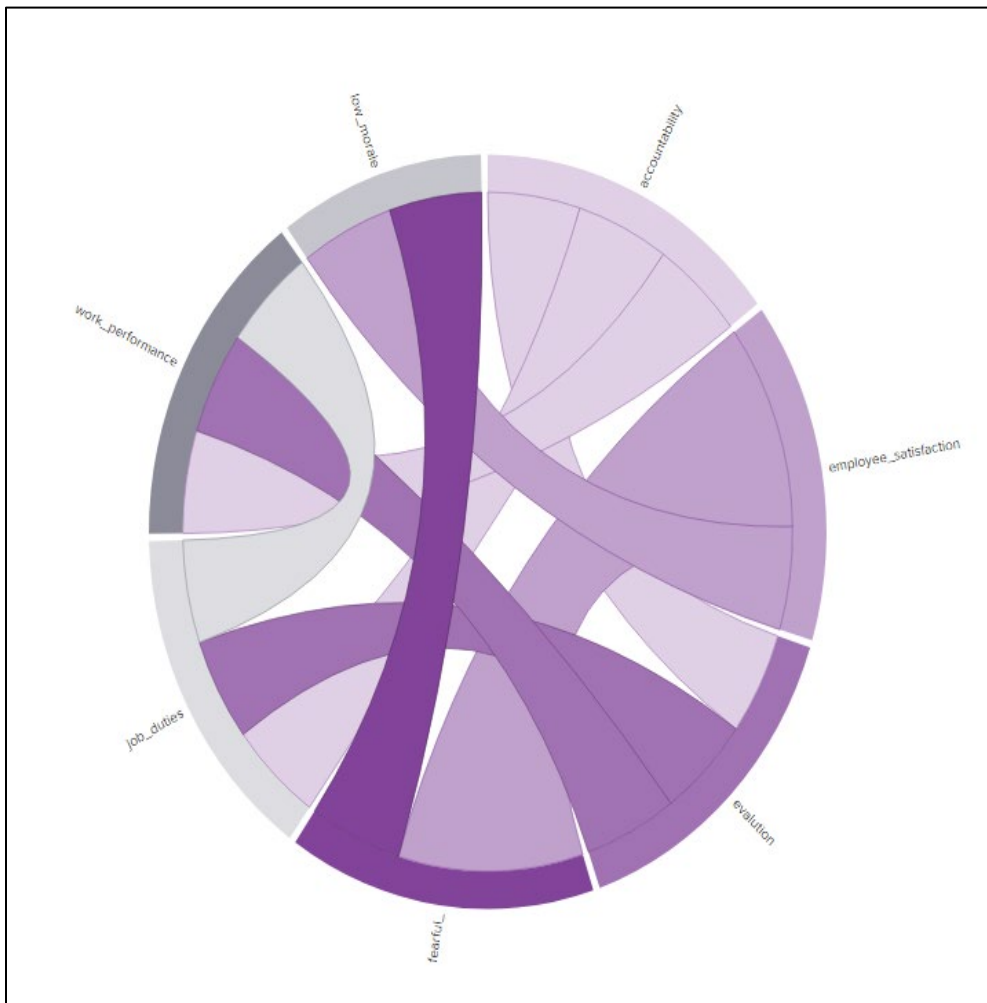
The interview results were uploaded to the Optimal workshop software. I had to manually enter the answers to the interview questions in Optimal Workshop. I used Reframer to set up the interview data. Reframer is a tool that researchers use to enter and process all information from qualitative research. Reframer can be used to conduct interviews, capture observations, and visualize data (Optimal Workshop Ltd., 2022). I used the software as a guide to plan and organize qualitative research. I also used the software to gather metadata, including the research question, segments, and tags to be used as I interviewed.

Once the interview was over and all information was entered, the preparation for analysis began by tagging and reviewing all interview questions. The most frequent words used by the CEO were *morale*, *employee satisfaction*, *employee*, *fear*, and *accountability*. A tag count was created based on interview answers. In Figure 2, the words are displayed in a circle, but connected like a chord. The words resulted in intertwining within each other even though there were some words identified more frequently than others. Frequent terms such as *job duties*, *fearful*, *evaluation*, *employee satisfaction*, *accountability*, *low morale*, and *work performance* represent a piece of the chord. The lighter the chord the more frequently that word was used by the CEO. The

darker the chord, the less frequently the word was used by the CEO.

**Figure 3**

*Chord Diagram*



**Theme 1: Fearful**

The word *fearful* appeared more times than any other word creating a new theme. The CEO stated that this job is not easy and is not for everyone, but it is concerning that staff are fearful. This came from interview questions directed to the CEO regarding whether leadership provides a safe work environment for staff. The CEO stated that there

was concern that some aspects of their job staff feared. The CEO stated that he hopes staff does feel that leadership cultivates a safe environment for them to perform their job.

### **Theme 2: Accountability**

The CEO stated that accountability needs to be increased for leadership as well as employees. Everyone holding each other equally accountable will be beneficial to the hospital and the agency. If this happens patient care will improve. Accountability was the second theme I identified in the study. When asking the CEO questions accountability was the first theme that appeared. Other words connected to accountability included *evaluation, job duties, and work performance*.

### **Theme 3: Employee Satisfaction**

Employee satisfaction was another indicator which was apparent by employee resistance displaying resistance to change. The CEO stated even with new active treatment hours being implemented there were other issues such as new management coming in that staff was adjusting to as well. Employee satisfaction is important because if staff are pleased with their work environment, they will provide great patient care. Including staff's input on how to help the hospital may help with employee satisfaction. The work environment can have a positive impact on job satisfaction of employees (Raziq, et.al, 2015).

### **Theme 4: Job Duties**

The CEO discussed how job duties and performance are used through the Evaluation and Performance Management System. When asking the CEO about how employees are being held accountable, he replied that it is through this system that

supervisors and managers are to use. This theme is intertwined with work performance, accountability, and evaluation. Ensuring that staff have a good understanding of their job duties is important. The CEO stated that regular supervision is provided to ensure that job duties are discussed.

### **Additional Reviews**

According to Baldrige Framework, beginning with the organization profile is the most appropriate starting point to assist with determining contributing factors to resistance (NIST,2021). XX Psychiatric Hospital was analyzed through reviewing the agency's website and interviewing the CEO. The hospital is managed through a state agency and has a deputy director for all inpatient services. Active treatment hours are tracked manually by supervisors and are determined by documentation entered into the electronic health record. The success of the hospital is ultimately tracked by the number of admissions and discharges they produce. However, it is believed that to have a successful discharge, time must be spent with the patients preparing them for discharge.

### **Employee Satisfaction Surveys**

Just like patients are surveyed regarding services provided at the hospital, employees are surveyed as well. With new mandates from regulatory bodies, it is challenging to find a balance with preparing staff for changes and having a process to follow when new standards are required. Even though employees are resisting new implemented treatment hours, the transition and preparation for this change was little to none. Category 5 of the Baldrige Framework advises asking the organization how they prepare the workforce for changes (NIST, 2021). However, it was not clear how this

happens. The CEO stated that even though employee satisfaction surveys were completed within the hospital, the results were not shared with all stakeholders internally and externally, but the statewide employee satisfaction survey was shared with everyone in the agency. The results of the hospital survey were not shared with the employees. There is no process to communicate the results of an employee satisfaction survey even though leadership encourages staff to participate.

### **Workforce Results**

Recruiting efforts for the organization are going well and the foundation of the hospital is solid; this shows that this organization can sustain providing care to patients. Some of the recruitment efforts included getting the assistance of state legislation to assist with providing additional funding to increase minimum and maximum salaries for nurses and other medical staff. The agency included sign on bonuses for new staff which helped tremendously. Interviewing the CEO allowed for an understanding of how the system works and how the hospital has continued to thrive. XX Psychiatric Hospital has done a great job collaborating with stakeholders and ensuring that the citizens are able to get the care that they need.

Even though recruitment efforts are going well, the retention rate is not where it should be, which is also a contributing factor to resistance. The CEO discussed that employees not adhering to new policies and procedures can impact patient care as well as billing. Having employees adhere to active treatment hours is important because change is inevitable.

## **Leadership and Governance**

The hospital has a complete leadership team that completes every division of the hospital. The leadership team consists of the CEO, nurse executive, medical director, clinical services director, administrator, and facility directors. Each member is productive and competent in their role. Because the hospital has so many moving pieces, the leadership team communicates well, but struggles with execution of carrying out a process or plan. The hospital leadership is the supporters and motivators to employees so that they can provide quality care to the patients. The CEO stated that with new leadership, this affords the opportunity to hit the reset button for the hospital and the agency. By leadership not having enough transparency and an open line of communication with employees grant the opportunity for resistance, low morale, and turnover.

## **Marketplace Results**

Even though budget reports were not provided, the CEO stated that the financial standing of the hospital was stable. He stated that a forecast must be provided on a continuum basis which helps with knowing whether the hospital is meeting their budgetary goals. When reviewing the agency's website, there were no major challenges as it relates to the community and the organization. The website highlights all the great initiatives the agency is performing. However, the CEO did discuss that the morale of the hospital was better than it has been recently. He stated that there is a high turnover rate for the hospital but wasn't sure just how high.



### **Social Impact**

The performance indicators that's implemented can assist the organization with measuring performance. However, leadership cultivating relationships with employees creates a social impact as well as trust and loyalty (Totman et al., 2011). The social impact may improve the behavioral health leader's strategies when working with employee resistance to change which has a direct impact on patients and implementing new standards. For some employees, it is challenging to adapt to standards or procedural changes even if they have a positive impact on client outcomes. Such changes are inevitable and necessary in the behavioral health realm given the focus on client outcomes. Leaders may use the findings of this study to transition staff through changes that support improved client outcomes.

### **Strengths and Limitations of the Study**

I developed an understanding of the hospital to improve when communicating with staff. There is resistance from staff which affects the work environment. Leadership needs a method and an approach so staff can feel confident when performing their job. Once a process is in place to support staff with new requirements, the same process can continue for any other changes that occur.

#### **Strengths**

This study includes in-depth information about an individualized issue. Qualitative research is used to investigate quality of relationships, activities, situations, and materials (Elcomblus, 2020). I verified all information from the participant and used a person-centered approach to have positive dialogue with the participant. By repeating

and phrasing the participant's answers to the interview questions I improved validity. I used Optimal software to eliminate any biased views or opinions.

Using the Baldrige Framework as a guide was another strength of the research. I used this framework to examine all key areas and improve results for the hospital.

### **Limitations**

The nature of the study presented several limitations. The sample size was small, which could have affected certain aspects of the research. Interviewing only one leader does not provide a good depiction of how other leaders define the capabilities of the hospital collectively. To maximize accuracy of information, I used data triangulation to gather information.

I investigated contributing factors to understanding employee resistance, but the method used to examine the contributing factors did not correlate with the outcomes. Another limitation was not being able to talk with additional leadership throughout the process. Due to COVID restrictions, communication and meetings were limited.

## Section 5: Recommendations and Conclusions

### **Introduction**

Even though the outcomes did not correlate with the contributing factors, there were themes that came from the data I collected that I could use to make recommendations. The evaluation phase of the study was limited and would have benefited more if there were more participants in leadership participating, but due to COVID-19 this was not feasible. There are several ways to approach employee resistance in the workplace, but the underlining themes that derived from the study did not specifically explain the reasoning for contributing factors.

### **Recommended Solutions**

Employee resistance in any way can lead to poor patient care (June et. al, 2021). When implementing performance indicators communicating, fostering a team culture, identifying champions, providing feedback and positive reinforcement are helpful ways to implement change (Gesme et. al, 2010). Change management methodologies should be used as a guiding principle when implementing new standards (Harrison et. al, 2021). One methodology that can be applied is John Kotter's 8 Steps of Change. Creating an urgency for change may help with the initial motivation for getting things moving. Next, form a powerful coalition that will convince others of the change. Thirdly, create a vision for change, communicate for buy-in, empower action, create short term wins, don't let up, keep the momentum, and make the change stick (Aktas, 2023).

Another solution would be to add a new standard to the evaluation process of the employee. Informing the employee and describing, in writing, can assist with the

employee adjusting to change and understanding what is required of them. Getting feedback from employees about how to implement changes can help calm employees' fear about what is being required. I recommend that leadership use existing performance evaluations and measures but implement a methodology for change.

### **Recommended Implementation**

In the behavioral healthcare field, change is constant. It is recommended that Kotter's 8 steps for change be followed to implement the next new standard. The phases should consist of Kotter's 8 steps below (see Atkas, 2023).

#### **Figure 4**

##### *Implementation of Kotter's 8 Steps to Change Management Model*

<u>Step</u>	<u>Description</u>	<u>Timeline</u>
Step 1	Leadership to create urgency	Month-1
Step 2	Create a team	Month-2
Step 3	Develop vision and strategies	Month-2-3
Step 4	Communicate the change	Month-4
Step 5	Remove Obstacles	Month-5
Step 6	Set Short Term-Goals	Month-1-5
Step 7	Keep the Momentum	Month-6
Step 8	Make the change stick	Ongoing

Step 1 begins with creating urgency. Creating urgency will allow leadership to examine opportunities, initiate honest dialogues and discussions, and to get stakeholders involved. Step 2 consists of building a team of effective change leaders that would work as a team to promote the change that needs to happen. Sometimes the message is received better coming from co-workers. All of this should be completed within the first 2 months of this initiative.

Step 3 involves developing visions and strategies. Written strategies and visions will serve as a guide along with policies for implementing anything new to the hospital. Step 4: communicate the change by connecting it to the vision, performance reviews, and trainings. Communicating the new indicators will be consistent, but also reach employees faster. All of this should be completed by Month 2 or 3. Step 5 consists of removing obstacles. Checking for barriers and employees resisting change is a way to start when examining obstacles. Rewarding employees for endorsing change is a great way to say thanks.

Step 6 is about goal setting. Creating short-term targets has lesser possibilities of failure. Also, creating short term wins can lead to everyone winning. Rewarding high achievers for achieving active treatment hours standard will enable motivation and dedication. Setting goals can be done within Months 2 through 5. Step 7 consists of keeping the momentum going. Achieving continuous improvement by getting feedback from staff and improving processes on the feedback that is received. Being consistent with the process and accomplishing goals should happen by Month 6. The last step is making the change stick. Leadership extending support towards the change will help with implementing any new standards or rules for the organization and having this done continuously.

### **Summary**

I conducted this study to understand how performance indicators can lead to employee resistance in behavioral health employees. The information that I gathered provided a correlation between employee resistance, low morale, and overwhelming

stress of employees working in a psychiatric setting. Job satisfaction was another modality theme that came up in the literature which has previous research. However, more research should be done on specific job duties to gather more information on resistance to new requirements. Even though research shows a correlation between clinical leadership and quality indicators, it does not specify indicators being active treatment hours (Srivastava et al., 2020). Specific job duties should include the number of hours spent interacting with patients or what specific activities and treatment modalities are used to interact with patients since previous studies have analyzed mental health treatment quality, access, and satisfaction (Boden et al., 2019). Leadership interventions are reviewed systematically for behavioral outcomes, but not specifically for active treatment hours (Bleary et al., 2020).

My goal for the study was to identify contributing factors to the employee resistance to new performance indicators. Even though active treatment hours or productivity standards have the potential of negative consequences, the contributing factors of the negative consequences wasn't clear (Hatchett & Coasten, 2018). I conducted an interview with the CEO to gather information about the work environment and why change is so hard for some employees. This research will be discussed with the CEO regarding the findings of this research. The CEO will discuss this information with other members of leadership.

Researching information about the agency and identifying the reasoning for such resistance led to recommendations on how to implement changes so that employees will be able to adjust to new standards. The recommendations can provide positive social

impact because it will create a harmonious work environment where staff will feel confident and happy providing patient care. Patient care will improve, and the performance indicators will be followed and exceed expectations.

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### Appendix A: Interview Questions

The interview questions are below:

1. How do you hold your employees accountable for their job performance?
2. What procedures are in place to boost morale?
3. How do you communicate changes within the organization?
4. In what ways are employees allowed to express concerns and ask questions?
5. Does management provide a safe environment for employees?
6. Do staff feel that leadership provides a safe environment within the workplace?