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Non-profit Mental Health Organization: Overcoming Employee Turnover with Retention Strategies

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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,
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Walden University
2025

Abstract

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MA, California State University Sacramento, 2017

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Professional Administrative Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Public Administration

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Abstract

This professional administrative study explored the root causes of employee turnover at a nonprofit mental health organization, where turnover had reduced treatment consistency, increased emotional distress among clients, and decreased staff morale. The purpose of this study was designed to develop effective strategies to enhance retention, improve employee engagement, and support high-quality patient care through an application of the social exchange theory. The study addressed four practice-focused questions: (a) What are the underlying causes of turnover at this organization? (b) How can effective strategies be developed and implemented to reduce turnover? (c) How can the organization enhance employee engagement to promote job satisfaction and improve the quality of care? (d) What operational measures can support high-quality, consistent patient care despite staffing challenges? A qualitative case study design was used to analyze structured exit interviews completed by 10 former employees. The data included both Likert-scale survey responses and one open-ended question. An inductive thematic analysis was conducted using MAXQDA software. Five primary themes emerged: burnout and emotional strain, lack of supervisory support, limited career growth, compensation concerns, and work-life balance challenges. Recommendations included strengthening leadership, offering recognition, and providing flexible scheduling.
A retention improvement brief was developed and presented to the organization. The findings contribute to public administration by offering actionable strategies to promote workforce sustainability and advance social change through improved mental health care access and continuity.

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Dedication

To all those working in the mental health field who strive each day to make a positive impact on their communities, this work is dedicated to you. Your strength, courage, and unwavering commitment to serving others even in the face of emotional, physical, and personal challenges is truly inspiring. It takes compassionate individuals to care for those in need, and your work makes a meaningful difference in your communities every day.

To my husband and son, thank you for being my foundation throughout this journey. Your constant encouragement, belief in me, and unconditional support have carried me through every challenge. My son, your presence reminded me daily of why this work matters and gave me the motivation to keep going. I am truly grateful for both of you.

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Section 1: Introduction

Introduction

This administrative study addressed the problem of high employee turnover at DCC, a nonprofit mental health organization in California that serves children and families. High turnover was found to negatively impact employee well-being, patient care, and overall organizational effectiveness. The study aimed to identify the root causes of turnover, examine its effects on key stakeholders, and propose actionable strategies for mitigation. A qualitative case study design was employed, utilizing structured exit interviews to gather and analyze data. The guiding research questions focused on understanding the underlying factors contributing to turnover and identifying solutions to improve retention. The findings are intended to inform organizational management practices and enhance the delivery of mental health services. Potential positive social change implications include improved access to care, stronger employee engagement, and the adoption of sustainable retention strategies.

Organization Background and Problem Statement

DCC is a nonprofit mental health organization based in California that serves individuals aged 0–21 and their families, primarily from lower socioeconomic backgrounds. The organization employs approximately 26 staff members, including a program director, program manager, clinical supervisors, therapists, case managers, and administrative personnel. DCC operates under the funding of its affiliated hospital system, with a total annual budget of $1.8 million. This budget supports salaries for all staff including one program director, one program manager, three clinical supervisors, 15

therapists, three case managers, and three administrative staff, as well as covering costs for rent, utilities, office supplies, building maintenance, consultations, employee training, data management, educational materials, and staff incentives. DCC is committed to providing accessible mental health care, serving clients covered by Medi-Cal and other low-income individuals and families in need.

The situation at DCC required targeted improvements to increase employee retention, ensure organizational effectiveness, and provide consistent, high-quality care through a well-supported mental health workforce. Addressing the high turnover rate and its related challenges was essential for maintaining continuity in treatment and meeting the needs of clients. Therapist turnover is linked to increased patient non-attendance and poorer outcomes, such as elevated psychiatric symptoms and reduced social functioning (Babbar et al., 2018; Johnson-Kwochka et al., 2020). When a therapist leaves a clinic, the likelihood of missed appointments rises significantly, disrupting care and weakening therapeutic alliances. A strong therapeutic relationship is associated with lower dropout rates and better engagement (Keller et al., 2010). From an organizational standpoint, turnover contributes to negative outcomes for remaining staff, such as heavier caseloads, burnout, and a decline in care quality (Tsai et al., 2019). It can also lead to compromised patient safety and strained provider-client interactions (Brandt et al., 2016; Tsai et al., 2019). As Morse et al. (2011) noted, burnout may foster cynicism and emotional detachment, reduce empathy and diminish clinicians' motivation to deliver high-quality care.

Improving clinician retention is essential for enhancing patient engagement and outcomes in mental health care (Babber et al., 2018). Achieving this goal requires addressing the root causes of clinician turnover, including burnout, job dissatisfaction, and organizational stressors (Babber et al., 2018; Dishop et al., 2019). Providers with negative work attitudes are more likely to leave their roles, which disrupts care continuity and affects service quality (Dishop et al., 2019). Effective retention strategies include offering flexible scheduling, opportunities for career advancement, and consistent, supportive supervision (Babber et al., 2018). Competitive salaries and initiatives that support employee well-being are also critical (Young, 2021). Additional incentives, such as tuition reimbursement, performance-based recognition, promotions, and creative scheduling have been shown to reduce turnover (Pettingell et al., 2022). Organizational improvements such as increasing social support, promoting autonomy, involving staff in decision-making, clarifying roles, ensuring regular supervision, and fostering a culture of self-care further strengthen employee retention (Morse et al., 2011).

Specific to behavioral health settings, organizations can reduce turnover by investing in both the professional development and job satisfaction of clinicians (Johnson-Kwochka et al., 2020). Effective retention strategies include improving organizational support, adopting evidence-based practices, and fostering a respectful and inclusive workplace culture. For instance, Caillier (2020) emphasized the importance of preventing workplace aggression through targeted training, clear policies, and a culture of mutual respect. In addition, both individual and organizational interventions are essential to managing workforce instability. Individual strategies may include stress management,

self-care, and peer support, while organizational solutions can involve enhancing job control, improving working conditions, and strengthening supervisory relationships (Keesler & Troxel, 2020; Morse et al., 2011). Together, these approaches create a more sustainable and supportive environment for mental health professionals.

If no action had been taken to address the high turnover rate at DCC, the organization would likely have faced a range of negative consequences, including diminished quality of patient care, increased client distress, reduced patient satisfaction, and a decline in overall organizational effectiveness. Financial strain would also have intensified due to ongoing recruitment, onboarding, and training costs. At the patient level, high turnover was associated with disrupted therapeutic relationships, emotional distress, decreased engagement, and inconsistent care. At the employee level, consequences included heavier workloads, elevated stress, weakened team cohesion, and difficulty building rapport with clients. Organizationally, the impact could have included management strain, talent drain, increased operational costs, and a damaged reputation. Investing time, money, and resources to resolve the turnover issue at DCC was justified, as doing so supported improved clinical outcomes, stronger staff morale, and greater long-term sustainability.

Over time, DCC has experienced consistent patterns of staff turnover, which have created challenges in retaining skilled mental health professionals and maintaining continuity of care. Persistent high turnover has compromised the quality of services provided to vulnerable populations in need of mental health care (Babber et al., 2018). Therapist turnover has been associated with increased client symptoms (Garner et al.,

2012), disrupted engagement processes, and repeated retraumatization for clients who are forced to retell their stories to new clinicians (Keller et al., 2010). Furthermore, therapist turnover is a strong predictor of patient non-attendance and treatment dropout (Babber et al., 2018).

According to internal reports, DCC has faced ongoing turnover-related issues for several years. These challenges have decreased access to mental and behavioral health services, reduced support for basic needs, and disrupted the delivery of safe, trauma-informed care. Patients at DCC have reported difficulties navigating the mental health system, limited availability of services, and a low provider-to-patient ratio within outpatient settings.

Quality-of-Service surveys collected between 2021 and 2022 reflected these concerns. Patients reported disruptions in care, high wait times, reduced satisfaction, and difficulty accessing bilingual providers due to staffing shortages. Additionally, data from Employee Satisfaction Surveys over the same period revealed a number of systemic issues linked to turnover: increased workload and stress, reduced team cohesion, low morale and engagement, insufficient supervision for unlicensed staff, adverse patient outcomes, inconsistent treatment delivery, difficulty engaging clients, and a general decline in workplace culture. Staff also reported heightened anxiety, uncertainty, and a disruption in therapeutic relationships, all of which compound the turnover problem.

DCC has made attempts at a viable solution in the past. DCC has collected surveys from patients, employees, and management to try to identify issues that stakeholders of DCC have been facing. DCC's most reported issues were in connection to

turnover of mental health employees, including a lack of mental health professionals available to provide services, disruption of therapeutic relationships, and reduced productivity. DCC did not report any viable solutions they might have developed to address these issues. Although DCC has failed to understand the root causes of this problem, they had identified common challenges that might have been impacting the issues (adopted from similar organizations). Possible root causes included workload and burnout, compensation and benefits, lack of professional development, and patient load and quality of care. Similarly, researchers concluded that several factors contributed to turnover among mental health workers, including low pay, high workloads, limited opportunities for career advancement, lack of support from supervisors and colleagues, and burnout (Young, 2021). DCC sought to determine the specific causes of turnover at DCC and how to mitigate turnover. The factors contributing to turnover among mental health workers were not significantly different from the factors that contributed to turnover in other organizational settings when it came to organizational development and organizational behavior.

Management at DCC has a vested interest in reducing turnover-related costs, retaining skilled employees, and reallocating resources toward staff development and training rather than repeated recruitment efforts. As a nonprofit organization, DCC is funded through Medi-Cal, California's Medicaid program, which provides healthcare coverage to eligible low-income individuals and families. These clinics typically operate under agreements with the state to receive Medi-Cal reimbursement for services rendered (California Department of Health Care Services, n.d.).

The stakeholders affected by this issue include DCC employees, patients, and management. Employees are directly impacted by workplace instability and have a vested interest in a stable, supportive environment that allows them to focus on their assigned clients and deliver effective care. Research has shown that staff turnover increases the workload for remaining employees (Tsai et al., 2019). This added burden can lead to burnout, dissatisfaction with the profession, and a sense of being overwhelmed, factors that further contribute to the turnover cycle (Tsai et al., 2019).

DCC stands to benefit significantly from improving operational efficiency, which could have a profound impact on the clients and communities it serves by ensuring the delivery of stable, effective, and continuous mental health care. By fostering a supportive work environment and retaining skilled employees, DCC has the potential to drive positive social change, leading to improved outcomes and overall well-being for both staff and patients (Beidas et al., 2015).

Retention of skilled mental health professionals is key to the successful implementation of services and continuity of care. Organizations like DCC can strengthen clinician retention by investing in ongoing training and professional development, offering competitive salaries and benefits, and cultivating a positive organizational culture (Beidas et al., 2015). Moreover, prioritizing clinician engagement and job satisfaction through inclusive decision-making and fostering a sense of community can reduce burnout and promote long-term commitment (Brabson et al., 2020).

Addressing turnover challenges at DCC not only supports internal organizational

goals but also creates a framework that can be adopted by other agencies facing similar issues. The implementation of these strategies has the potential to improve public health outcomes on a broader scale, reinforcing the organization's role in advancing equity and access in community mental health care.

Problem Statement

The need in the organization is that there has been a persistently high turnover rate at DCC, which has resulted in the lack of quality care provided to vulnerable individuals in need of mental health services (see Babber et al., 2018). The lack of patient-centered quality care was evident, where quality care was defined as care that focuses on a patients' specific needs (Reynolds, 2009). Although the turnover rate was within normal current standards for the industry of 30-60% (Brabson et al., 2020), it had led to a higher likelihood of reporting of increased symptoms (Garner et al., 2012), negative impacts on patient engagement, and patients facing challenges in repeatedly sharing their traumatic experiences (Keller et al., 2010). Therapist turnover also served as a strong predictor of client non-attendance (Babber et al., 2018).

Turnover in mental health services had led to decreased employee morale, compromised productivity, and reduced organizational effectiveness (Aarons et al., 2011), as well as a range of challenges related to the financial burden of recruiting and training new staff at the organizational level (Brabson et al., 2020). Quality-of-care service surveys collected from patients who received services from DCC (2021-2022) indicated a lack of providers, which led to a disruption in care as well as lower patient satisfaction and treatment disengagement. For DCC employees, the turnover trend caused

"increased workload and stress, reduced team cohesions, low staff morale and engagement, insufficient supervision for unlicensed professionals, adverse patient outcomes, reduced treatment consistency, difficulty engaging patients, negative impact on workplace culture, increased anxiety and uncertainty, and disruption of therapeutic relationship." Further, as reported by DCC, at an organizational level, turnover caused "disruption in training and mentoring, reduced productivity, potential loss of expertise, delayed or incomplete projects, negative reputation, negative perception of the clinic, strain on management, higher recruitment costs, and talent drain."

The project focused on turnover rates and its impact on mental health services held significant implications for similar organizations. The findings from this project provided valuable insights for other healthcare organizations facing similar issues. The recommendations from this project served as a roadmap for implementing effective retention strategies, improving employee engagement, and enhancing patient care. For the broader field of public administration, the strategies developed through this project could have been adapted by various organizations beyond healthcare, which would ultimately benefit organizations seeking to improve their operational efficiency. U

Understaffing impacted the quality of care to its patients, consumers, and customers. Understaffing also meant more work for employees, leading to higher turnover (Rosenberger, 2019). A primary concern with understaffing is its potential to compromise the quality of care and services the organization can deliver. It may also limit the organization's capacity to introduce new programs or services lines (Rosenberger, 2019). In order to address turnover, "It is crucial for providers to identify

their hiring needs accurately and act promptly when finding suitable candidates" (Rosenberger, 2019, para.6).

Purpose

For the broader field of public administration, the strategies developed through this project were adaptable by various organizations beyond healthcare, which benefited organizations seeking to improve their operational efficiency. The project provided public administration best practices, informed workforce management strategies, and promoted employee job satisfaction across various industries. DCC gathered information through surveys from their patients, employees, and management which provided an overview of what challenges the organization faced. This study helped to identify the root causes of the reported issues and offered viable solutions. Other similar organizations may have faced similar issues and could have utilized the findings from this study to inform their decisions for better outcomes. For example, other organizations could have learned to increase staff morale and engagement, decrease workloads, and stress, and improve program delivery to reduce interruptions in care.

The guiding questions for this study were:

- What were the underlying causes of turnover at DCC and how could effective strategies be developed and implemented to mitigate turnover?
- How could DCC enhance employee engagement among its staff to foster a more supportive work environment, promote job satisfaction, and ultimately improve the quality of care provided to patients?
- What measures could be taken at DCC to ensure high-quality care to patients,

considering both operational efficiency and the continuous delivery of mental health care services?

The high turnover rate among mental health clinicians was well-documented in the field (Babbar et al., 2018), and several studies had attempted to address the issue. Babbar et al. (2018) found that, "when a therapist leaves a mental health clinic, the likelihood that their patients will miss appointments increases significantly" (p. 14). This study also reported that patients who missed appointments after their therapist left the clinic were less likely to re-engage in treatment in the future (Babbar et al., 2018). Employee retention was identified as a key strategy for improving patient engagement and positive outcomes in mental health care (Babbar et al., 2018). To improve the issue of turnover, the organization needed to address the underlying reasons for clinician turnover, which included work-related stress, burnout, job dissatisfaction, and lack of support. Implementing policies and practices that promoted clinician retention, including career advancement opportunities and supportive supervision, were identified as potentially effective solutions (Babbar et al., 2018).

Summary of Data Sources and Analysis

The approach that was used in this study to organize and analyze the evidence was qualitative, which focuses on how individuals make sense of their experiences ("What is Qualitative Research," n.d.). The focus is on the "why" of the phenomenon or participants' experiences (Tenny, 2022; "What is Qualitative Research," n.d.). This study used a qualitative case study approach to explore employee turnover at DCC through the analysis of structured exit interviews. A case study design was appropriate because it

allowed for an in-depth, contextually grounded exploration of a specific organizational issue within its real-world setting.

The primary source of data for this study were structured exit interviews previously collected from former employees of DCC. These exit interviews were accessed in de-identified form with permission from the organization. Each exit interview included 22 Likert-scale items across several workplace domains and one open-ended prompt inviting participants to provide additional reflections about their employment experience. I used purposive sampling to include only those individuals who voluntarily separated from the organization within the past four years. All data were reviewed and transcribed as needed for analysis. Ethical standards, including protection of confidentiality and secure handling of data, were maintained throughout the research process.

Definitions

Behavioral health: an interdisciplinary subspecialty of behavioral medicine that promotes a philosophy emphasizing individual responsibility in the maintenance of one's own health and in the prevention of illness and dysfunction by means of self-initiated activities (APA Dictionary of Psychology, n.d.-a).

Client: A person who receives treatment or services, especially in the context of counseling or social work (APA Dictionary of Psychology, n.d.-b).

Clinician: A medical or mental health care professional directly involved in the care and treatment of patients, as distinguished from one working in other areas, such as research or administration (APA Dictionary of Psychology, n.d.-c).

Employee engagement: The strength of the mental and emotional connection employees feels toward the organization that they work for, their team, and their work. The extent to which employees are emotionally invested in their work and the organization's goals (Ryba, 2024).

Employee well-being: Overall mental, physical, emotional, and economic health of employees (Waida, 2023).

Impact on stakeholders: The effects an organization's actions, decisions, or policies have on its stakeholders. A way of evaluating the impact of an organization's activities on people, groups, and organizations that are affected by its operations ("Stakeholder Impact Analysis: Decoding Influential Factors," n.d.).

Lower socioeconomic status (SES): Any individual or family who have little income or wealth to buffer against the negative impacts of an adverse health event (health shock) among adult household members (Hughest et al., 2017).

Patient care quality: Effectiveness of healthcare provided to patients, including safety, effectiveness, timeliness, and efficiency of services.

Patient: A person who receives health care from a licensed health professional (APA Dictionary of Psychology, n.d.-d).

Quality of care: The degree to which health services for individuals and populations increase the likelihood of desired health outcomes. It is based on evidence-based professional knowledge (World Health Organization, 2020).

Stakeholders: Any individual, group, or party that has an interest in an organization and the outcomes of its actions (Team, 2023). DCC, patients of DCC, and

management of DCC.

Supportive work environment: Characterized by recognizing employee's desire for life/work balance, honors promise of flexibility and reinforces the trust relationship between manager and employee (Williams, 2018).

Therapist/Psychotherapist: An individual who has been trained in and practicing one or more types of therapy to treat mental or emotional disorders (APA Dictionary of Psychology, n.d.-e).

Turnover rate: The percentage of employees who leave an organization over a set period (Shweta, 2022).

Turnover: In industrial or organizational settings, the number of employees who leave their jobs during a given period. A distinction is generally made between controllable turnover, as by dismissal or voluntary resignation, and uncontrollable turnover, as by retirement or redundancy (APA Dictionary of Psychology, n.d.-f).

Significance

This project, which addressed the turnover problem at DCC, offers meaningful contributions to the field of public administration by identifying root causes of employee attrition and proposing practical, evidence-based retention strategies. These findings can inform workforce management practices across similar nonprofit and public sector organizations (Pettingell et al., 2022). The results provide valuable insights into workforce management strategies within public organizations (Young, 2021), which could guide other agencies in creating stable and motivated workforces. This study helped to understand the root causes of turnover and offered recommendations to similar

organizations struggling with turnover. These included strategies for employee retention, team cohesion, management of stress related to turnover, and delivering improved services (Pettingell et al., 2022).

This study also holds significant potential for positive social change, including improved mental health care access, workforce engagement and well-being, and organizational best practices. Mental health employees are vital in supporting the mental well-being of the community. According to Bernardino (2023), "Low employee turnover rates can have a positive impact on the culture of an organization. When employees feel that they are valued and supported, they are more likely to be invested in the success of the organization" (para. 5). Having a successful organization could lead to positive outreach in the community (Bernardino, 2023). Further, investment in the organization "Can lead to a culture of loyalty and engagement, where employees are motivated to work together to achieve common goals" (Bernardino, 2023, para. 5). Patients often suffer from the lack of mental health services and by addressing the issue of turnover of employees, this study contributed to bringing positive social change. Baker (2023) discussed, "Due to overworked staff and large staff-to-patient ratios, as well as the increased risk of absenteeism and turnover related to overwork, agencies run the risk of providing inadequate care for clients" (para. 4).

Additionally, a study by the American Hospital Association found that around 100 million Americans live in areas with a psychiatrist shortage, contributing to service disruptions for individuals seeking mental health care (Baker, 2023). By reducing turnover and enhancing the quality of mental health services at DCC, patients can gain

improved access to consistent and effective treatment. Moreover, the strategies for enhancing employee engagement, reducing burnout, and creating a supportive work environment have broader implications for workforce well-being across industries. Lastly, the identification of effective strategies for addressing turnover and enhancing service quality can help other organizations to adopt similar practices.

The purpose of this administrative study was to address the persistent turnover rate at DCC by comprehensively analyzing the root causes of turnover, its impact on stakeholders, and by developing effective strategies for mitigation. The knowledge gap was that DCC lacks a comprehensive understanding of why it has been experiencing turnover among employees. The causes and underlying factors contributing to the issue were not well documented. The study sought to uncover and document the root causes of turnover at DCC. This included several factors such as low pay, lack of career development and advancement opportunities, high workloads, inadequate support, and other issues. Furthermore, the study identified the impact of turnover on various stakeholders. The findings provided valuable insights and recommendations for addressing the identified causes of turnover and for enhancing employee engagement.

According to Employee Satisfaction Surveys (2021-2022), issues that impact DCC due to turnover in employees include, “increased workload and stress and increased anxiety and uncertainty.” Enhancements in the work environment at DCC are expected to bring advantages to its employees, such as decreased workloads, increased job satisfaction, reduced burnout, higher patient engagement, expanded training opportunities, and greater learning prospects. As reported on Quality-of-Services Surveys

by patients of DCC (2021-2022), issues include “reduced treatment consistency, delayed and interrupted care, lack of continuity in care, potential treatment disengagement, and increased emotional distress.” DCC’s patients stood to gain improved care consistency and treatment stability, alleviating their stress and concerns regarding therapist turnover. Increased patient engagement is anticipated to boost DCC’s reputation, enhance organizational efficiency, raise patient satisfaction levels, and potentially yield improved financial outcomes by reducing turnover costs. Moreover, management will benefit from the improved morale of employees, resulting in higher retention rates and better patient outcomes.

Summary

This study focused on highlighting the persistently high turnover rate at DCC. The problem’s significance lay in its impact on patient care quality, employee well-being, and overall organizational effectiveness. Despite being within industry standards, turnover led to disrupted treatment, patient dissatisfaction, and increased costs. The study aimed to address the issue by identifying root causes, analyzing the impact on stakeholders, and proposing effective strategies. The guiding questions helped to identify underlying causes and supported the implementation of effective strategies to mitigate turnover. A qualitative approach was used to comprehensively analyze the problem while exploring strategies for best practices, workforce management, service quality improvements, and positive social change. A comprehensive review of literature was conducted to better understand the history of turnover issues within mental health services, organizational management and public administration.

Section 2: Conceptual Framework and Relevant Literature

Introduction

This administrative study addressed the problem of high turnover at DCC, emphasizing its impact on employee retention and well-being, patient care, and organizational effectiveness. The purpose of this study was to identify the root causes of turnover, analyze its impact on stakeholders, and propose effective strategies for mitigation. The guiding questions focused on understanding the underlying causes and implementing changes to reduce turnover. The study aimed to contribute to management practices and improve services for patients. An extensive literature review was conducted to support the study, which included accessed databases, key search terms, and summary. A conceptual framework included components used in the study and rationale for the choice of this framework.

Literature Search Strategy

Literature was obtained through several sources and databases including, PubMed, PsychINFO, ScienceDirect, ProQuest, EBSCOhost, the Walden Library, previous surveys conducted by Sacramento County and DCC, and background information from DCC. Research questions were used to find adequate literature: (a) What are the rates of turnover in mental health? (b) What is the impact of turnover in mental health? and (c) How mental health is impacted by turnover of employees? A literature review was conducted over several months to gather ample information. DCC provided information regarding the organization, pervious surveys, and budget information for the purpose of the study. Concepts, models, and theories were explored

and discussed to present relevant concepts and theories related to the research topics. An analysis of how the identified concepts, models and theories applied to the public organization was conducted to establish relevance.

The literature review related to the purpose of the study by contributing to a theoretical and evidence-based foundation for understanding staff turnover in nonprofit mental health organizations such as DCC (Jahann et al., 2016). It helped place DCC's turnover issue in a broader context by offering insights from existing research and suggesting potential strategies that had been successful in similar settings. The findings from structured exit interviews and organizational data were guided by this literature, which provided a framework for identifying patterns in employee experiences and expectations.

The evidence base also helped highlight the potential consequences of turnover on organizational effectiveness and client care continuity, aligning with the overall goal of recommending strategies for retention. The review covered the period from 2006 to 2022. Research from the past approximately 20 years was utilized to ensure the findings were recent and relevant. Only peer-reviewed journal articles and reports were included in the review. Several academic sources and databases were searched to conduct the literature review, including PubMed, PsychINFO, ScienceDirect, ProQuest, EBSCOhost, and Walden Library.

This research was designed to be comprehensive, with literature collected from multiple academic databases using relevant keywords, citation tracking, and consideration of diverse perspectives. Instead of relying on a single database, the review

included searches across multiple platforms to ensure broader coverage of relevant literature. Using keywords such as *turnover*, *employee turnover*, *mitigation strategies*, *behavioral health*, *mental health*, *therapist turnover*, and *retention* helped capture a wide range of studies related to the research questions. The review of citations and references, including backward and forward citation tracking, led to additional studies that did not appear in initial searches. DCC also provided organizational data and internal resources that informed the study, including surveys and background documents not publicly available. Lastly, exploring literature from various disciplines related to public administration and organizational behavior provided a more holistic understanding of employee turnover in mental health settings.

Conceptual Framework

Turnover has been significantly greater in community mental health settings compared to other industries (Brabson et al., 2020). This trend emphasizes the importance of investigating root causes, analyzing their impact, and proposing effective strategies for mitigation to address the challenges faced within mental health care. A high turnover rate has been associated with a decrease in the quality of care provided to patients (Brabson et al., 2020). This finding highlights the urgency of understanding and addressing turnover issues in mental health settings to enhance the quality of mental health services. Turnover is considered a multilevel problem influenced by both individual and organizational factors (Brabson et al., 2020). These complexities make it challenging to predict and address turnover effectively and further underscore the need for a comprehensive and targeted approach to improving employee retention. There are

also challenges in researching high turnover in behavioral health settings due to the difficulty of recruiting stable direct service providers to participate in studies (Brabson et al., 2020). The rationale for selecting a theoretical framework in this study, social exchange theory was grounded in these documented challenges. The framework helped guide analysis of the interpersonal and organizational dynamics contributing to turnover. As Brabson et al. (2020) concluded, the elevated turnover rates in community mental health settings, coupled with their impact on patient care, highlight the importance of conducting research that supports the development of effective and sustainable retention strategies.

Literature Review for the Study

A growing body of literature highlights the critical influence of organizational climate, leadership, and supervisory support in shaping employee turnover outcomes. These structural and relational factors buffer against burnout, promote professional satisfaction, and foster retention across diverse mental health service contexts. Understanding the components of a healthy organizational climate provides the foundation for examining how specific institutional supports influence turnover and professional longevity in mental health settings.

Beidas et al. (2015) found that a positive organizational climate was linked to lower turnover rates, potentially due to a broader system-wide culture that reinforced employee well-being and value. Their findings suggest that the experience of feeling unsupported by the organization, coupled with paperwork burden and high caseloads, contributed significantly to employees' decisions to leave. Herschell et al. (2020) added

that organizational support for implementing evidence-based practices (EBPs) was a critical factor in mitigating the negative impact of workforce instability. When organizations provided adequate resources and supervisory guidance, the risk of EBP failure or fragmentation decreased, even amidst staff transitions. These findings underscore the importance of viewing organizational support not only as a workplace issue but as a direct influence on employee decision-making and workforce stability.

Brabson et al. (2020) echoed these findings, emphasizing the impact of burdensome workloads and unsupportive climates. Aarons et al. (2011) further underscored the role of leadership, showing that staff in agencies with empowering leadership reported lower turnover intentions, even during times of reform. Similarly, Young (2021), Morse et al. (2011), and Dishop et al. (2019) linked poor organizational climate and a lack of supervisory support to increased burnout and turnover. These studies illustrate how leadership and environment intersect with theoretical frameworks that explain employee motivation and organizational loyalty. The findings align with Organizational Climate Theory and Social Exchange Theory, which suggest that a supportive and fair organizational environment where workers feel valued and reciprocated can significantly reduce turnover.

In addition to these structural influences, personal and emotional strain, particularly burnout, has emerged as a central factor in turnover within mental health settings. Burnout and emotional exhaustion are among the most widely documented contributors to turnover in this field. Morse et al. (2011) identified high caseloads, emotional exhaustion, low job control, and limited social support as central contributors.

Without proper institutional support, emotional strain manifests as fatigue, depersonalization, and reduced professional efficacy. The cumulative toll of burnout can be particularly severe in frontline and trauma-exposed roles, where emotional demands are intensified and supports are often limited.

Dishop et al. (2019) found that emotional exhaustion correlates with decreased job satisfaction and engagement. Tsai et al. (2019) and Yang et al. (2015) documented high burnout rates and their links to service limitations and staff dissatisfaction. Ostrow et al. (2022) emphasized that burnout is shaped by systemic factors such as workload, control, reward, community, fairness, and values. This systemic lens is further supported by research on high-burnout roles and trauma-exposed professionals, which illustrates the compounding effect of environmental stressors. Marchand et al. (2009) and Keesler and Troxel (2020) illustrated that frontline roles, such as field instructors and direct support professionals (DSPs), also face high burnout due to emotional and physical demands. Middleton and Potter (2015) linked vicarious trauma among child welfare professionals to increased intent to leave, which is particularly relevant to trauma-exposed providers like those at DCC.

Beyond emotional and psychological strain, research also highlights structural drivers of turnover such as compensation, advancement barriers, and organizational recognition. Structural issues such as low pay, lack of growth opportunities, and minimal recognition are foundational causes of turnover. Brabson et al. (2020) and Bukach et al. (2015) identified low wages as a primary driver of turnover, with increasing wages directly associated with improved retention. However, salary alone does not capture the

full range of workforce challenges; career growth and professional development also play a critical role. Young (2021) observed that a mismatch between emotional labor and financial reward often prompts attrition, consistent with Social Exchange Theory. Fukui et al. (2020) found that perceived stagnation in career growth increased actual turnover, especially among early-career professionals. Even well-intended initiatives, if poorly executed, can produce unintended consequences, highlighting the importance of organizational design and support systems. Paradoxically, Bukach et al. (2015) noted that even agencies offering advancement programs experienced high turnover when these were poorly structured or unsupported. Recognition, both monetary and non-monetary, plays a vital role. Ostrow et al. (2022) highlighted the importance of fairness, values, and appreciation in mitigating burnout. Agyapong et al. (2015) provided international context, demonstrating that retention challenges related to compensation and support were consistent across under-resourced mental health systems, including rural and global settings.

Beyond workforce morale and satisfaction, high turnover rates carry serious implications for care delivery, organizational performance, and patient safety. Employee turnover significantly disrupts the quality, continuity, and effectiveness of care. Brabson et al. (2020) and Brandt et al. (2016) reported that high turnover creates instability, disrupts therapeutic relationships, and leads to increased missed appointments and poorer outcomes (Babbar et al., 2018). This disruption also affects internal operations, limiting the organization's ability to maintain evidence-based practices and cohesive team functioning. Beidas et al. (2015) and Herschell et al. (2020) found that turnover hindered

EBP implementation, diminishing organizational capacity to train and maintain skilled staff. Ducharme et al. (2007) noted that team morale suffers with frequent exits, leading to increased burnout among remaining employees. These ripple effects extend to client outcomes, where therapeutic inconsistencies and clinician instability may undermine long-term treatment success. Garner et al. (2013) and Johnson-Kwochka et al. (2020) showed that clinician instability negatively affects client outcomes, including engagement and treatment completion. The financial cost of turnover, estimated at $100,000 to $200,000 per worker (Brabson et al., 2020), diverts resources from patient care and staff development. In addition to financial costs, turnover can derail strategic initiatives and long-term planning goals, particularly in reforming or trauma-informed settings. Aarons et al. (2011) noted that turnover impedes long-term care models and institutional learning. For organizations like DCC, therapist consistency is vital for client trust and safety (Middleton & Potter, 2015). High turnover also perpetuates disparities, especially in underserved communities (Agyapong et al., 2015).

To address these challenges, the literature supports multi-layered retention strategies. Foster et al. (2013) highlighted the California Social Work Education Center mental health program as a successful model for improving retention through training and stakeholder collaboration. At DCC, such programs could align staff development with organizational needs. In addition to structured training, cultivating a culture of appreciation and feedback has been shown to strengthen employee commitment and satisfaction. Ostrow et al. (2022) found that structured recognition programs, peer awards, and supervisory praise all boost morale and reduce withdrawal. These insights

suggest that even when budgets limit pay raises, organizations can improve retention through intentional culture-building. Global studies like Agyapong et al. (2015) recommend addressing housing, transportation, and education alongside salary. For DCC, investing in working conditions, career pathways, and support structures formed the foundation for the study's proposed Retention Improvement Brief.

This literature review revealed consistent themes: burnout, lack of supervisory support, insufficient pay, limited advancement, and the negative consequences of turnover on patient care. These findings validated the decision to apply a qualitative case study approach at DCC and provided strong alignment with the guiding framework of Social Exchange Theory. The literature shaped the research questions, informed the thematic analysis, and helped situate the problem of turnover in a broader systems context, laying the foundation for actionable organizational change.

Relevance to Public Organization

The broader context of the problem revolved around the issue of turnover among mental health professionals in behavioral health settings. This phenomenon had been extensively studied, and many scholarly articles highlighted the impact on the quality of care, organizational stability, and the well-being of both clinicians and patients. This pattern of high turnover, ranging from 30-60% has been well-documented in community behavioral health settings (Brabson et al., 2020). There has been a significant financial burden associated with turnover and the loss of experienced staff posed challenges for agencies and quality of care provided to patients (Brabson et al., 2020). Babbar et al. (2018) and Brandt et al. (2016) delved into the specific impact of therapist turnover on

patient outcomes in mental health systems and psychiatric clinics. Both studies have highlighted connections between turnover and increased rate of client's missed appointments, treatment dropouts, and lower treatment quality.

Morse et al. (2011) provided a comprehensive review of burnout in mental health services and its impact on various contributing factors such as high caseloads, emotional exhaustion, and stressors on existing staff. The negative outcomes of burnout included decreased job satisfaction, increased turnover, and diminished quality of care (Morse et al., 2011). With the loss of valuable employees, other factors that contributed to turnover included low pay, high workloads, limited career advancement, and burnout, as studied by Young (2021). The study emphasized the impact of turnover on the continuity of care, client relationships, and organizational stability (Young, 2021).

Dishop et al. (2019) focused their study on social exchange theory to understand the relationships between emotional exhaustion, work attitudes, and turnover among mental health providers in mental health settings. The study highlighted the impact of emotional exhaustion on job satisfaction and engagement (Dishop et al., 2019). Therapist turnover posed a significant issue in community behavioral health settings which negatively impacted stakeholders (Johnson-Kwochka et al., 2020). Several studies found that clinician turnover was directly associated with a decline in client outcomes (Johnson-Kwochka et al., 2020), financial burden on the organization, workplace culture disruption (Young, 2021), increased caseloads for remaining employees, negative impact on healthcare workers, and negative impact on the delivery of quality of care (Tsai et al., 2019). The findings of these studies provided a rich foundation for exploring the common

trends of high turnover in mental health organizations, examining its repercussions on the quality of care, identifying contributing factors, and exploring potential strategies for mitigation.

As of the most recent estimate, Sacramento County had a population of approximately 1,550,000 people (Performance of the Sacramento County Mental Health System, 2021). In the fiscal year 2018-19, the Sacramento Behavioral Health Services (BHS) served 30,201 individuals of which 26,075 people received services through Medi-Cal (Performance of the Sacramento County Mental Health System, 2021). The Department of Health Care Services (DHCS) set timeliness benchmarks for various mental health services. Sacramento County Behavioral Health Services (BHS) was out of compliance with these benchmarks for children, youth, and adults (Performance of the Sacramento County Mental Health System, 2021).

BMI1, which measured the time from request for service to first outpatient appointment, had a target of 14 calendar days (Performance of the Sacramento County Mental Health System, 2021). The average number of days from request to first outpatient appointment for children was approximately 27 days in first two quarters and approximately 22 days in the last two quarters (Performance of the Sacramento County Mental Health System, 2021). For adults, the first appointment occurred at approximately 32 days in the first half of the year and approximately 28 days in the latter half (Performance of the Sacramento County Mental Health System, 2021). Both services for children and adults were considered significantly out of compliance for both children and adults (Performance of the Sacramento County Mental Health System, 2021).

BM3, which measured urgent service request opened to OP provider by Access to first OP appointment, the target was 7 calendar days (Performance of the Sacramento County Mental Health System, 2021). The average number of days from request for services for children in the first two quarters was approximately 21 days, third quarter was 19 days, and fourth quarter was 21 days (Performance of the Sacramento County Mental Health System, 2021). The average number of days from request for services for adults in the first two quarters was approximately 30 days, third quarter was 25 days, and fourth quarter was 25 days (Performance of the Sacramento County Mental Health System, 2021). Both services for children and adults were significantly out of compliance with some improvement in compliance from third to fourth quarters, however, the lack of compliance continued to be problematic because it related to urgent need for services (Performance of the Sacramento County Mental Health System, 2021). The lack of timely access to outpatient mental health services adversely impacted client's well-being (Performance of the Sacramento County Mental Health System, 2021). Delays in seeing a provider or case manager led to a lack of support or referral to necessary community services (Performance of the Sacramento County Mental Health System, 2021). Similarly, delayed access to psychiatric services hindered timely medication management, worsened symptoms, and increased reliance on crisis services (Performance of the Sacramento County Mental Health System, 2021). These consequences not only affected the individual's health but also contributed to increased costs for mental health (Performance of the Sacramento County Mental Health System, 2021).

According to Staff (2023), as of 2021, Sacramento County, had one mental health

provider for every 240 people. Staff (2023) further reported that Stanford Sierra Youth and Families, a non-profit county mental health clinic similar to DCC, faced a therapist shortage, with a ratio of 1 therapist to 25 patients and 36 current job openings.

BHS implemented measures to enhance timeliness in services delivery. Since April 2020, Senior Mental Health Counselors at Access conducted the initial assessment over the phone, reducing the time between service requests and the first services (Performance of the Sacramento County Mental Health System, 2021). Previously, the average time to the first service was 30 days. With new procedures between April and August 2020, 1,113 adults and 1,101 children were assessed (Performance of the Sacramento County Mental Health System, 2021).

For adults, the average time for an Access assessment was 14 days, with 19.1 days to outpatient treatment (Performance of the Sacramento County Mental Health System, 2021). For children, the average time for an Access assessment was 2 days, with 13.5 days to outpatient treatment (Performance of the Sacramento County Mental Health System, 2021).

The DCC Behavioral Health Crisis Services Collaborative (BHCSC) was established in September 2019 to provide mental health and crisis stabilization services (Performance of the Sacramento County Mental Health System, 2021). The program's goal was to link clients to services at discharge, but data showed a low number of clients with referral information and a high percentage were not linked with an outpatient provider within 30 days post-discharge (Performance of the Sacramento County Mental Health System, 2021).

Recommendations included identifying and addressing barriers to referrals and linkages to outpatient providers, ensuring complete documentation of participant demographic data and improving the reporting of reasons when referrals were not made (Performance of the Sacramento County Mental Health System, 2021). Despite budget increases, BHS budget remained insufficient to meet the necessary service levels for clients (Performance of the Sacramento County Mental Health System, 2021).

Summary

The study employed a comprehensive literature search strategy utilizing multiple sources and databases, including prior surveys from Sacramento County. Research questions focused on turnover rates and impacts in mental health settings guided the study. A conceptual framework was developed based on existing literature indicating significantly higher turnover rates in community mental health settings compared to other industries, highlighting the need to investigate root causes and propose effective mitigation strategies. The literature review synthesized findings from previous studies on turnover in mental health care, highlighting key themes such as the impact of turnover on patient care quality, factors influencing employee retention, and potential strategies to help retain employees. To bridge the gap-in-practice related to therapist turnover at DCC, section 3 outlined the qualitative case study methodology and data collection approach using existing structured exit interviews. Analysis of both open-ended and Likert-scale responses, the study identified underlying causes of turnover, assessed its impact on patient care and organizational effectiveness, and proposed strategies for retention.

Section 3: Data Collection Process and Analysis

Introduction

This administrative study focused on the issue of high turnover at DCC, a nonprofit mental health organization, and examined its negative effects on employee retention, well-being, patient care, and overall organizational effectiveness. The purpose of the study was to identify the root causes of turnover, analyze its impact on key stakeholders, and propose effective mitigation strategies. Prior research had shown that therapist turnover was linked to increased client non-attendance, which in turn negatively impacted engagement and treatment outcomes. This study emphasized the importance of clinician continuity and explored evidence-based strategies to improve retention. The research was organized around four guiding questions and utilized structured exit interviews completed by ten former DCC employees. Through both qualitative and quantitative analysis of these interviews, the study identified core drivers of turnover and developed practical recommendations for improving workforce stability and service quality.

Practice-Focused Research Questions and Research Design

The organizational problem addressed in this study is that DCC experiences persistent staff turnover, facing challenges in retaining skilled mental health professionals, and has observed the impact of turnover on patient outcomes and treatment consistency. This turnover has negatively affected the quality of care provided to vulnerable clients (Babbar et al., 2018). DCC has reported turnover issues for several years, resulting in decreased access to behavioral health and substance-use services,

limited availability of basic needs, and difficulty navigating systems of care. Quality-of-Service Surveys collected from 2021-2022 reflected concerns such as disruption of care, delays in treatment, increased emotional distress, and lower satisfaction among clients. The lack of clear understanding of the reasons behind turnover prompted this study to investigate the underlying causes, including potential issues like low compensation, limited career growth, high workload, and inadequate support.

The study's findings provide insights into the impact of turnover on multiple stakeholders and offered evidence-based recommendations to address these challenges. The practice-focused research questions explored the root causes of turnover at DCC, the development of strategies for mitigation, ways to enhance employee engagement, and how to ensure the continuous provision of high-quality patient care.

This administrative study used a qualitative case study design to explore these issues. Rather than conducting original interviews, I analyzed structured exit interviews previously completed by 10 former DCC employees. These interviews included both Likert-scale and open-ended responses and were originally collected by DCC's administrative team as part of standard offboarding procedures. The use of this archival data allowed for thematic analysis of real employee experiences.

The rationale for using a qualitative approach was grounded in the complexity of turnover, which involves individual, organizational, and systemic factors that cannot be adequately measured through quantitative data alone. Qualitative analysis provided a deeper understanding of employee perceptions and contextual dynamics influencing turnover, engagement, and workforce stability at DCC.

Roles of the Researcher and Client Organization

In my professional context, I was previously employed at DCC for 5 years, serving both an unlicensed and later a licensed clinical social worker. During this time, I was actively involved in providing individual and family therapy services. This experience allowed me to gain valuable insights into the organizational culture, employee experiences, and operational challenges at DCC, particularly as they related to staff turnover.

In this study project, I served as the researcher with the goal of comprehensively examining the issue of therapist turnover at DCC. My professional connection to the organization and firsthand observations of turnover dynamics motivated me to explore the root causes and develop actionable solutions. While I did not know the identities of the former employees who completed the exit interviews used in this study, my familiarity with the work environment and past patterns of staff departures provided relevant contextual understanding.

My motivation for conducting this study stemmed from a concern for both mental health professionals and the clients they serve. Having witnessed the impact of frequent staff departures on continuity of care and service delivery, I was driven to contribute to meaningful organizational improvements. My prior role at DCC positioned me to interpret the findings with awareness of the systemic and cultural factors influencing employee experiences.

I also acknowledged potential sources of bias related to my dual role as a former employee and researcher. To reduce the risk of confirmation bias, I engaged in reflexivity

throughout the research process and remained open to findings that challenged my initial assumptions. Selection bias was mitigated by using a full sample of exit interviews from the defined time period and ensuring the analysis included diverse roles and perspectives. My aim was to maintain integrity and objectivity while drawing on insider knowledge to inform a deeper understanding of the problem.

Organization Background and Context

Improving employee retention at DCC is crucial for organizational effectiveness and ensuring quality patient care in mental health services. Several research studies indicated that therapist turnover was linked to higher rates of client non-attendance, and clinician continuity was essential for client engagement and positive outcomes (Babber et al., 2018). Turnover had also been associated with declines in client outcomes and challenges such as increased caseloads, reduced quality of care, and added strain on remaining staff. Strategies for enhancing clinician retention involve addressing work-related stress, burnout, and job dissatisfaction, while also implementing supportive policies such as flexible scheduling, structured supervision, and career advancement opportunities. Multiple factors such as emotional exhaustion, lack of upward mobility, and inadequate support systems have been identified as contributors to turnover in similar settings (Babber et al., 2018).

The institutional context included client demographics at DCC. Understanding the population served including age, cultural background, and presenting mental health needs was critical to tailoring staff support systems. The physical location of DCC and its accessibility, as well as the level of community engagement and integration with local

service providers, also influenced therapist workload and job satisfaction. Further, therapist retention was shaped by the organization's compliance with mental health regulations, licensure requirements (BBS.org), and policies to protect client confidentiality (e.g., HIPPA).

At the city and state level, the availability of local mental health resources, state funding, and Sacramento County policies all shaped the broader environment in which DCC operated (Performance of the Sacramento County Mental Health System, 2021). Workforce shortages, regional cost of living, and systemic issues in Medi-Cal reimbursement or staffing mandates had all affected DCC's ability to recruit and retain staff. These contextual factors were essential for understanding the root causes of therapist turnover and developing sustainable solutions.

Methodology

The sources of evidence used in this study included structured exit interviews collected by DCC's administrative staff from 10 former employees. These interviews, completed at the time of employee separation, consisted of 22 Likert-scale questions and one open-ended prompt. With permission from the organization, I manually copied the de-identified exit interview data to protect confidentiality. This de-identified data served as the primary dataset for the study. The Likert-scale items addressed workplace domains such as job satisfaction, supervision, compensation, professional growth, work-life balance, and work environment. The single open-ended item invited participants to share additional comments regarding their experience at DCC and the reasons for their departure.

The Likert-scale responses were analyzed descriptively to identify response trends across key categories, while the open-ended responses were analyzed thematically using MAXQDA software. This qualitative analysis allowed for the identification of patterns related to turnover causes, perceptions of the work environment, and factors influencing retention decisions. No new data were collected beyond these exit interviews, and no direct contact was made with participants. The study design emphasized data security, ethical handling of employee records, and analytic rigor through triangulation of open- and closed-ended feedback.

These sources of evidence aligned with the purpose of the study by providing both narrative and numeric insight into the turnover experiences of DCC staff. The data supported the identification of root causes, the evaluation of stakeholder impact, and the development of recommendations for improved retention strategies. By focusing on existing organizational records, the study provided a realistic and actionable analysis for leadership without placing additional burden on employees or requiring live interviews.

Procedures for Recruitment, Participation, and Data Collection

The study involved a total of 10 participants, all of whom were former employees of DCC who had left their positions within the previous 4 years. These individuals had completed structured exit interviews as part of DCC's standard HR protocol at the time of their departure. The participants represented a range of roles including therapists, case managers, and administrative staff, offering diverse perspectives on the turnover experience.

With formal permission from the organization, I accessed personnel records and

manually transcribed the completed de-identified exit interview forms. All identifying information was redacted to protect confidentiality, and only de-identified data were used for analysis. The exit interviews included 22 Likert-scale questions across six workplace domains and one open-ended prompt: “Do you have any additional comments regarding your employment at DCC Psych?” These forms had been completed at the time of employee separation and required no additional follow-up or participant contact.

Data collection occurred over a 5-month period, during which all exit interview responses were digitized and organized into a secure, password-protected research database. The Likert-scale responses were coded numerically and analyzed descriptively, while the open-ended comments were prepared for qualitative thematic analysis using MAXQDA software. No additional data collection instruments were used, and no interviews or surveys were conducted beyond the original exit interview forms.

This approach ensured ethical data handling, protected participant privacy, and allowed the researcher to explore turnover trends and stakeholder impact based solely on the structured reflections of former employees. The use of existing organizational data also supported feasibility, transparency, and alignment with the research questions guiding this administrative study.

Strategy for Data Analysis

Collection and analysis of the evidence provided appropriate methods to address the research questions by examining data to quantify the extent of turnover at DCC. This analysis offered critical insight for identifying patterns, trends, and demographics factors associated with turnover (What is Qualitative Research, n.d.). Surveys and feedback from

exit interviews offered qualitative insight into the subjective experiences and perceptions of former employees. The analysis of this data helped uncover aspects of job satisfaction, workplace culture, and specific challenges that contributed to employee turnover (What is Qualitative Research, n.d.). The comprehensive literature review established a theoretical foundation for understanding turnover and employee retention in mental health settings. Several authors identified common causes of turnover, which informed the study and supported the development of effective mitigation strategies. While formal interviews with management were not conducted, administrative insights and organizational documents provided additional context regarding organizational culture, policies, and challenges. The analysis of this organizational information revealed systemic issues and potential barriers to change. Lastly, reviewing exit interview data in conjunction with Likert-scale feedback highlighted the real-world impact of turnover on patient care, emphasizing the importance of employee retention in maintaining mental health service quality.

Qualitative data in this study referred to non-numeric information that captured the subjective experiences, perceptions, and opinions of individuals related to turnover at DCC (What is Qualitative Research, n.d.). Variables of interest included employee narratives, perceptions of the work environment, suggestions for organizational improvement, and insights into stakeholder concerns. Employee responses described their reasons for leaving, the challenges they encountered, and their perspectives on support systems and supervision. Perceptions of the work environment reflected beliefs about workload, communication, and organizational climate. Qualitative data also included an

open-ended survey response that allowed participants to elaborate on their experiences and propose improvements. Additionally, administrative summaries and staff survey data offered supplementary qualitative insight. The contributors to this data consisted of former employees who experienced the turnover issue firsthand and provided their reflections on organizational challenges and potential solutions.

Qualitative data were analyzed using thematic analysis to identify, organize, and report recurring patterns. The process involved coding the open-ended exit interview responses to detect consistent themes across participant feedback. These codes were then grouped into broader thematic categories. For example, individual codes related to limited growth or career stagnation were grouped under the broader theme of "Limited Career Advancement." MAXQDA software was used to manage the data and support rigorous qualitative analysis. The interpretation of findings resulted in a narrative that explained the meaning and significance of each theme in relation to the research questions. Ethical procedures during data analysis included maintaining participant confidentiality, ensuring anonymity, and handling sensitive information responsibly. These analysis procedures supported a thorough and trustworthy exploration of the practice-focused questions and generated actionable insights for DCC's leadership.

Issues of Trustworthiness

Access to evidence, particularly operational data within the organization, was obtained through a systematic and ethical process that ensured confidentiality and compliance with institutional guidelines. The researcher received permission from DCC to access de-identified exit interviews that had been previously completed by former

employees. These structured interviews included Likert-scale items and a single open-ended prompt. All identifying information was removed by DCC's administrative staff before the data was shared with the researcher. The data were stored securely in a password-protected file and used solely for research purposes. No follow-up interviews or new data collection from participants occurred during the study. The project received IRB approval from Walden University, and all data access procedures complied with applicable legal and ethical standards, including HIPAA confidentiality protections.

The trustworthiness of the qualitative findings was ensured through credibility, transferability, dependability, and confirmability. Credibility pertained to the accuracy and representativeness of the data collected (*LibGuides: Section 3: Trustworthiness of Qualitative Data,* n.d.). Credibility was conducted through triangulation, which involved using multiple perspectives to interpret a single set of data, often by incorporating professionals from different disciplines or statuses (Guion et al., n.d.). Credibility was addressed by triangulating data sources, including exit interview survey responses and open-ended comments. The participant pool included individuals with direct experience at DCC, and open-ended responses were analyzed using consistent coding procedures. Although the structured interviews limited the depth of responses, a thorough thematic analysis supported credible interpretation of participant reflections. Transferability focused on applicability of findings to similar contexts rather than broader populations (*LibGuides: Section 3: Trustworthiness of Qualitative Data,* n.d.). Transferability was strengthened by providing rich descriptions of participant roles and common experiences, allowing readers to determine the applicability of findings to similar nonprofit mental

health settings. Dependability ensured that the study procedures and analysis is well-documented and can be replicated (*LibGuides: Section 3: Trustworthiness of Qualitative Data,* n.d.). Dependability was maintained through a detailed audit trail documenting data collection, coding, and theme development. Standardized procedures were used to ensure consistent analysis across participants. Confirmability aimed to mitigate participant and researcher biases in qualitative research (*LibGuides: Section 3: Trustworthiness of Qualitative Data,* n.d.). Confirmability in qualitative data referred to the process of ensuring that study findings were not influenced by participant or researcher biases that can be repeatable by others (*LibGuides: Section 3: Trustworthiness of Qualitative Data,* n.d.). Confirmability could also be strengthened through triangulation and member checking of data with participants (*LibGuides: Section 3: Trustworthiness of Qualitative Data,* n.d.). Confirmability was supported through MAXQDA software to track coding decisions, reduce bias, and maintain transparency. Although member checking was not feasible due to the retrospective nature of the data, the use of direct quotes and consistent coding practices enhanced the confirmability of findings.

Ethical Procedures

Participants

This study used data from 10 former employees of DCC who had completed structured exit interviews at the time of their voluntary separation from the organization. Participants were selected based on availability of completed exit interviews from the past four years. These interviews had been conducted as part of DCC's standard human resources procedures and included both Likert-scale survey items and a single open-

ended question.

The participants represented a range of roles, including therapists, case managers, administrative staff, and program coordinators. Because the data were drawn from existing records, no direct recruitment or contact with former employees occurred. All identifying information was redacted prior to analysis to maintain confidentiality.

Ethical approval for the study was obtained through Walden University's institutional Review Board (IRB). The organization granted permission to use de-identified personnel data for the purposes of this research. As the data were previously collected and anonymized, and no intervention or interaction with participants occurred, the study met the criteria for minimal risk. All data were stored securely in password-protected files in accordance with ethical guidelines for handling sensitive information.

Procedures

This study utilized structured exit interviews to gather rich, detailed narratives and experiences related to employee turnover at DCC. These interviews, completed by former employees upon separation from the organization, provided firsthand perspectives on factors influencing their decision to leave. The responses offered a contextualized view of challenges related to supervision, workload, compensation, and professional development, all of which were central to the study's research questions.

The exit interviews protocol included a standardized set of Likert-scale questions and one open-ended prompt asking if participants had any additional comments regarding their experience at DCC. These structured items ensured consistency across participants and were aligned with the project's focus on turnover causes, stakeholder impact, and

potential mitigation strategies. Although the interviews were not conducted in real time, the structured and uniform format enhanced the comparability and reliability of the data.

To enhance the validity and trustworthiness of the qualitative analysis, the researcher employed a rigorous thematic coding process using MAXQDA software. The approach included meticulous record-keeping, triangulation through comparison with Likert-scale responses, and the application of a consistent analytic framework. As noted by Noble and Smith (2015), careful documentation of coding decisions and adherence to consistent procedures strengthens the credibility of qualitive research.

Although live member checking was not feasible due to the retrospective nature of the data, efforts were made to ensure confirmability through cross-verification of themes against original responses. Triangulation was supported through collaboration with two professionals outside the organization, a physician and a behavioral health program director who provided external perspectives on the initial themes. This theoretical triangulation, as described by Guion et al. (n.d.), allowed for diverse interpretations of the data and increased the trustworthiness of the findings.

Credibility was also supported through rich description of themes and participant perspectives, providing a detailed account of the work environment and turnover factors at DDCC. Creswell and Miller (2000) emphasized that thick description allows readers to assess the transferability of findings to similar organizational settings.

Lastly, although respondent validation was not possible post hoc, the analysis was guided by established procedures for confirmability, including regular documentation, neutrality in interpretation, and comparison across data types. These procedures

collectively aimed to ensure that the study's findings were grounded in participant experience and aligned with qualitative research standards (Coleman, 2022; Enhancing Validity in Qualitative Research, n.d.).

Protections

Participants in this study were not recruited through outreach; instead, they were former employees of DCC who had completed structured exit interviews as part of the organization's offboarding procedures. These interviews were conducted prior to the initiation of this research and served as archival data. As such, no new data collection or participant contact was required.

All participant data were securely stored in a password-protected database, and only the researcher had access. Identifying information was redacted from the interview forms prior to analysis to ensure confidentiality. The data were retained in accordance with ethical guidelines and Walden University's data retention policy.

Participants did not receive direct incentives, as no additional participation occurred beyond the original completion of the exit interviews. However, the findings of the study were made available to the organization and may be shared in anonymized summary form to promote transparency and demonstrate respect for participants' contributions.

Although a standard informed consent process was not applicable due to the retrospective nature of the data, the organization provided formal approval for use of the de-identified exit interviews for research purposes. Confidentiality was maintained by removing all personal identifiers, and any quotes used in the report were presented in a

way that ensured anonymity. The right to withdraw was not applicable to this dataset since no active participation or follow-up occurred.

This project was submitted to and approved by Walden University's Institutional Review Board (IRB), which confirmed that the research met ethical standards for studies involving minimal risk and secondary data analysis. By adhering to these procedures, the study prioritized participant confidentiality, organizational transparency, and ethical data usage in accordance with professional and institutional guidelines. By implementing these procedures and measures, the study aimed to uphold the highest ethical standards, prioritize participant well-being, and contribute valuable insights to the understanding of the turnover issue at DCC.

Analysis and Synthesis

Data for this study were drawn from structured exit interviews previously completed by 10 former DCC employees who resigned from their positions in the past four years. These interviews included Likert-scale responses and a single open-ended question, providing both quantitative and qualitative data for analysis. All identifying information was redacted to ensure confidentiality.

The researcher manually transcribed the data into a secure spreadsheet for organization and analysis. Likert-scale responses were coded numerically (1-5) and summarizing using Microsoft Excel to identify trends across six workplace domains: job satisfaction, supervision and leadership, compensation and benefits, professional growth, workload and work-life balance, and overall work environment.

Qualitative responses from the open-ended questions were analyzed using

MAXQDA software. The researcher conducted open coding to identify recurring ideas and expressions, which were then grouped into categories and further refined into themes. A total of 32 open codes were generated, eventually leading to five core themes representing the most common reasons for employee turnover at DCC.

To ensure integrity and transparency of the analysis, all coding decisions, theme development, and data summaries were documented in a secure file depository. No data were missing, as the dataset was complete and static. Consistency in the analysis was maintained through repeated review of participant responses and cross-referencing between quantitative and qualitative findings. This systematic approach allowed for triangulation of data sources and strengthened the validity of the study's conclusions by ensuring alignment between narrative feedback and survey responses.

Summary

The organizational problem at DCC revolved around turnover, impacting patient care and treatment consistency. The lack of knowledge regarding the reasons for turnover prompted a comprehensive administrative study. The practice-focused questions aimed to uncover the underlying causes of turnover, develop mitigation strategies, enhance employee engagement, and ensure high-quality patient care. The study involved qualitative data sources, including internal organizational data, de-identified exit interviews with former employees, and an extensive literature review. These data sources aligned with the study's purpose and contributed to a thorough understanding of turnover-related challenges. Exit interviews, originally completed by employees at the time of separation from DCC, included both Likert-scale responses and a single open-

ended question. No new recruitment or outreach was conducted, as the data were archival. The findings of the study provided valuable insights and recommendations for mitigating turnover, enhancing employee engagement, and improving patient care at DCC. This summary sets the stage for the subsequent sections, including data collection, data analysis, findings, deliverables, and recommendations, evidence of trustworthiness, and strengths and limitations of the study.

Section 4: Results and Recommendations

Introduction

The purpose of this study was to explore the root causes of employee turnover at DCC, a non-profit mental health organization, and to identify effective mitigation strategies to enhance retention of employees, improve employee engagement, and ensure quality care for patients. DCC had faced a persistent pattern of staff turnover over the past several years, resulting in challenges such as reduced treatment consistency, increased emotional distress among clients, and decreased employee morale and engagement. Despite industry-wide awareness of turnover within the mental health field, the specific factors contributing to turnover at DCC had not been systematically examined, representing a clear gap in knowledge within this organizational context. Using a qualitative case study design, the research focused on analyzing exit interviews from 10 former employees. The study was guided by four questions:

- What are the underlying causes of turnover at DCC?
- How can effective strategies be developed and implemented to mitigate turnover?
- How can DCC enhance employee engagement to foster a supportive work environment?
- What operational measures can help ensure consistent, quality patient care despite staffing challenges?

While grounded in a qualitative approach, the study incorporated both narrative data from open-ended exit interview responses and descriptive quantitative data collected

through Likert-scale survey items. The deliverables included a thematic analysis of qualitative data, a summary of survey response trends, and visual representations to illustrate key patterns. These findings were organized under major headings: participant demographics, quantitative survey response summary, thematic analysis of open-ended comments, and summary of findings. These sections highlighted pressing issues contributing to turnover and offer actionable insights for organizational improvement.

Data Collection

Data for this study were collected from a total of 10 participants, all of whom were former employees of DCC. Participants were eligible based on their separation from the organization within the past 4 years and represented a variety of roles, including therapists, case managers, and administrative staff. Employment duration among participants ranged from 1 year 6 months to 5 years and 9 months, providing a diverse range of professional experiences. The data were derived from structured exit interviews that had been completed by employees on their final day of employment. Each exit interview included both Likert-scale questions assessing job satisfaction, supervision, compensation, professional development, work-life balance, and work environment, as well as a single open-ended question inviting employees to elaborate on their overall experience and reasons for leaving. These interviews were originally administered on-site by DCC's administrative staff and later accessed in de-identified format for this study.

For the purpose of this study, the original exit interviews were manually copied from personnel records, and all identifying information was redacted to protect participant confidentiality, with permission from the organization. For the purpose of this

study, data collection occurred between October 25, 2024, and March 24, 2025. All data were compiled into a secure, password-protected database. Quantitative responses were summarized descriptively, while the open-ended responses were analyzed thematically using MAXQDA software. Data were securely retained and will continue to be stored for a minimum of five years, in compliance with Walden University's data retention policy.

All exit interviews were originally completed on-site at DCC as a part of the organization's standard HR protocol for departing employees. With permission from the organization, the researcher copied the original exit interviews from personnel files, and all identifying information was redacted to ensure confidentiality. This data transfer occurred once per participant and required no repeated or follow-up collection. The redacted data were then compiled into a secure research database for analysis. There were no additional instruments or follow-up procedures involved in the data collection process.

All exit interviews were recorded on paper forms maintained in personnel files at DCC. For research purposes, the exit interviews were manually transcribed and digitized into a secure spreadsheet. Quantitative survey responses were numerically coded, while the open-ended responses were prepared for qualitative coding in MAXQDA software. The full dataset was compiled into a password-protected folder and stored securely by the researcher.

Data Analysis

This study used both qualitative and quantitative data collected from structured exit interviews. The exit interviews included a single open-ended question and a set of Likert-scale questions covering six workplace domains: job satisfaction, management and

supervision, compensation and benefits, professional growth, workload and work-life balance, and overall work environment. Both data types were analyzed using methods appropriate to their structure and purpose.

Qualitative Analysis Process (Open-Ended Response)

An inductive thematic analysis was used to analyze the open-ended responses. This approach allowed themes to emerge directly from participant language without applying preexisting codes. I began by reading each response several times to gain familiarity with the content and to identify key words and phrases. Using open coding within MAXQDA software, short descriptive codes were applied to specific ideas or repeated expressions that appeared meaningful or more frequently repeated. These initial codes were then organized into broader categories that reflected shared patterns in participant experience. For example, codes such as “emotionally drained, “exhausted,” and “burned out” were grouped under the category “emotional fatigue.” Once categories were developed, they were reviewed and collapsed into five major themes that reflected the core drivers of employee turnover. These themes were:

1. Burnout and Emotional Strain
2. Lack of Supervisory Support
3. Limited Career Growth
4. Concerns About Compensation
5. Work-Life Balance Challenges

All coding and thematic development for the open-ended responses were conducted using MAXQDA software, which supported the assignment of codes, organization into

categories, and development of overarching themes. MAXQDA allowed for efficient comparison and tracking of coded data across participants.

Quantitative Analysis Process (Likert-Scale Survey)

The exit interviews consisted of 22 Likert-scale items, each scored on a five-point scale from *Strongly Disagree* to *Strongly Agree*. The items were organized into six thematic categories:

1. Job Satisfaction
2. Supervision and Leadership
3. Compensation and Benefits
4. Professional Growth
5. Workload and Work-Life Balance
6. Work Environment

Each participant's responses were reviewed and grouped according to these predefined categories. Numeric values (1 through 5) were assigned to each Likert response to facilitate descriptive analysis, with 1 = *strongly disagree* and 5 = *strongly agree*. Scores for each category were averaged per participant and also examined across the sample to identify areas of overall strength and concern. The findings from the survey responses were used to support and contrast the qualitative themes developed from the open-ended data. For example, participants who rated their work-life balance as low (e.g., scores of 2.0 or below) often reflected this in their open-ended responses. This dual analysis provided a full picture of each participant's experience and offered multiple lines of evidence to support the study's findings.

A total of 32 open codes were generated during the initial round of analysis. These codes reflected phrases, concepts, or emotional expressions that appeared frequently across participant responses. Each code was applied using open coding within MAXQDA software, which allowed the researcher to track frequency, context, and alignment across participants. The open codes were then grouped into six intermediate categories, each representing shared patterns in experience or perspective. From these categories, five predominant themes were developed. These themes captured the most prominent reasons for employee turnover as described by former DCC staff. Table 1 illustrates the progression from open codes to categories and final themes.

Table 1

Codes, Categories, and Themes

Example Codes	Category	Theme
"Emotionally drained," "Workload difficult to manage"	Emotional fatigue	Burnout and Emotional Strain
"Inconsistent support," "concerns not acted on"	Supervisory absence	Lack of supervisory support
"No room to grow," "hit a ceiling," "felt stuck"	Limited advancement	Limited Career Growth
"Pay didn't reflect workload," "compensation low"	Compensation dissatisfaction	Concerns about Compensation
"Too much to manage," "personal time affected"	Work-life interference	Work-Life Balance Challenges

Theme 1: Burnout and Emotional Strain

Several participants described a buildup of emotional fatigue and workload-related stress as central to their decision to leave DCC. This form of burnout, while common in human services, was intensified by perceived gaps in support and organizational responsiveness. Staff described working in emotionally demanding roles

without sufficient resources, time, or recovery support. Participant P1 shared, “I appreciated the opportunity to work with clients, but I found the workload and inconsistent support difficult to manage over time.” Other participants, including P2 and P8, similarly reflected that their work remained meaningful, but the accumulation of demands and inconsistent structures contributed to emotional depletion. They expressed that these conditions ultimately pushed them to seek roles with more manageable expectations and support systems. These experiences point to a broader pattern of occupational burnout that may be especially pronounced in nonprofit mental health settings. Participants who reported emotional fatigue also scored below 2.5 on items such as “My workload was manageable” and “I had a healthy balance between work and personal life.” These data underscore that burnout was not only reported qualitatively but also through quantitative indicators.

These findings suggest that burnout at DCC was not an isolated experience, but a chronic issue ran by unmanageable expectations and a lack of systemic support. While participants valued the mission of their work, the emotional labor required to sustain it without adequate resources diminished their long-term commitment. Left unaddressed, this type of sustained fatigue can lead to increased absenteeism, early resignations, and even negative impacts on client care. Organizations that fail to address emotional strain risk losing highly motivated professionals simply because the conditions of the job become unsustainable.

Theme 2: Lack of Supervisory Support

Participants consistently emphasized the importance of feeling supported by

leadership. Several described experiencing inconsistent supervision, minimal feedback, or a lack of follow-up when concerns were raised. While many employees valued their teams or the mission of their work, the absence of consistent guidance and advocacy from supervisors contributed to disengagement. Participant P9 stated, “My time at DCC helped me develop administrative skills. I left in search of higher compensation and growth opportunities. I also experienced a lack of regular support in my role.” Other participants noted that supervision felt reactive rather than proactive. Participant P1 reflected that while work was meaningful, the support structure made it unsustainable. Similarly, Participant P2 and P8 noted that when challenges emerged, they often felt alone in addressing them, leading to decreased trust and emotional fatigue. This theme is reinforced by Likert-scale responses on “My supervisor provided adequate support and guidance” and “Leadership was effective and contributed to a positive work environment,” both of which received average scores between 2.0 and 2.7 among those who cited leadership concerns. The findings suggest that supervisory consistency is not only a matter of employee satisfaction but also a critical component of workforce retention.

The findings suggest that inconsistent supervision at DCC contributed not only to disengagement but also to feelings of isolation. Participants did not expect perfect oversight, but rather a reliable supervisory presence to guide, support, and advocate for them during times of high demand. When that presence was missing, it undermined morale and trust. In an environment where emotional labor is high, supervisory consistency acts as a stabilizing force. Without it, even committed staff may begin to

question their value within the organization and eventually seek workplaces where they feel better supported.

Theme 3: Limited Career Growth

A significant number of participants reported that the lack of internal growth opportunities contributed to their decision to leave DCC. While many appreciated their roles, they ultimately left because they could not see a clear path forward within the organization. This sense of professional stagnation affected motivation and long-term engagement. Participant P5 shared, “I’m grateful for the experience and responsibilities I had at DCC, but I left to pursue a leadership opportunity that aligned with my career goals.” Other participants described DCC as a valuable starting point in their careers. Participant P3 and P10 acknowledged that the organization helped them build strong foundational skills but expressed that there were limited leadership or development opportunities to grow into. Participant P9 had similar sentiments, stating that growth potential was a major reason for seeking employment elsewhere. Participants who cited this theme consistently rated “Opportunities for career advancement” and “There were sufficient opportunities for professional growth” between 2.0 and 2.7, indicating a shared sense of underdevelopment. These responses suggested that without clear advancement tracks, employees may disengage even when otherwise satisfied with their work.

The theme of limited career growth highlights a critical gap in DCC’s long-term employee engagement strategy. While participants were appreciative of the experience gained, their decision to leave were often prompted by a perceived ceiling within the organization. When staff cannot envision a path forward, they may disengage, regardless

of how meaningful the work initially feels. Without visible promotion, leadership development tracks, or advancement conversations, organizations risk becoming a launchpad rather than a place of professional investment. Turnover resulting from stagnation is particularly costly because it often involves high-potential employees seeking advancement elsewhere.

Theme 4: Concerns About Compensation

While compensation was rarely cited as the sole reason for leaving, several participants described it as a contributing factor particularly when paired with high demands, limited recognition, or emotional exhaustion. Participants shared that their salaries and benefits did not reflect the level of work, responsibility, or complexity involved in their roles. Participant P9 stated, "My time at DCC helped me develop administrative skills. I left in search of higher compensation and growth opportunities." Other participants including P1 and P8, implied that compensation was a concern but often referenced it in the context of larger issues. Participant P3 noted leaving for a role that offered more growth and flexibility, suggesting that higher compensation was indirectly connected to career advancement. While not all participants mentioned compensation directly, many left for roles that offered better alignment between responsibilities and rewards. Survey items related to pay and benefits, such as *"I was satisfied with the compensation I received"* and *"Compensation was competitive compared to other organizations,"* were among the lowest rated across the sample, with scores typically ranging between 1.7 and 2.5. These ratings indicate that compensation, while not always explicitly prioritized remains a key retention factor.

Although compensation was rarely cited as the sole cause of turnover, it emerged as a critical compounding factor particularly when paired with emotional fatigue or lack of recognition. When staff feel they are giving more than they receive, financially or otherwise, it impacts motivation and increases vulnerability to outside offers. In nonprofit settings, where salaries may already lag behind market competition, the perceived fairness of compensation becomes especially important. Without competitive pay or meaningful recognition systems, organizations risk sending the message that employee contributions are undervalued ultimately driving turnover among staff who might otherwise be retained.

Theme 5: Work-Life Balance Challenges

Several participants reported that the demands of their roles made it difficult to maintain a healthy balance between work and personal life. Factors such as unpredictable schedules, high caseloads, and lack of recovery time contributed to emotional fatigue and dissatisfaction. Participant P6 shared, "I enjoyed working with my clients and colleagues. I left primarily due to scheduling demands and to seek better work-life balance." Other participants noted that they often carried their work beyond business hours, found it difficult to disconnect, or struggled to manage the emotional load outside of their professional responsibilities. Participants P3, P8, and P1 each described experiencing mental or physical exhaustion that built up over time, even when they remained committed to the work itself. Likert-scale responses reflected these concerns. Participants who emphasized work-life strain rated *"My workload was manageable"* and *"I had a healthy balance between work and personal life"* between 1.0 and 2.3. These scores

highlight the disconnect between role expectations and the ability to maintain wellness, suggesting that improving work-life balance policies may be critical to long-term retention.

The data suggests that poor work-life balance at DCC was not a temporary stressor but a chronic issue that contributed to emotional strain, disengagement, and resignation. When staff consistently operate at or beyond their capacity, even the most committed employees begin to detach from their roles in an effort to preserve personal well-being. Over time, this erosion of boundaries leads to burnout, reduced productivity, and eventually turnover. For organizations such as DCC, sustaining a stable workforce requires more than passion, it required structural practices that respect employees' need for recovery, flexibility, and balance.

Quantitative Support for Emergent Themes

The findings from the Likert-scale survey items also aligned with the themes identified in the qualitative data. Participants who described burnout or work-life imbalance in their open-ended responses typically rated the corresponding survey categories lower (e.g., scores of 2.0 or below on workload and work-life balance items). Similarly, participants who raised concerns about supervision or leadership often scored those items lower on the survey. This alignment between qualitative themes and survey responses strengthens the credibility of the findings and demonstrates convergence across both data sources.

While the majority of participants identified issues related to supervision, compensation, burnout, workload, or career advancement, two participants shared

responses that differed from the dominant patterns. These responses were considered discrepant cases because they did not express dissatisfaction with the organization or its internal processes. Participant P4 indicated that their reason for leaving DCC was due to relocation and noted a generally positive experience during their time at the organization. Their response did not contain any concerns about leadership, workload, compensation, or support. Likewise, Participant P7 explained that they left the organization to pursue graduate education. Participant P7 also did not report any negative aspects of their experience and expressed appreciation for the opportunities and support they received while employed at DCC. These discrepant cases were not excluded from the analysis. Instead, they were included as examples of turnover motivated by external, non-organizational factors, rather than dissatisfaction with workplace conditions. Their presence adds nuance to the findings and helps demonstrate that not all turnover at DCC is the result of internal challenges. Including these cases enhances the trustworthiness of the analysis by showing that the coding process accounted for variation in participant responses, not just patterns of dissatisfaction. The final themes were developed with these differences in mind. While the two participants did not contribute to most of the dominant themes, their responses were helpful in confirming that the identified issues, such as burnout and lack of support, were not universal, and that some employees left DCC on positive or neutral terms.

Findings

This qualitative study was conducted to explore the underlying factors contributing to employee turnover at DCC. The study also aimed to understand how

turnover affects morale, service delivery, and organizational culture, and to identify recommendations for improving staff retention. Data were collected from exit interviews completed by ten former employees representing a range of roles including therapists, case managers, administrative staff, and program coordinator. These participants had separated from DCC within the previous four years.

Each participant completed a structured exit interview that included a 22 Likert-scale questions and one open-ended prompt. The Likert-scale items covered six workplace domains: job satisfaction, supervision and leadership, compensation and benefits, professional growth, workload and work-life balance, and overall work environment. The open-ended prompt invited participants to add any additional comments regarding their employment at DCC. Participants used this space to reflect on their workplace experiences, express concerns, and in many cases, explain the reasons behind their decision to leave the organization.

The open-ended responses were analyzed using inductive thematic analysis by MAXQDA software. A total of 32 open codes were generated and subsequently grouped into six categories. From these categories, five major themes emerged that described the primary factors influencing participants' decisions to leave DCC. The quantitative data were analyzed descriptively and used to support and contrast the qualitative findings. The results are presented below and organized according to the four research questions. Each question is addressed through the relevant themes that emerged from the qualitative analysis, with direct quotations from participants and associated survey responses included to provide context and support for the findings.

Research Question 1: What are the Underlying Causes Of Turnover at DCC?

Five themes were identified through the analysis of open-ended responses from the exit interviews. These themes reflect the most commonly cited factors contributing to turnover at DCC. These themes discuss the study's findings and address the research questions. The responses on the exit interviews supported the findings of the survey.

Theme 1: The Emotional and Physical Demands of the Job Resulted in Burnout and Emotional Strain

Three participants reported that emotional exhaustion and burnout significantly contributed to their decision to leave DCC. These participants described being overwhelmed by the emotional toll of the client care, high caseloads, and ongoing pressure to perform without sufficient time for recovery or organizational support. Participant P1 wrote, “I appreciated the opportunity to work with clients, but I found the workload and inconsistent support difficult to manage over time.” Participant P2 explained, “I stayed because I believe in the mission, but I ultimately left due to the high workload and limited support from leadership. Participant P8 stated, “I appreciated the team and client work, but the workload and lack of consistent support contributed to my decision to resign.” These responses suggest that participants were motivated by a strong sense of purpose in their work, but the chronic emotional toll of client-facing responsibilities without adequate organizational support left them depleted. The theme reflects a broader pattern where employees who were deeply committed to their roles experienced long-term fatigue and disengagement due to sustained stress and limited relief. Supporting this theme, all three participants rated items related to workload and

emotional sustainability poorly. Specifically, on the Likert-scale item *"My workload was manageable,"* participants scored between 1.0 ("Strongly Disagree") and 2.0 ("Disagree"). In the *Workload and Work-Life Balance* domain, their average scores were below 2.5. This alignment between narrative comments and quantitative responses strengthens the conclusion that burnout driven by workload and insufficient structural support was a key driver of turnover among these participants.

Theme 2: The Need for Enhanced Support for Work-Life Balance

Four participants described a lack of consistent supervisory support as a contributing factor in their decision to leave DCC. These participants referenced limited guidance, inconsistent communication, and a general absence of follow-through when concerns were raised. Their reflections suggested that while they valued aspects of their roles, the lack of support from supervisors made their work environment feel isolating and unsustainable. Participant P1 shared, "I appreciated the opportunity to work with clients, but I found the workload and inconsistent support difficult to manage over time." Participants P2 stated, "I stayed because I believed in the mission, but I ultimately left due to high workload and limited support from leadership." Participant P8 wrote, "I appreciated the team and client work, but the workload and lack of consistent support contributed to my decision to resign." Participant P9 reflected, "My time at DCC helped me develop administrative skills. I left in search of higher compensation and growth opportunities. I also experienced a lack of regular support in my role." These responses suggest that participants were not only affected by their workload, but also by the absence of reliable supervisory engagement. When feedback was inconsistent or

unavailable, participants reported a reduced sense of connection and professional affirmation. The lack of meaningful communication with supervisors appeared to reinforce feelings of being unsupported and undervalued. Supporting this theme, these participants also rated supervisory items on the Likert-scale survey between 2.0 and 2.7. Specifically, responses to the statements, *"My supervisor provided adequate support and guidance"* and *"I felt comfortable discussing challenges or concerns with my supervisor"* were among the lowest-rated items for these individuals. This alignment between their survey responses and narrative comments strengthens the interpretation that weak supervisory relationships were a notable factor contributing to turnover at DCC.

Theme 3: Limited Opportunities for Advancement Resulted in Stagnation

Six participants shared that a lack of career advancement or career development opportunities contributed to their decision to leave DCC. While participants expressed gratitude for the experience they gained, several left explicitly to pursue leadership roles, greater flexibility, or professional growth that they felt was unavailable within the organization. Participant P3 stated, "My time at DCC was a valuable learning experience. I left to pursue a position that offered more flexibility and growth potential." Participant P5 reflected, "I'm grateful for the experience and responsibilities I had at DCC, but I Ieft to pursue a leadership opportunity that aligned with my career goals." Participant P10 wrote, "DCC provided a strong foundation in clinical work. I left to take on a supervisory position and expand my leadership skills." Participant P9 explained, "My time at DCC helped me develop administrative skills. I left in search of higher compensation and growth opportunities." While Participant P2 and Participant P8 did not specifically

mention career stagnation, their references to limited support and broader dissatisfaction aligned with low survey scores in the professional growth domain and supported the interpretation that organizational development pathways were unclear or inaccessible. This theme is further supported by survey ratings. Participants who described leaving for career advancement scored between 2.0 and 2.7 on items such as *"There were sufficient opportunities for professional growth"* and *"I had opportunities for career advancement within DCC."* The convergence between survey dissatisfaction and participant narratives confirms that limited development opportunities were a significant driver of turnover.

Theme 4: Concerns About Compensation

Five participants reported dissatisfaction with compensation as a contributing factor in their decision to leave DCC. Although some participants did not reference pay directly in their comments, their Likert-scale responses indicated clear discontent in the compensation and benefits domain. Participant P9 provided the most direct comment, stating, "My time at DCC helped me develop administrative skills. I left in search of higher compensation and growth opportunities." Participant P3 wrote, "My time at DCC was a valuable learning experience. I left to pursue a position that offered more flexibility and growth potential." Though not explicitly mentioning pay, the reference to growth potential is commonly linked to higher compensation and benefits in new roles." Participant P8 noted, "I appreciated the team and client work, but the workload and lack of consistent support contributed to my decision to resign." While pay was not directly stated, Participant P8 survey responses reflected low satisfaction with compensation. Participant P1 similarly shared, "I appreciated the opportunity to work with clients, but I

found the workload and inconsistent support difficult to manage over time." Participant P1 survey scores indicated dissatisfaction in multiple domains, including compensation. Participant P2 stated, "I stayed because I believed in the mission, but I ultimately left due to the high workload and limited support from leadership." Like others, Participant P2 qualitative comments focused on strain, but survey responses reflected on dissatisfaction with salary. These responses suggest that while pay was not always the sole reason for departure, it was often a significant compounding factor especially when paired with high emotional labor, minimal recognition, or a lack of growth. The theme points to a broader perception that compensation was not corresponding with the demands or responsibilities of the roles held. Survey data further substantiates this theme. Participants who indirectly or directly referenced pay concerns rated items such as *"I was satisfied with the compensation I received"* and *"Compensation was competitive compared to other organizations"* between 1.0 and 2.3. The alignment of these scores with participant reflections confirms that perceived inadequacy of compensation played a substantial role in employee turnover at DCC.

Theme 5: Difficulty Maintaining Work-Life Balance Contributed to Turnover

Five participants discussed difficulty maintaining a balance between professional responsibilities and personal well-being. Their comments reflected ongoing strain from excessive workloads, limited schedule flexibility, and a sense that their roles often extended into their personal time. While not always stated as the sole reason for leaving, work-life imbalance consistently appeared as a compounding factor that influenced participants' decisions to transition out of DCC. Participant P6 stated, "I enjoyed working

with my clients and colleagues. I left primarily due to scheduling demands and to seek better work-life balance." Participant P3 explained, "My time at DCC was a valuable learning experience. I left to pursue a position that offered more flexibility and growth potential." Participant P1 shared, "I appreciated the opportunity to work with clients, but I found the workload and inconsistent support difficult to manage over time." Participant P2 commented, "I stayed because I believed in the mission, but I ultimately left due to the high workload and limited support from leadership." Participant P8 noted, "I appreciated the team and client work, but the workload and lack of consistent support contributed to my decision to resign." Taken together, these comments suggest that while participants found purpose and meaning in their roles, the demands of the work left little room for rest, recovery, or personal times. The strain of balancing client care, documentation, and organizational expectations became unsustainable, promoting several to seek roles that offered greater flexibility or control over their schedules. Survey responses supported these narratives. Participants who referenced work-life challenges rated items such as *"I had a healthy balance between work and personal life"* and *"My workload was manageable"* between 1.0 and 2.5. These scores were among the lowest in the *Workload and Work-Life Balance* domain, indicating that the perceived imbalance was both a felt experience and a measurable area of dissatisfaction. This alignment reinforces that the inability to maintain a sustainable work-life balance was a key contributor to voluntary turnover at DCC.

Research Question 2: How can Effective Strategies be Developed and Implemented to Mitigate Turnover?

Although participants were not directly asked to propose solutions, several reflected on what might have improved their experience or influenced them to remain at DCC. These reflections reveal opportunities for strategic improvement across five areas. This section presents suggestions grounded in participants insights and supported by survey data.

Identified strategies for mitigating turnover:

1. Promote consistent supervisor engagement
2. Strengthen career development pathways
3. Improve scheduling flexibility and work-life balance
4. Offer meaningful recognition and fair compensation
5. Increase role clarity and expectations.

Promote Consistent Supervisor Engagement

Several participants described the supervisory environment as inconsistent or unresponsive. Comments indicated that limited communication, infrequent check-ins, or lack of follow-through from supervisors contributed to decisions to leave. Participants expressed a need for supervisors who are accessible, invested, and able to provide timely feedback. One participant described leaving after becoming "overwhelmed by high demands and inconsistent support," while another emphasized that "leadership support wasn't there when needed." This feedback is consistent with Likert-scale responses on items such as *"My supervisor provided adequate support and guidance"* and

"Leadership was effective and contributed to a positive work environment," which were rated between 2.0 and 2.5 by those who referenced supervision concerns. These low scores suggest that enhancing supervisor consistency could positively influence retention.

Strengthen Career Development Pathways

Several participants indicated that limited advancement opportunities contributed to them resigning. Some left to pursue promotions in other organizations, while others mentioned the lack of professional growth at DCC as a key concern. Participants wanted clear roads for promotion and opportunities to expand their skillset within the organization. One participant noted, "There was no clear next step for me at DCC," while another described the organization as a good foundation, but not one where long-term professional develop was possible. Survey responses to *"I had opportunities for career advancement"* and *"There were sufficient opportunities for professional growth*" were rated between 2.0 and 2.7, aligning with participant concerns. This suggests that developing intentional, visible career pathways could help retain professionals.

Provide Flexibility and Support Work-Life Balance

Participants who described burnout and emotional fatigue often linked it to rigid schedules or limited flexibility. The demands of the job, when combined with lack of personal time, contributed to turnover among those who otherwise valued their roles. Multiple participants shared that work regularly extended beyond office hours and interfered with their ability to manage personal responsibilities. Once participant reflected, "There was little space left for anything else outside of work," while another noted leaving in search of "better work-life balance." These concerns reflected in low

ratings (1.0 to 2.3) on survey items such as *"My workload was manageable"* and *"I had a healthy balance between work and personal life."* These scores reinforce the value of offering more flexible scheduling options or support for boundary-setting as a retention strategy.

Offer Meaningful Recognition and Fair Compensation

Although compensation was not always cited as the primary factor, many participants mentioned that it did not match the level of responsibility, workload, or emotional labor. Others emphasized that consistent acknowledgement or recognition for their work was lacking. Once participant stated, "We gave a lot more than we received" while another mentioned leaving in search of "compensation that reflected the role and responsibilities." This was supported by consistently low ratings on *"I was satisfied with the compensation I received"* and *"Compensation was competitive compared to other organizations,"* which ranged from 1.7 to 2.5 among those who cited pay as a concern. Improvements in both tangible and intangible recognition may reinforce staff value and support retention.

Clarify Role Expectations and Promotion Criteria

In addition to a lack of career development, some participants described uncertainty around what was expected of them, how performance was evaluated, or what it would take to advance in their career at DCC. These gaps contributed to frustration and uncertainty about long-term fit within the organization. Several participants described leaving to pursue roles that offered clearer direction or structure. One participant noted that while DCC was "a good place to start," it lacked the structure it needed to support

long-term engagement. Low ratings in survey items related to *professional growth, leadership, and communication* support this theme. Greater transparency in how roles evolve and how performance is assessed may help employees feel more grounded and invested.

The strategies identified in participant reflections align with common best practices in workforce retention: supportive supervision, career development, flexibility, recognition, and communication. These do not necessarily require large financial investments but may instead rely on intentional internal changes. Implementing these strategies could not only improve retention by also strengthen employee engagement and organizational culture overall.

Research Question 3: How can DCC Enhance Employee Engagement to Foster a Supportive Work Environment?

Although participants were not directly asked to define engagement, their reflections offered insight into what made them feel connected or disconnected from their roles at DCC. Their experiences suggested that employee engagement was linked to feeling supported, having meaningful relationships, being recognized for contributions, and having room to grow professionally. Based on participants responses, four primary strategies to enhance engagement emerged:

1. Foster a culture of supervisor support and responsiveness
2. Strengthen team connection and collegial respect
3. Recognize contributions and effort
4. Encourage professional development and purpose

Foster a Culture of Supervisor Support and Responsiveness

Participants frequently described emotional strain that was compounded by leadership that felt inconsistent, disengaged, or difficult to access. While many were motivated by the mission of the work, their connection to the organization diminished when they didn't feel heard or supported. One participant noted leaving because "support was not there when needed most." Others referenced a desire for more structured feedback, clearer communication, and timely responsiveness from leadership. Survey items such as *"My supervisor provided adequate support and guidance"* and *"Leadership was effective and contributed to a positive work environment"* were rated between 2.0 and 2.5 among these respondents, indicating a shared sense of disengagement rooted in weak supervisory support. Improving consistency and accountability among supervisors may help employees feel more connected to their teams and to DCC as an organization.

Strengthen Team Connection and Collegial Respect

Participants expressed that team dynamics played a significant role in their experience at DCC. When these dynamics were strong, employees described positive engagement. When team cohesion broke down or staff turnover disrupted continuity, participants reported feeling isolated or emotionally taxed. One participant shared that the "team and client work was appreciated," but the overall experience was diminished by high demands and insufficient infrastructure. Likert-scale items like *"I felt respected by my colleagues"* and *"The overall environment was positive"* were rated moderately, between 2.3 and 2.7, reflecting mixed experiences. This suggests that while team support

was valued, it was not consistently felt across the organization. Promoting collaborative culture-building activities and ensuring adequate staffing levels to support team functioning may enhance day-to-day engagement.

Recognize Contributions and Effort

Several participants noted that their work was not adequately acknowledged. While recognition can take many forms, employees emphasized that being seen and appreciated whether verbally, financially, or through promotion was important to their sense of belonging. One participant reflected on giving "more than what was received in return," while others cited lack of acknowledgement as a reason their motivation declined over time. Survey scores for *"I was satisfied with the compensation I received"* and *"Feedback from my supervisor was constructive and timely"* were both low among participants who referenced feeling undervalued, averaging between 1.7 and 2.3. Regular recognition whether through supervisor check-ins, peer acknowledgement, or formal rewards may improve employee morale and reinforce long-term commitment.

Encourage Professional Development and Purpose

Participants who left DCC often did so to pursue growth or to realign their work with their long-term goals. Those who felt their development had plateaued or their contributions were no longer tied to advancement reported feeling disengaged. Several participants described their work at DCC as "a valuable foundation" or "a strong start," but ultimately sought roles that offered more purpose or flexibility aligned with their vision of professional fulfillment. Items related to *opportunities for career advancement and professional growth* were among the lowest rated across the sample, with averages

between 2.0 and 2.7. Creating accessible professional development plans, encouraging employee input in their own career paths, and providing ongoing learning opportunities may help employees feel invested in both their personal success and the future of the organization.

Participants made clear that engagement goes beyond job tasks, it's about feeling supported, valued, and aligned with the organization's purpose. To foster a supportive work environment, DCC may need to invest in leadership development, team building, flexible recognition practices, and transparent growth planning. These improvements can contribute not only to retention but to a more engaged, mission-driven workforce.

Research Question 4: What Operational Measures Can Help Ensure Consistent, Quality Patient Care Despite Staffing Challenges?

Participants did not explicitly reference patient care in every comment, but their reflections on workload, team stability, and resource gaps provided insight into how staffing challenges affected service delivery. These reflections help identify operational measures that could improve continuity and quality of care at DCC. Three major operational areas emerged from the analysis:

1. Stabilize staffing to prevent service disruptions
2. Ensure reasonable caseloads and scheduling support
3. Invest in team collaboration and continuity of care

Stabilize Staffing to Prevent Service Disruptions

Participants indicated that high turnover not only affected their experience but likely created service gaps for clients. Frequent changes in staff made it difficult to

maintain consistent therapeutic relationships, which are essential in mental health care settings. One participant reflected on staying committed to the mission but feeling overwhelmed by workload and lack for support. Another noted that, while the team was appreciated, the experience was made more difficult by ongoing turnover and scheduling pressures. Although client care was not the direct focus of their comments, the implications suggest that DCC could benefit from improving onboarding, mentorship, and retention to minimize turnover-related disruptions to patient care.

Ensure Reasonable Caseloads and Scheduling Support

Multiple participants described caseloads that exceeded their capacity. These high demands not only contributed to burnout but may also compromise the quality of care delivered to clients. Participants indicated that more thoughtful scheduling, adequate time for documentation, and flexibility in handling urgent client needs could help staff maintain quality and consistency. One participant mentioned leaving to find "better work-life balance," while another described being unable to "manage everything that was required." These reflections point to the need for operational systems that prioritize workload distributions. Survey items such as *"Adequate resources were provided to do my job effectively"* and *"My workload was manageable"* were rated between 1.0 and 2.3 among these participants, confirming that staffing and scheduling support are critical operational issues.

Invest in Team Collaboration and Continuity of Care

Some participants expressed appreciation for their coworkers and clients but noted that changes in staffing, leadership inconsistency, or isolation in their roles

hindered a sense of team support. In mental health care, collaboration across disciplines and continuity in provider-client relationships are key to delivering high-quality care. Comments about limited supervisory guidance, unacknowledged concerns, or inconsistent team communication suggest that DCC could enhance care delivery by investing in more structured team processes. These could include regular team meetings, shared caseload reviews, and interdisciplinary coordination to support seamless transitions when turnover does occur. Participants who mentioned these issues also scored lower on items like *"The overall environment was positive"* and *"I felt respected by my colleagues,"* typically between 2.3 and 2.7. These scores reinforce the importance of organizational culture in supporting effective service delivery.

Although participants focused on their personal reasons for leaving, their reflections highlight operational challenges that impact both staff and clients. Ensuring consistent, high-quality care at DCC requires more than filling roles, it depends on how roles are supported. Stabilizing staffing, optimizing workload distribution, and reinforcing team coordination may not only improve employee experience but also protect service continuity and patient outcomes.

Deliverables and Recommendations

Based on the analysis of exit interviews and aligned with the four research questions, several practical solutions are recommended to help DCC address the causes of employee turnover and improve workplace engagement, operational consistency, and long-term staff retention. These recommendations are grounded in evidence from both qualitative themes and Likert-scale survey responses.

Practice-Based Recommendations

The following solutions were developed to support decision-making in policy, training, and organizational planning

1. Supervisor Engagement and Accountability Protocol

   A structured feedback and check-in process to promote consistent supervision across programs. Includes monthly 1:1 check-in, documentation standards, and supervisor follow-up expectations.

2. Career Development Planning Framework

   A simple tool for managers to use in goal-setting conversations with staff. Helps to identify paths towards career advancement and skill-building within DCC.

3. Workload Monitoring and Flexibility Guidelines

   Outlines expectations for caseload review, coverage planning, and flexible scheduling policies. Aims to reduce burnout and support work-life balance.

4. Employee Recognition Standards

   Describes recommended practices for verbal, written, and organizational-level employee recognition. Includes a quarterly recognition calendar and nomination process.

5. Role Clarity and Onboarding Checklist

   A communication tool for onboarding and role transitions to ensure staff understand their job expectations, key performance indicators, and advancement opportunities.

Each recommendation is connected to one or more the study's identified themes, burnout, lack of support, career stagnation, compensation dissatisfaction, and unclear advancement pathways.

While the primary deliverable developed for DCC is the Retention Improvement Brief (Appendix A), one supporting product was also developed to guide the effective use of the primary document in practice: a Retention Strategy Implementation Overview (Appendix B). This secondary product is intended to provide leadership and program managers with a simplified roadmap of referencing the core recommendations and considering how they align with internal operations and planning cycles.

This section provides suggested procedures to guide administrative decision-makers at DCC in assigning, coordinating, and evaluating the recommendations presented in the Retention Improvement Brief (Appendix A). These procedures are intended to be practical and structured, enabling leadership to being conversations or take initiatives without requiring extensive plannings.

Recommended Implementation Steps

1. Assign responsibilities to a Retention Task Lead or Committee
    a. Designate an HR representative, clinical manager, ore interdisciplinary task force to review the recommendations
    b. Have this group develop an internal timeline for review and potential action planning
    c. Use Retention Strategy implementation Overview (Appendix B) as a facilitation guide.

2. Prioritize Recommendations Based on Feasibility and Impact
    a. Use the guiding questions in Appendix B to evaluate which solutions can be implemented quickly versus those requiring more resources.
    b. Consider piloting one or two strategies in a single program before scaling across the organization
3. Integrate Into Existing Meetings or Planning Cycles
    a. Incorporate strategy discussion into routine team meetings, supervision, or HR planning.
    b. Include feedback loops from supervisors and front-line staff about which recommendations are urgently needed.

Suggested Evaluation Approaches

To assess the impact of any implemented strategies, DCC leadership may consider the following:

1. Pre- and Post-Implementation Surveys

    Develop short pulse surveys to assess staff satisfaction, supervisory support, or engagement before and after implementation of each strategy
2. Exit Interview Enhancements

    Update the exit interview template to include new items aligned with retention strategies (e.g., “Did you receive regular supervisory feedback?” or “Were professional growth opportunities clear?”).
3. Retention Metrics Tracking

    Compare quarterly turnover rates, average length of employment, and internal

promotions overtime. Use these metrics to evaluate which strategies may be contributing to improved outcomes.

The findings of this study have practical and meaningful implications at multiple levels, including for individuals employed within nonprofit mental health organizations, leadership and administrative teams at DCC, the broader community of mental health providers, and the systems that support workforce development and patient care delivery.

At the individual level, the study highlights how emotional exhaustion, lack of recognition, and limited career growth opportunities contribute to disengagement and turnover. Former employees expressed the need to feel heard, supported, and valued through consistent supervisory feedback, meaningful development opportunities, and a better balance between work and personal life. These findings can inform how mental health professionals assess organizational fit and advocate for supportive work environments that protect their mental health, well-being, and long-term professional goals.

For DCC, the results point to specific, evidence-based areas of organizational improvement that could lead to increased retention, improved morale, and stronger service delivery. Key implications include the need to build stronger, more responsive supervisory structures, clarify role expectations and advancement opportunities, address workload distribution and burnout, and align recognition and compensation with employee effort. Implementing these changes may improve employee engagement, reduce the financial and operational burden of turnover, and enhance the overall effectiveness of client care. These adjustments also contribute to organizational resilience

and continuity, which are important goals for any nonprofit agency facing resource constraints.

For the wider community of mental health organizations, particularly nonprofit, this study offers insight into the systemic challenges that contribute to high turnover. The themes that emerged: burnout, limited support, lack of advancement are not unique to DCC. Similar organizations may benefit from adapting the study's recommendations to their own context. By doing so, they can reduce workforce instability and improve services outcomes for vulnerable populations who rely on consistent care.

At the systems level, the findings contribute to ongoing conversations about workforce sustainability in community mental health settings. High turnover disrupts continuity of care, burdens remaining staff, and compromises treatment to clients. The study underscores the importance of supporting policies and funding structures that incentivize retention through adequate compensation and wellness resources, fund leadership and supervisory training, and promote employee development as a form of service quality improvement. These insights may be useful to funders, policy advocates, training programs, and accrediting bodies seeking to build more resilient mental health systems.

The findings of this study have the potential to support positive social change by informing practices that promote a healthier, more sustainable mental health workforce. Staff turnover in nonprofit mental health settings not only affects employee well-being but also disrupts service continuity for vulnerable populations. By identifying the underlying cause of turnover and presenting strategies to improvement engagement and

retention, the study contributes to several areas of social advancement.

First, the study may benefit mental health professionals by promoting workplace environments that reduce emotional exhaustion, increase professional development opportunities, and support the importance of employee well-being. Improvements in these areas can enhance job satisfaction, reduce burnout, and contribute to a more stable and empowered mental health workforce. Second, organizations like DCC that implement these recommendations may experience improved service consistency, stronger employee morale, and greater capacity to service high-need communities. Reducing turnover supports organizational effectiveness and reduces financial costs associated with frequent staff changes. Third, when nonprofit mental health providers retain staff and foster supportive work environments, clients benefit from consistent care. Therapeutic alliance is a critical factor in treatment success, and reducing staff turnover protects the continuity of care for individuals and families who rely on long-term mental health support. Finally, this study contributes to broader systems change by offering insights for other community-based organizations, funders, and policy influencers. By addressing the workforce crisis in behavioral health, the findings support advocacy for more sustainable funding models, leadership training, and staff-centered policies in human services organizations. The study's focus on employee voice, engagement, and retention has the potential to not only improve internal practices at DCC but also the community that delivers mental health services.

Evidence of Trustworthiness

Establishing trustworthiness was essential to ensure that the findings of this study

accurately represented the experiences of former DCC employees. The four criteria of qualitative rigor, credibility, transferability, dependability, and confirmability were used to assess the integrity of the data and findings.

Credibility was enhanced through the use of methodological triangulation. Both qualitative and quantitative data were collected from structured exit interviews that linked Likert-scale items and a single open-ended prompt. Themes that emerged in participant narratives were often reinforced by survey responses, adding internal consistency to the findings. The convergence of these two data sources increased confidence in the interpretation of participant feedback and reduced the likelihood of misrepresentation.

Transferability was supported by including participants from a variety of roles within the organization, such as therapists, case managers, coordinators, and administrative staff. While the sample size was small, the diversity of professional perspectives allowed for the emergence of broadly applicable themes relevant to other nonprofit mental health settings. Detailed descriptions of participant roles and workplace dynamics provide sufficient context for other researchers or administrators to assess whether these findings apply to similar organizations.

Dependability was ensured by clearly documenting the process used to analyze data. Thematic analysis was conducted using MAXQDA software, beginning with open coding of the open-ended comments and progressing through category development and theme identification. This systematic, step-by-step approach provides transparency and replicability in the analytic process.

Confirmability was addressed by grounding all findings in participant responses.

Direct quotations were included to illustrate key themes, and survey data were used to support or contrast narrative interpretations. The coding and analysis were conducted without pre-established themes, allowing the data to drive the interpretation rather than researcher bias. This inclusion of discrepant cases further demonstrates that the analysis reflected the full range of participant experiences, including those who left the organization on positive terms.

Strengths and Limitations of the Study

Strengths of the Study

One of the key strengths of this study was its use of both quantitative and qualitative data drawn directly from structured exit interviews. This dual approach allowed for a rich, contextual understanding of why employees left DCC, while also providing measurable patterns through Likert-scale responses. The integration of open-ended reflections with feedback enhanced the creditability and depth of the findings. Another strength was the alignment between the study's purpose and the practical needs of the organization. By focusing on actionable themes such as burnout, supervision, and professional development the study produced not only insights but also concrete recommendations with direct application to organizational practice. The development of practitioner heavy deliverables (Appendices A and B) further strengthened the findings for DCC leadership. Additionally, the inclusion of participants from multiple roles within the organization (e.g., therapists, case managers, administrative staff) allowed for a broader understanding of turnover across departments, which increases the potential generalizability of themes within the organization.

Limitations of the Study

Despite its contributions, the study also had several limitations. First, the qualitative data were based on responses to a single open-ended question on the exit interview form. While many participants provided meaningful comments, the lack of follow-up probing limited the depth typically available in semi-structured interviews. Second, the sample size, while appropriate for a focused organizational case study, was relatively small (N=10) and may not represent the full range of experiences across all former DCC employees. The study was also limited to individuals who voluntarily participated and many not reflect the perspectives of those who chose not to complete an exit interview or those who left under more contentious circumstances. Third, there was an uneven distribution of participants by role, with a majority coming from clinical positions. This may have unintentionally weighted the findings toward themes relevant to therapists and case managers, while underrepresenting those from administrative or managerial roles. Finally, participants were not asked explicitly about the impact of turnover on patient care (RQ4), which limited the depth of insight in that area. While their comments implied effects on workload and continuity, more direct questioning would have strengthened the conclusions related to service outcomes.

Overall, the strengths of this study lie in its relevance to practice, use of mixed data sources, and applicability to real-world qualitative case study research and do not undermine the validity or utility of the findings. Future research may address these limitations by expanding the sample, using more in-depth interviews, or focusing on specific staff roles or client impact.

The structured interviews included only one open-ended prompt: *"Do you have any additional comments regarding your employment at DCC Psych?"* While many participants shared meaningful reflections, the absence of follow-up questions or probing limited the depth and detail of the responses. As a result, some themes could only be inferred from brief comments, and participant voices may not have been fully explored as they would have been in a semi-structured interview format. This constraint may have reduced the richness of the qualitative data and limited opportunities to capture more complex insights about engagement, supervision, and organizational culture.

Although the study included a range of former employees (e.g., therapists, case managers, coordinators, administrative staff), most participants held clinical or direct client service positions. This imbalance may have led to an emphasis on themes relevant to direct service providers such as burnout, workload, and emotional strain while underrepresenting administrative, managerial, or executive perspectives ono turnover. This limitation may narrow the generalizability of the recommendations, as operational or structural factors may be perceived differently by non-clinical staff who were not strongly represented in the final sample.

A notable outcome of the analysis was the significant overlap between themes across multiple research questions. For example, comments about lack of supervisory support contributed to findings related to turnover (RQ1), mitigation strategies (RQ2), employee engagement (RQ3), and even operational stability (RQ4). While this overlap supports the consistent nature of employee experience, it sometimes made it challenging to isolate causes, consequences, and solutions in a neatly segmented way. As a result,

several participant quotes or reflections were applicable to more than one theme or question, which may have created some interpretive repetition throughout the findings section.

Although one research question addressed the effect of staffing challenges on patient care (RQ4), few participants explicitly discussed how turnover impacted clients or clinical outcomes. Instead, their reflections focused primarily on personal workload, emotional toll, and professional goals. This may be due to the structure of the exit interview, which did not ask specifically about client care. The absence of detailed commentary on service delivery limited the ability to draw direct conclusions about patient outcomes or continuity of care, though indirect indicators (e.g., burnout, workload strain) suggest operational risks.

These unanticipated limitations do not invalidate the study's findings, but they do highlight areas where depth, balance, or direct evidence was constrained. Future studies may benefit from longer, semi-structured interviews; more diverse role sampling; or inclusion of questions that explicitly address organizational impacts. Despite these limitations, the study generated meaningful and actionable insights aligned with the research questions and the needs of the organization.

Summary

This study provides a foundation for understanding the drivers of employee turnover in nonprofit mental health settings. However, additional inquiry is needed to further develop evidence-based strategies for improving staff retention, particularly in resource-constrained organizations are proposed for future research using similar

methods and addressing familiar topics.

Future studies should consider using semi-structured interviews or focus groups in place of or in addition to structured exit interview forms. This would allow researchers to probe deeper into areas such as staff morale, the supervisory relationship, and the client impact of turnover. Expanding the interview format may produce richer qualitative data and uncover nuances that brief exit comments may not capture.

To achieve a more comprehensive understanding of organizational turnover, future projects should aim to include participants from multiple departments and organizational levels, including program leadership, administrative operations, and support staff. This would help balance the perspective of clinical staff with those in non-clinical roles and may reveal structural or cross-functional insights not captured in this study.

Future research could benefit from a comparative case study design, exploring turnover causes and mitigation strategies across multiple nonprofit mental health organizations. This would allow researchers to examine patterns, identify shared challenges, and compare retention strategies across contexts, increasing generalizability of the findings.

Rather than relying solely on retrospective exit interviews, future projects could collect and analyze data longitudinally tracking staff retention, engagement, and turnover intentions over time. This would enable early identification of disengagement, provide insight into turning points in employee experience, and help predict turnover before it occurs.

Although this study aimed to understand how turnover affects service delivery, few participants directly discussed the client impact. Future research could integrate client satisfaction surveys, service continuity measures, or clinical outcomes data to explore how staff instability affects patients. This would enhance the operational relevance of findings for leadership and funders alike.

These recommendations build upon the design and findings of the current study and offer pathways for future administrative projects aimed at improving workforce sustainability, organizational performance, and continuity of care in community-based mental health settings.

Section 5: Dissemination Plan and Conclusion

Dissemination Plan

The findings and deliverables developed through this study will be shared directly with DCC's leadership team to support data-driven decision-making related to staff retention and organizational improvement. The primary distribution method will be through a structured briefing session with key stakeholders, including program managers, human resource representatives and executive leadership. During this session, I will present an overview of the study's purpose, methods, key findings, and practical recommendations. To support ongoing use of the findings, two practitioner-facing tools will be formally delivered:

1. Appendix A: Retention Improvement Brief: A concise document summarizing the study's core findings and five actionable strategies.
2. Appendix B: Retention Strategy Implementation Overview: A one-page roadmap for aligning each recommendation with organizational planning and evaluation processes.

These materials are designed to be accessible, visual, and directly usable in existing leadership and planning meetings. The goal is to enable DCC decision-makers to integrate the study's recommendations without requiring further analysis or translation. Additionally, DCC will be encouraged to incorporate select findings into future staff training, onboarding materials, and supervisory development programs.

Dissemination will occur within 60 days of study completion and will be coordinated through my final meeting with the organizational leadership team. Copies of

the final report and deliverables will also be provided electronically for archiving and reference.

Broader Applicability

Although this study was conducted at a single nonprofit mental health organization, the themes and recommendations identified have boarder relevance across the behavioral health sector and similar mission driven environments. High staff turnover, burnout, limited advancement opportunities, and supervisory inconsistency are challenges frequently cited in community mental health, social services, and nonprofit healthcare settings. Therefore, the insights and tools generated from this project can serve as a framework for similar organizations seeking to strengthen workforce retention and engagement.

The retention improvement brief (Appendix A) can be adapted by other agencies to initiate internal discussions about staff experience and retention strategies. Because the recommendations are organized around common operational themes such as workload, recognition, and supervision, they can be modified to fit different organization sizes, structures, and resources. Likewise, the retention strategy implementation overview (Appendix B) offers a generic roadmap that could be repurposed by leadership teams across health and human service agencies seeking to prioritize and evaluate employee engagement efforts.

Additionally, this study contributes to the growing field of workforce sustainability research in nonprofit and mental health settings. Researchers, funders, and policy influences may find value in the applied methods, data drive themes, and practical

deliverables developed through this project. It demonstrates how even brief exit interview, when structured and analyzed systematically, can produce actionable insights to guide workforce improvements at both the organizational and sector level.

Potential for Positive Social Change

This study has the potential to support positive social change by informing policies and practices that promote a healthier, more sustainable, and more equitable mental health workforce. By identifying key facts that contribute to turnover such as burnout, lack of career advancement, and inconsistent supervision, the study provides a pathway for organizations to reduce staff turnover, enhance employee well-being, and improve continuity of care for vulnerable populations.

High turnover in mental health settings affects more than staffing stability, it disrupts therapeutic alliance, decreases access to services, and contributes to inequities in health outcomes. Addressing workforce instability directly supports the broader goal of improving community mental health, especially for underserved populations who rely on consistent, high-quality care. The study's findings align with several domains of social determinants of health particularly:

1. Economic stability: Improving compensation and job retention promotes financial security for mental health workers, reducing turnover driven by income instability.
2. Health and healthcare: Enhancing employee well-being supports higher-quality care and reduces burnout-related disruptions in service delivery.
3. Social and community context: Fostering supportive work environments

strengthens the mental health system and increases organizational resilience, particularly in low resourced settings.

By equipping DCC and potentially similar organizations with actionable strategies for reducing turnover and improving workplace engagement, this study contributes to the long-term sustainability of the mental health workforce. In turn, that workforce is better positioned to deliver consistent, client-centered care that advances community health. These improvements extend beyond organizational outcomes to broader systems level change that supports a more stable and equitable behavioral health infrastructure.

Summary

This study explored the underlying causes of employee turnover at DCC and developed actionable strategies to improve workforce retention, employee engagement, and service continuity. Guided by four research questions, structured exit interviews including Likert-scale survey items and open-ended comments were conducted with 10 former employees to identify five core themes: burnout and emotional strain, lack of supervisory support, limited career growth, compensation dissatisfaction, and work-life balance challenges.

The analysis led to the development of two primary deliverables, a retention improvement brief (Appendix A) outlining evidence-based recommendations, and a retention strategy implementation overview (Appendix B) to support practical adoption by DCC leadership. These tools are designed to be accessible, actionable, and adaptable to other nonprofit behavioral health settings facing similar retention challenges.

Findings from the study have broader implications for mental health

organizations, contributing to both organizational improvement at DCC and systems-level understanding of workforce sustainability. The study also aligns with key social elements of health, particularly in its potential to reduce turnover-related disruptions in care for vulnerable populations.

In conclusion, this study demonstrates how administrative research grounded in employee experience can drive meaningful organization change. By translating exit interview data into targeted solutions, the study offers a practical model for addressing turnover and improving workplace culture within mission driven health and human service organization.

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Appendix A: Retention Improvement Brief for DCC Leadership

Executive Summary

This retention improvement brief was developed to support DCC's leadership in addressing the root causes of staff turnover, as identified through exit interviews and survey data from former employees. The findings reveal key themes contributing to disengagement: burnout, inconsistent supervisory support, unclear advancement opportunities, limited recognition, and unsustainable workloads. This document outlines five recommended strategies to enhance employee retention, morale, and organizational stability.

1. Supervisor Engagement and Accountability Protocol

Develop a structured feedback process to ensure supervisors maintain consistent communication with staff. Includes monthly check-ins, use of follow-up logs, and expectations for supervisor responsiveness.

2. Career Development Planning Framework

Implement a career goal-setting tool to be used during supervision or performance reviews. Helps staff map out potential advancement paths and identify skill-building opportunities aligned with organizational roles.

3. Workload Monitoring and Flexibility Guidelines

Establish workload caps, coverage strategies, and flexible scheduling practices. Provide regular caseload review meetings to proactively manage burnout and preserve work-life balance.

4. Employee Recognition Standards

Create a calendar of recurring staff recognition efforts, including quarterly peer nominations, team shout-outs, and milestone acknowledgments. Integrate recognition into staff meetings and supervision.

5. Role Clarity and Onboarding Checklist

Introduce a checklist to ensure all new and transitioning employees understand their job responsibilities, performance expectations, and advancement opportunities from the outset. Should be reviewed during onboarding and at 90-day check-ins.

Appendix B: Retention Strategy Implementation Overview

This implementation overview is designed to help DCC leadership and program managers reflect on the key recommendations presented in the Retention Improvement Brief (Appendix A). It summarizes each strategy and provides guiding questions to support internal planning and adaptation.

Recommendation	Linked Theme / Research Question	Guiding Considerations
Supervisor Engagement and Accountability	Burnout, Support / RQ1, RQ2, RQ3	Do supervisors have tools and time for consistent support? Where are the current gaps?
Career Development Planning	Limited Growth / RQ1, RQ2, RQ3	What internal paths exist for growth? How can they be formalized or clarified?
Workload Monitoring and Flexibility	Burnout, Work-Life Balance / RQ1, RQ2, RQ4	Are caseloads regularly reviewed? Where could flexibility improve retention?
Employee Recognition Standards	Compensation and Engagement / RQ1, RQ2, RQ3	What recognition already exists? Is it consistent and valued?
Role Clarity and Onboarding	Unclear Expectations / RQ1, RQ2, RQ3, RQ4	Do new staff understand their roles from the beginning? What gets missed in onboarding?