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Behavioral Health Leadership Strategies Used to Promote Cultural Change Within a Behavioral Health Organization

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Walden University
2025

Abstract

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MA, Ottawa University, 2008

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Doctoral Study Submitted in Partial Fulfillment

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Abstract

The deficiency of patient-centered care and active treatment within behavioral health hospitals continues to contribute to decreased patient satisfaction, increased rapid readmissions, and low employee engagement and morale. This qualitative case study explored how behavioral health leadership in a for-profit behavioral health hospital in the southwestern United States addressed challenges related to patient-centered care and active treatment to foster cultural change. The study was grounded in the Baldrige framework of excellence. Data collection included semi structured interviews with behavioral health leaders and analysis of the hospital's internal archival data, including patient satisfaction surveys and rapid readmission rates. Thematic analysis identified seven key themes: (a) a compliance-driven culture limiting innovation, (b) misalignment between task-focused care and person-centered care, (c) leadership modeling inconsistencies, (d) superficial approaches to employee engagement, (e) barriers to staff development, (f) strategic planning limitations, and (g) leadership rigidity impacting workforce morale. Findings from this study may contribute to positive social change by informing healthcare leaders and policymakers about strategies to enhance patient-centered care practices, reduce hospital readmissions, and improve workforce engagement. Improved organizational practices may lead to better patient outcomes, higher employee satisfaction, and a stronger, more resilient behavioral healthcare system.

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Dedication

This doctoral study is dedicated to all those who believed in me, supported me, and inspired me throughout this journey.

To my family, whose unconditional love, patience, and encouragement provided the foundation for every step of this accomplishment — your support has been my greatest source of strength.

To my mentors, colleagues, and friends, who challenged me to think critically, grow professionally, and pursue excellence in everything I do — thank you for your wisdom, your encouragement, and your belief in my potential.

To the patients, families, and clinicians in the field of behavioral health, whose resilience and commitment to healing continue to inspire my passion for patient-centered care — this work is for you.

Finally, I dedicate this work to anyone who has ever dreamed of making a meaningful difference. Your perseverance and purpose can change the world, one act of compassion at a time.

Acknowledgments

First and foremost, I thank God, through whom all things are possible. His guidance, strength, and grace sustained me throughout this doctoral journey and continue to direct my purpose.

I would also like to express my deepest appreciation to those who supported me throughout this study. I extend sincere gratitude to my committee chair, Dr. Kristen Glover, for your guidance and mentorship. I am also grateful to my second committee member, Dr. Shannan Simms. Your thoughtful feedback and encouragement were instrumental in shaping this work.

Special thanks are extended to the leadership and staff at Organization X for participating in this study and sharing their experiences so openly. Your dedication to improving patient-centered care inspired many of the recommendations proposed in this work.

I am profoundly grateful to my family for their endless love, and encouragement. To my parents, my brother and my friends, thank you for believing in me. Your faith in my journey gave me the strength to persevere.

To my daughter, you have been my greatest source of inspiration. Everything I do, I do for you — to show you that dreams are worth pursuing, and hard work leads to a future full of possibility. I hope to make you proud, just as you have made me proud every day. Your light has been my motivation.

To my Warrior, thank you for seeing my potential even before I could see it myself. Your unwavering belief in me, your encouragement, and your constant push

toward my goals motivated me forward. This accomplishment is as much yours as it is mine and would not have been possible without your love.

Lastly, I acknowledge the patients, families, and professionals in the behavioral health community whose resilience inspires continued advocacy for more compassionate, patient-centered care environments.

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Section 1a: The Behavioral Health Organization

Introduction

Organization X (pseudonym) is a 210-bed, for-profit, psychiatric hospital and residential treatment center located in the southwestern United States. The acute-care hospital offers 146 beds for short-term adolescent and adult psychiatric stabilization. Over 90 of these beds are designated for adolescents aged 11-17 dealing with psychiatric and behavioral health disorders, substance abuse, and trauma. The remaining beds are allocated to adults who typically have dual diagnoses, requiring detox and treatment for general mental health. Additionally, Organization X has an offsite intensive outpatient and partial hospitalization program, providing the surrounding communities with intensive outpatient behavioral health services.

With a dedicated team of approximately 300 employees, Organization X is guided by a mission to approach care with hope, purpose, and optimism, one person at a time. The leadership team includes the chief executive officer, chief operating officer, chief financial officer, chief nursing officer, chief clinical officer, 17 directors, and several managers and supervisors. Organization X is committed to providing the highest level of treatment for all patients. According to its website, the organization's vision is to provide supportive and compassionate care that empowers individuals by fostering hope, healing, and recovery. The Organization X team strives daily to achieve this vision by adhering to four core values: compassion, support, empowerment, and recovery. Core values are the foundational elements that shape the organization’s culture, and how it interacts with patients, partnerships, and stakeholders (Chalmers et al., 2024). For Organization X,

compassion fosters an environment where empathy and understanding are central and drives the commitment to treat each patient with dignity and respect. Staff are encouraged to actively listen to patients, understand their experiences, and respond with kindness. By prioritizing compassion, Organization X can ensure that patient care is not only clinically effective but also emotionally supportive. Support emphasizes the importance of collaboration among team members, creating a culture where staff work together to achieve common goals. Empowerment is about encouraging patients to take control of their own recovery. This involves providing them with the information and tools they need to make informed decisions about their care. The commitment to recovery ensures that all efforts are directed towards helping patients achieve long-term health and well-being. This involves holistic care that addresses physical, mental, and emotional aspects. Emphasizing recovery encourages a culture of continuous improvement, where feedback is sought and used to enhance treatment approaches and patient outcomes. By embedding these core values into daily operations, Organization X can create a culture that is compassionate, supportive, empowering, and dedicated to recovery.

Practice Problem

The specific practice problem addressed in this study is the deficiency of patient-centered care and active treatment within Organization X. In a qualitative study within the United States, Fix et al. (2018) found perspectives on patient-centered care varied among healthcare employees, particularly leadership. Some view it as a broad concept, while others see it relevant only to specific roles. These narrow interpretations can hinder the effective implementation of patient-centered care by restricting transformational

efforts of rebranding existing programs (Fix et al., 2018). According to the behavioral health leaders within Organization X, the absence of patient centered care and active treatment has resulted in decreased patient satisfaction, increased rapid readmissions, and low employee engagement and morale. Improving the organizational culture in Organization X can effectively address these deficiencies. Kang et al. (2020) explored the relationships between various organizational values, employee engagement, and patient satisfaction through a series of all-staff surveys and patient satisfaction data which highlighted several constructs related to values and employee engagement. The study confirmed that prioritizing organizational values like respect, psychological safety, empowering leadership, and fairness has a positive impact on employee engagement and their pursuit of excellence (Kang et al., 2020). Moreover, organizational values, employee engagement, and empowering leadership behavior were positively correlated with many patient satisfaction items (Kang et al., 2020). According to Mannion and Davies (2018), culture encompasses the collective ways of thinking, feeling, and behaving within healthcare organizations, and there is a consistently positive association… between culture and outcomes" (p. 3). Work culture is an organizational management concept focusing on employees' attitudes, beliefs, and perceptions in relation to the organization's principles and practices (Bayot et al., 2022). The strength of an organization's culture, defined by how clearly the staff perceive the organization's direction and values communication, is positively associated with both job satisfaction and patient satisfaction (Kang et al., 2020).

Leadership commitment is crucial for fostering a positive organizational culture. Leaders set the tone for the environment and significantly influence the adoption of patient-centered care practices and active treatment protocols. In a 7-year study, Williams et al. (2022) were able to highlight the positive clinical outcomes when leadership focuses on improving organizational climate. Organizational climate plays a critical role in the implementation of evidence-based practices, which lead to better patient care and sustained cultural change within the organization (Williams et al., 2022). Strong leadership drives the implementation of changes, ensuring that staff are motivated and supported in their efforts to provide high-quality care (Ravaghi et al., 2020).

In addition to having strong leaders who can implement changes and motivate staff, continuous training and staff development are essential to equip healthcare providers with the necessary skills and knowledge. Training programs focused on communication, empathy, and active treatment strategies can enhance staff capabilities, leading to improved patient outcomes and increased employee engagement (Ravaghi et al., 2020). Burgener (2020) explored various communication protocols designed to strengthen the consistency and effectiveness of communication within healthcare settings, which ultimately lead to better patient care and increased patient satisfaction.

The following research questions guided the study:

- What specific challenges do behavioral health leaders identify in implementing patient-centered care practices?
- In what ways do the behavioral health leaders prioritize and integrate active treatment components into organizational practices?

- What strategies do the behavioral health leaders employ to initiate and sustain cultural change within the organization, specifically targeting improvements in patient-centered care and active treatment practices?

Purpose

This qualitative case study explored how behavioral health leadership addresses challenges related to patient-centered care and active treatment components, fostering cultural change within a for-profit behavioral health hospital. The Baldrige framework of excellence (2021) served as a pivotal tool in this study by providing a comprehensive framework to evaluate organizational performance and identify areas for improvement. The framework directly aligns with the core issues identified in the research problem and purpose, particularly addressing Organization X''s struggle with insufficient patient-centered care and active treatment components. The framework offers structured criteria for assessing leadership, strategic planning, customer focus, and workforce development, which are crucial elements for addressing cultural change and fostering multidisciplinary teamwork within the organization. Emphasizing a systems perspective, the Baldrige framework encourages a holistic approach to organizational transformation, guiding the study in developing strategies to initiate and sustain cultural change within the organization, specifically through staff training and workforce development. These strategies may enhance the overall quality of patient-centered care and organizational culture.

In-depth interviews with the senior leaders of the organization were conducted for the planned research design. The interviews were semistructured, allowing for flexibility

while ensuring coverage of key themes related to the impact of the lack of patient-centered care lack of patient-centered care impact on organizational culture and the effectiveness of leadership training programs in enhancing employee engagement and morale. According to Yin (2009), interviews are beneficial to qualitative case studies because they can provide in-depth insights into participants' perspectives and experiences. Additional data sources, such as patient satisfaction and patient outcome measures, organization recruiting and retention data, and culture of safety reports, were used to assess perceptions of patient-centered care, organizational culture, leadership training effectiveness, employee engagement, and morale.

Significance

This study is significant in that it examined strategies specifically tailored to the unique context of behavioral health. I aimed to contribute significantly to the field by offering insights into effective methods for fostering positive organizational culture. The potential value of this study is substantial in that enhancing patient-centered care can lead to increased patient satisfaction, higher morale, and improved health outcomes, addressing core deficiencies in the current care model (see Mannion & Davies, 2018). Patient satisfaction is a crucial indicator of clinical outcomes and the performance of a healthcare organization, and Kang et al. (2020) outlined numerous studies that showed a positive link between organizational culture and patient satisfaction. By implementing strategies for cultural change, the organization can also reduce rapid readmissions, which contribute to better long-term patient care and cost savings (see Ravaghi et al., 2020). Furthermore, the study aimed to increase employee engagement and morale through

targeted training and leadership initiatives, fostering a supportive work environment that enhances staff retention and performance (see Doherty et al., 2021). By promoting a positive organizational culture, the study supports the overarching goal of improving the quality of patient-centered care and delivery.

This study has significant potential to contribute to social change. By focusing on improving patient-centered care and active treatment within behavioral health settings, the study aimed to reduce disparities in healthcare access and outcomes. The emphasis on fostering a positive organizational culture can enhance employee engagement, morale, and retention, setting a precedent for healthier workplace environments (Doherty et al., 2021). Additionally, aligning with insights from Doherty et al. (2021), the study holds the potential to advance health equity within the organization, ensuring that care is equitable and accessible to all patients. This focus on equitable care not only benefits the patients but also strengthens the organization's reputation and commitment to social responsibility. Furthermore, the research findings can inform policy discussions and healthcare practices aimed at improving patient care quality (Ravaghi et al., 2020). By demonstrating effective strategies for implementing patient-centered care and active treatment, the study advocates for systemic changes in healthcare delivery that promote better outcomes for patients.

Summary

Organization X faces challenges related to patient-centered care and active treatment, resulting in decreased patient satisfaction, increased readmissions, and low employee engagement. This qualitative case study aimed to explore how behavioral

health leadership addresses these challenges and fosters cultural change within the organization. Grounded in the Baldrige framework of excellence (2021), I sought to evaluate leadership strategies, organizational culture, and training programs to enhance patient-centered care and treatment effectiveness. I aimed to contribute to behavioral health practice by offering tailored strategies to improve organizational culture, enhance patient outcomes, and promote health equity within the organization.

Section 1b provides an organizational profile of Organization X, encompassing details about its clientele and served population, mission, vision, and values, as well as the organization's background and contextual factors. These elements collectively underscore the rationale for conducting this study.

Section 1b: Organizational Profile

Introduction

This section provides a detailed overview of the organization, highlighting key factors of significance and explains why Organization X requires this study. The Baldrige framework emphasizes the importance of viewing the organization as a system, and integral to this system is the organizational profile, which emphasizes the operations and functioning of the organization (Baldrige Performance Excellence Program, 2021).

The study addressed the deficiency of patient-centered care and active treatment within Organization X, further influenced by the existing organizational culture and leadership strategies. The research questions that guided this study are as follows:

- What specific challenges do behavioral health leaders identify in implementing patient centered care practices?
- In what ways do behavioral health leaders prioritize and integrate active treatment components into organizational practices?
- What strategies do behavioral health leaders employ to initiate and sustain cultural change within the organization, specifically targeting improvements in patient-centered care and active treatment practices?

Organizational Profile and Key Factors

Organization X is a prominent, for-profit psychiatric hospital and residential treatment center located in the southwest region of the United States, serving both adults and adolescents. The organization's strategic importance hinges on providing comprehensive psychiatric care, with a focus on quality, patient-centered services, and

innovative treatment methods. Organization X is committed to expanding its capacity and improving the quality of care through strategic initiatives that focus on patient-centered care and the integration of advanced technologies. The organization aims to enhance operational efficiency, patient safety, and overall patient engagement. This strategic direction is informed by continuous monitoring of key performance indicators such as patient satisfaction and readmission rates, enabling targeted interventions and improvements. Enhancing quality of care involves continuous improvement initiatives based on patient feedback and outcome data, along with investment in staff training and development to ensure high standards of care.

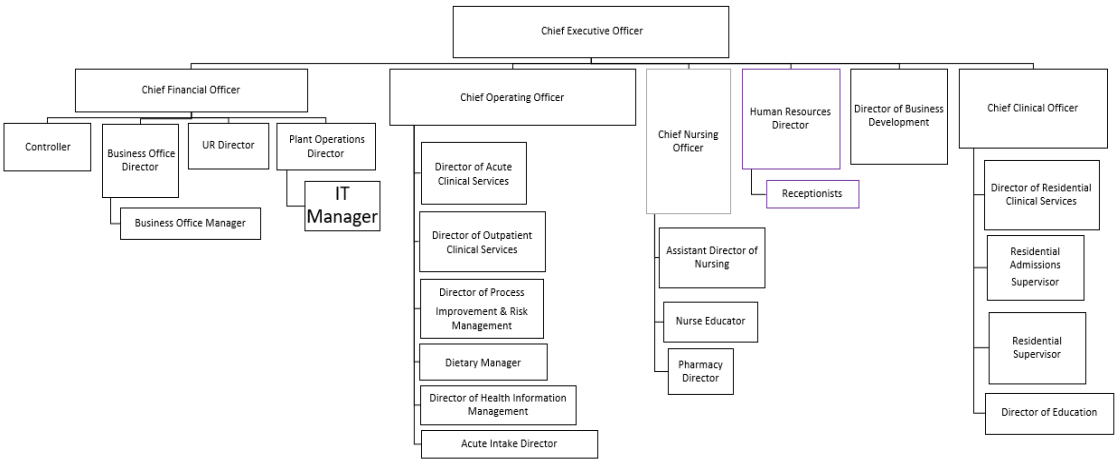
One of the critical organizational problems is the deficiency in patient-centered care and active treatment components, influenced by the existing organizational culture and leadership strategies. This qualitative case study explored how behavioral health leadership addresses these challenges, fostering cultural change within the hospital. The study aimed to uncover the root causes of these deficiencies and examine how leadership practices and cultural dynamics influence the implementation. In a preliminary interview with the chief executive officer (CEO), he emphasized the critical importance of enhancing patient-centered care and overall patient engagement within daily treatment interventions. This focus aligns with the organization's mission of delivering care imbued with hope and optimism, addressing the needs of each individual patient. While there is a universal need for development and training in patient-centered care and engagement strategies across all service lines, the team working with the adult patients requires the most significant improvement in these areas. According to its website, the organization's

vision is to provide supportive and compassionate care that empowers individuals by fostering hope, healing, and recovery.

Organization X is a subsidiary of a corporation, X Healthcare, and does not have a board of directors; instead, the CEO and executive leadership team collaboratively oversee the organization's overall operations. As depicted in Figure 1, the organizational structure is led by the CEO, to whom four senior-level executives report: the chief operation officer (COO), chief nursing officer (CNO), chief clinical officer (CCO), and chief financial officer (CFO). Each of these executives is responsible for providing leadership and strategic oversight to approximately 17 directors, supervisors, and managers, ensuring the efficient functioning and strategic alignment of their respective departments. X Healthcare provides strategic direction, financial support, and shared services in areas such as legal, marketing, and corporate compliance. Additionally, it offers oversight and clinical support. This relationship ensures that Organization X aligns with the broader goals of the corporation while benefiting from its resources and expertise.

Figure 1

Organization Chart



Organizational Background and Context

In 2013, Corporation X acquired an 84-bed adolescent residential treatment center. Following the acquisition, Corporation X rebranded the facility and reduced the number of residential beds by half, reallocating the remaining capacity to create acute psychiatric stabilization for both adults and adolescents. This service is designed to address immediate psychiatric crisis, providing intensive care to stabilize patients and prepare them for longer-term treatment options or discharge. By 2016 both the acute and residential programs were deflecting beds due to capacity and the residential treatment program relocated to a newly constructed building on the property, increasing the capacity to 64 residential treatment beds. The youth in this program are being treated for psychiatric and behavioral health disorders, substance abuse, and trauma. The residential treatment center focuses on creating a structured and supportive environment to help young patients achieve stability and progress in their treatment. Subsequently, in 2018,

Organization X undertook another expansion, resulting in a new acute unit, bringing that program to 94 beds. During this expansion, the outpatient program was moved to an offsite location approximately 15 minutes away from the hospital. Further renovation occurred in 2023 when Organization X completed another expansion, which added 52 more beds for adults with co-occurring mental health and substance-use disorders. This program integrates psychiatric care with addiction treatment, offering detoxification services to safely manage withdrawal symptoms, followed by inpatient or outpatient treatment plans that incorporate group therapy and support groups to promote long-term recovery.

Organization X employs over 300 individuals across various capacities, each bringing a diverse range of education levels and professional experience. The workforce includes several key groups, such as nurses, behavioral health specialists and direct-care staff, licensed therapists and master-level social workers. Dietary, housekeeping and maintenance, reception and the business office also play critical roles in delivering comprehensive care. Additionally, the organization relies on several contracted positions to support its operations, including the psychiatric and medical providers and various suppliers, ensuring a robust and multifaceted team capable of meeting the diverse needs of its patients.

Organization X required a doctoral study to address significant deficiencies in patient-centered care and active treatment. These deficiencies are influenced by the organization’s existing culture and leadership strategies. Evidence from preliminary interviews with leadership indicated a critical need for improving patient-centered care

and overall patient and employee engagement, particularly within the adult care teams. This study aimed to explore how behavioral health leadership can effectively address these challenges, fostering a cultural shift towards more patient-centered practices. By identifying and implementing strategies that enhance patient care and engagement, the study contributes to the overall improvement of treatment outcomes and operational efficiency within the organization. The purpose of this qualitative study was to explore how behavioral health leadership addresses challenges related to patient-centered care and active treatment components, fostering cultural change within a for-profit behavioral health hospital. The specific organizational problem addressed through this study was the deficiency of patient-centered care and active treatment within the behavioral health hospital, which is further influenced by the existing organizational culture and leadership strategies.

Demographics and Community Setting

Located in part of the greater metropolitan area of the state's capital, Organization X operates in a diverse community, providing behavioral health services to a wide range of patients, including adolescents and adults. The city has experienced significant growth and development over the years, transitioning from a small agricultural town into a thriving suburban community. The city hosts a mix of local businesses and major employers, and until this year was the only pure behavioral health hospital in the easy valley. The proximity and convenient access to the state's capital makes it an attractive place for families and professionals. The city has a strong focus on community and family life, with numerous parks, recreational facilities, and community events. The

schools are part of a well-regarded school district, further enhancing its appeal to families. These characteristics provide an advantage and significantly enhance Organization X's ability to recruit and retain top talent.

Clients, Customers, and Stakeholders of Organization X

Organization X serves a diverse array of market segments, including adolescent and adult patients in need of inpatient psychiatric stabilization, adolescents in need of long-term residential treatment, as well as adults and adolescents needing outpatient services. The primary clients are patients and their families, who expect high-quality, safe, and compassionate care. Adolescents require age-specific treatment, educational support, and active family involvement, while adults often need comprehensive care for dual diagnosis, including psychiatric treatment and substance abuse detoxification. Organization X's outpatient clients seek flexible and continuous mental health services. Key customer groups also include referral sources such as hospitals and community mental health centers, which expect efficient admissions, collaborative care, and regular feedback on patient outcomes. Community organizations, including schools and private practitioners collaborate with Organization X on mental health initiatives and expect accessible services and support for community members. Additional stakeholders encompass employees and staff, who prioritize a supportive work environment, professional development opportunities and competitive compensation. Regulatory bodies require strict adherence to healthcare regulations, accurate reporting, and maintenance of quality standards. Insurance companies expect cost-effective, high-

quality care with comprehensive documentation, while the parent corporation focuses on financial performance, sustainable growth, and organizational reputation.

Differences in requirements and expectations are evident among these groups. Adolescents and adults have distinct needs based on age and diagnosis. Inpatient and outpatient clients differ in their care needs and service expectations. Referral sources and community organizations vary in their emphasis on efficiency versus outreach. Employees focus on internal factors like work environment, whereas regulatory bodies are concerned with external compliance. Insurance companies prioritize cost-effectiveness and documentation, while the corporation is focused on financial metrics, growth and outcomes. Organization X navigates these diverse needs through targeted strategies, ensuring high standards of care, efficient operations, and strong community and stakeholder relationships. By understanding and addressing the unique requirements of each group, the organization can maintain its competitive edge.

Competitive Environment

Organization X operates in a competitive landscape characterized by a mix of local, regional, and national providers of psychiatric care. Its comprehensive service offerings and recent expansion position Organization X as a significant player in the market. The organization's growth trajectory, evidenced by facility upgrades and increased bed capacity reflects its ability to meet rising demand for mental health services. Despite facing competition from other psychiatric hospitals and specialized centers, Organization X's differentiation lies in its specialized programs for adolescents and adults with complex needs. Collaboration with healthcare providers, community

organizations, and educational institutions further enhance its competitive advantage. Key changes in the competitive environment, such as rapidly increasing salaries, evolving healthcare regulations, and technological advancements, present both challenges and opportunities. Workforce shortages and pay scale increases remain critical challenges, necessitating innovative solutions for recruitment and retention. The organization leverages a range of comparative and competitive data from both within and outside the healthcare industry to inform its strategic decisions. Industry reports, benchmarking data, and regulatory information provide valuable insights.

Overall, Organization X's strategic context and performance improvement system are designed to address these competitive dynamics, ensuring sustained growth, high-quality are, and continuous improvement in service delivery.

Regulatory Environment

Organization X operates within a stringent regulatory environment that ensures the highest standards of care, safety, and compliance. Key occupational health and safety regulations include adherence to OSHA standards and state-specific health and safety regulations. Accreditation by The Joint Commission and the Centers for Medicare & Medicaid Services (CMS) attests to the organization's commitment to quality and safety in healthcare delivery. State licensing is crucial for the organization's operations, with specific licenses required for psychiatric care and residential treatment. Compliance with industry standards set by the American Psychiatric Association (APA) and Health Insurance Portability and Accountability Act (HIPAA) further underscores the organization's dedication to maintain high standards for psychiatric evaluation, treatment,

and patient data security. Financial regulations from CMS and the Internal Revenue Service (IRS) ensure proper billing, coding, reimbursement, and financial reporting. Healthcare service delivery regulations mandated by the state's Department of Health Services (DHS) and the Federal Drug Administration (FDA) ensure the organization meets state-specific healthcare standards and uses FDA-approved medical devices and pharmaceuticals appropriately.

In summary, Organization X's regulatory compliance framework is integral to its ability to provide exceptional psychiatric care. The organization's facilities, technologies, and equipment support effective treatment delivery, while adherence to a comprehensive array of regulations ensures safety, quality, and compliance across all aspects of its operations.

Organization Strategic Context

Strategic context refers to the broader environment within which an organization operates, encompassing internal and external factors that influence its strategies, objectives, and operations. This includes the organization's mission, vision, values, goals, competitive environment, market conditions, regulatory landscape, and stakeholder expectations (Atuahene et al., 2023). Understanding the strategic context helps organizations align their actions with their long-term objectives and respond effectively to opportunities and threats (Atuahene et al., 2023).

Organization X operates under the strategic direction of its parent company, X Healthcare. Since its acquisition in 2013, Organization X has expanded its capacity and adopted innovative treatment methods to enhance patient care and operational efficiency.

The organization's mission is to approach care with hope and optimism, one person at a time. The vision is to provide supportive and compassionate care that empowers individuals through hope, healing, and recovery. One of the primary strategic challenges is the deficiency in implementing and sustaining patient-centered care practices across all service lines, particularly on the adult units. Ensuring consistent delivery of active treatment interventions remains a significant challenge, impacting overall treatment outcomes and patient satisfaction. Balancing increased capacity with efficient resource allocation while maintaining high-quality care poses an ongoing operational challenge. Additionally, adhering to complex healthcare regulations while innovating requires meticulous planning and execution. Despite these challenges, Organization X has several strategic advantages. The adoption of advanced technologies such as ROAR and ObservSMART enhances patient care and safety, as well as staff safety, providing a competitive edge. The addition of 52 new beds increases the organization's ability to serve more patients, directly addressing community needs and enhancing revenue potential. Support from the parent company, X Healthcare, enhances operational stability and efficiency through strategic direction, financial support, and shared services. Being situated in a growing suburban city offers advantages in recruiting and retaining staff due to the area's high quality of life and strong community support.

Operations

Organization X operates as a for-profit behavioral health hospital under the strategic oversight of its parent company, X Healthcare. Since its acquisition in 2013, the hospital has undergone significant operational expansions and renovations to increase

capacity and improve service delivery. The governance structure of Organization X is led by the CEO, supported by four senior executives, ensuring streamlined decision-making and strategic oversight across the organization. Currently the facility includes 64 beds for adolescent residential treatment and 146 beds for adult and adolescent acute psychiatric stabilization. The hospital utilizes advanced technologies, such as the ROAR panic button for staff safety and the ObservSMART system for ensuring accurate patient checks. These technological advancements not only enhance operational efficiency but also ensure high standards of patient care and safety.

Societal Responsibilities

Organization X is deeply committed to its societal responsibilities, particularly in the area of mental health and community well-being. The hospital's mission is to provide care with hope and optimism, one person at a time. This mission is reflected in the hospital's community outreach programs and partnerships with local organizations to promote mental health awareness and education. Additionally, Organization X adheres to stringent ethical standards and compliance with healthcare regulations to ensure the safety and well-being of its patients and the broader community.

Workforce and Healthcare Services

The Workforce at Organization X is composed of over 300 employees, including clinical and nonclinical staff. This diverse team includes psychiatrists, medical providers, nurses, therapists, and various support staff. The organization also contracts with specialists and suppliers to ensure comprehensive care delivery. Education levels and professional experience among the workforce vary, enabling a rich blend of skills and

expertise. Continuous professional development and training programs are pivotal in enhancing staff competencies, particularly in patient-centered care and engagement strategies. The organization's commitment to staff well-being is evident through its implementation of advanced safety measures, staff recognition programs, and its focus on maintaining a supportive and collaborative work environment.

Organization X provides a wide range of behavioral health services, focusing on both adolescent and adult populations. The acute-care hospital offers short-term psychiatric stabilization for individuals experiencing severe mental health crises. The residential treatment center provides long-term care for adolescents aged 11-17 who are dealing with psychiatric and behavioral health disorders, substance abuse and trauma. The hospital's treatment offerings include individual, group and family therapy, medication management, detoxification services, and various therapeutic activities designed to support mental health and recovery. Additionally, Organization X has specialized programs to address dual diagnoses, ensuring comprehensive treatment for patients with co-occurring mental health and substance use disorders.

Summary

In summary, Organization X is facing challenges in consistently delivering patient-centered care and active treatment. The existing organizational culture and leadership strategies play a critical role in addressing these deficiencies. To gain deeper insights into these issues, the next section of this study will focus on the governance, leadership, strategy development, operations, and client categories of the Baldrige framework. These categories provide a comprehensive lens for evaluating how

organizational leaders guide and sustain strategic initiatives, develop and implement action plans, and engage with clients and stakeholders. By applying these principles outlined in Section 2, one can identify effective leadership and strategic practices that will enhance patient-centered care and active treatment within Organization X. The organization's approach to engaging employees to improve patient-centered care and active treatment will also be explored in the following section. Furthermore, the section includes supporting literature and a review of sources of evidence obtained to understand strategies behavioral health leaders can use to promote cultural change within the organization.

Section 2: Background and Approach–Leadership Strategy and Assessment

Introduction

This study explored how behavioral health leadership addresses challenges related to patient-centered care and active treatment components, fostering cultural change within a for-profit behavioral health hospital. The study aimed to examine this problem for one for-profit behavioral health hospital, located in the greater metropolitan area of the state's capital. The research questions guiding this study focused on understanding perspectives, challenges, priorities, and strategies of behavioral health leaders concerning patient-centered care and active treatment within their organization. Specifically, the questions explored perceptions of patient-centered care and challenges in implementation, integration of active treatment, and strategies for cultural change.

Supporting Literature

Literature Review Resources

Table 1 gives the databases and keyword searches for this study.

Table 1

Databases and Keyword Searches in QRS Study

Databases	Keyword searches
ProQuest Central	Facilitating cultural change healthcare
ProQuest Science Journals	Organizational change and evidence-based practices
PsycARTICLES	Trauma-informed interventions and behavioral health organization
PsycINFO	Behavioral health leadership strategies and organizational change
ScholarWorks	Change management strategies and behavioral health
SAGE Journal	Organizational culture and patient satisfaction
EBSCOHOST	Staff development and behavioral healthcare
Google Scholar	

Sources of Evidence

To analyze the practice problem, multiple sources of evidence were utilized to provide a comprehensive understanding of the issues surrounding the lack of patient-centered care and its impact on organizational culture. In-depth, semi structured interviews with senior leaders of the behavioral health hospital served as a primary data source, offering flexibility to explore key themes while ensuring critical areas are addressed. These interviews are particularly valuable in qualitative case studies, as they provide rich insights into participants' experiences and prospectives (Yin, 2009).

Complementing the qualitative data, additional evidence sources such as patient satisfaction and outcome measures, recruitment and retention data, and culture of safety reports were analyzed. These quantitative and organizational metrics helped assess perceptions of patient-centered care, evaluate organizational culture, and measure the

effectiveness of leadership training programs in enhancing employee engagement and morale. By integrating these diverse evidence sources, the analysis yielded a more robust understanding of the practice problem and the organizational dynamics at play.

Background on the Problem

Today's research emphasizes the critical role of organizational culture in addressing the deficiencies of patient-centered care and active treatment within behavioral health hospitals. Organization X identified the problem of insufficient patient-centered care and active treatment, which has been identified as a link to negative outcomes such as decreased patient satisfaction, increased rapid readmissions, and low employee engagement and morale. Recent studies align with Mannion and Davies's (2018) assertion that there is a consistently positive association between organizational culture and outcomes, particularly in healthcare settings and highlights several key areas relevant to the problem.

Impact of Organizational Culture on Patient Outcomes

Schein's (1983, 2016) foundational work on organizational culture provided a critical lens for understanding the deeply embedded norms and behaviors that influence patient-centered care and active treatment at Organization X. Schein defined organizational culture as a dynamic system composed of three levels: artifacts, espoused values, and basic underlying assumptions. The artifacts level includes visible structures, processes, and observed behaviors, while espoused values represent the organization's stated principles and goals. The deepest level, basic underlying assumptions, consists of unconscious, taken-for-granted beliefs that drive decision-making behaviors within an

organization. This system is often visualized as an iceberg with artifacts being the visible tip, values partially submerged, and assumptions hidden beneath the surface, yet exerting the most influence.

At the heart of this cultural framework is the role of leaders in shaping, transmitting, and evolving organizational culture. While leaders play a crucial role in embedding cultural norms through policies and strategic priorities, Schein (2016) also emphasized that culture is reinforced through social interactions, particularly peer influence and shared experiences within the organization. This perspective aligns with Bandura's (1977) social cognitive learning theory, which posits that individuals learn behaviors and social norms through observation, imitation, and reinforcement. In the context of Organization X, employees internalize cultural norms related to patient care not only from leadership directives but also through daily interactions with colleagues. These informal reinforcements can either support or undermine the organization's efforts to implement patient-centered care and active treatment.

At Organization X, artifacts such as structured intake processes, biopsychosocial assessments, and patient feedback mechanisms suggest an outward commitment to patient-centered care. However, inconsistencies in survey data collection, the lack of real-time feedback loops, and challenges in workforce engagement indicate potential misalignment between espoused values and underlying assumptions. While Organization X's leadership promotes patient-centered care as a core principle, the behaviors and decision-making processes within the organization may still be driven by assumptions that prioritize efficiency, risk management, and regulatory compliance over

individualized treatment and patient engagement. By anchoring this analysis in Schein's model, researchers gain deeper insight into the cultural barriers that may be impeding sustainable improvements in patient-centered care. For example, if frontline staff perceive that efficiency and crisis management take precedence over meaningful patient engagement, they may unconsciously reinforce these assumptions throughout daily interactions, regardless of leadership's stated priorities. Similarly, if leaders fail to diagnose and manage these deeply ingrained cultural assumptions, resistance to change will persist despite formal process improvements.

Role of Leadership in Driving Cultural Change

Leadership plays a central role in shaping, transmitting, and evolving organizational culture, as articulated by Schein's organizational culture model (1983, 2016) and Bandura's social cognitive learning theory (1977). Through their explicit policies, decisions, and behaviors, leaders not only establish formal expectations but also model and reinforce the social norms that employees observe and adopt. Both frameworks suggest that cultural change is a dynamic and iterative process that requires consistent leadership engagement and reinforcement. West et al. (2017) identified that behavior plays a pivotal role in shaping organizational culture, as what leaders emphasize, discuss, reward, and seek to influence communicates to the employees what is valued by the leader and, consequently, what they should prioritize. West et al. posited when leaders prioritize and commit to providing high-quality, compassionate care, it greatly influences clinical and patient outcomes, patient safety, staff well-being and engagement, as well as the degree of innovation within the healthcare organization. In

addition, through an environmental scan and interviews with nineteen experts in health equity and hospital executives, Doherty et al. (2022) identified several core components essential for implementing lasting change in health systems and highlighted the importance of committed leadership in fostering culture change. This parallels the research that shows leadership is crucial for promoting a culture of patient-centered care and active treatment.

Employee Engagement and Morale

Aini and Dzakiyullah (2024) discussed the impact of leadership styles on employee engagement, noting that adaptable and collaborative leadership contributes to higher levels of engagement. The study identified additional research that links employee engagement and morale with the delivery of patient-centered care and overall organizational culture and identifies that engaged employee are more likely to be involved in improving patient care and implementing active treatment practices (Aini & Dzakiyullah, 2024).

Makoni (2019) identified employee engagement as the relationship between an organization and its employees, with increasing importance due to global competition, and plays a crucial role in improving organization performance, strategic objectives, and overall organizational success. The study highlighted that employee engagement is a two-way process, requiring managers to inspire, motivate, and align employees' needs with organizational goals (Makoni, 2019).

Importance of Patient-Centered Care and Active Treatment

Patient-centered care and active treatment are essential components of high-quality behavioral health services (Engle et al., 2021). Both involve tailoring care to the individual needs of patients, incorporating their preferences and values, and engaging them actively in their treatment plans (Braithwaite et al., 2017; Engle et al., 2021). The World Health Organization (WHO) emphasized the importance of patient-centered care in healthcare, highlighting its focus on integrating patients' perspectives and addressing the psychological and interpersonal dimensions of treatment (as cited in Yu et al., 2023). In a cross-sectional survey, Yu et al. (2023) found patient centered care improves outcomes across various chronic conditions, including depression, anxiety, and addictive behaviors. Key benefits of patient-centered care include enhanced patient engagement, which contributes to improved treatment adherence, better health outcomes, and reduced healthcare costs. Additionally, patient-centered care supports the integration of multidisciplinary team approaches, fostering collaboration among healthcare professionals to deliver comprehensive and coordinated care (Yu et al., 2023).

Conversely, research has identified that deficiencies in patient centered care and active treatment can lead to negative consequences such as poor patient satisfaction and outcomes, as well as increased rapid readmissions. A lack of patient-centered care can make patients feel undervalued, reduce their engagement in treatment, and hinder their recovery, contributing to a cycle of readmissions and extended care needs (Lok & Aydin, 2023).

Strategies for Cultural Change and Improvement

To foster a positive cultural transformation within behavioral health hospitals, leaders can adopt comprehensive strategies that emphasize patient-centered care, active treatment approaches, and workforce engagement. This process begins with explicitly defining and communicating a vision of patient-centered care that prioritizes patient autonomy, respect, and active participation in treatment planning (Byrne, 2020). Strategies such as shared decision-making, cultural competence training, and consistent collection of patient feedback have shown to be instrumental in ensuring that care is tailored to individual needs while respecting cultural diversity (Doherty et al., 2021). Additionally, active treatment approaches, including the implementation of evidence-based practices, individualized treatment plans, and a therapeutic milieu, promote a supportive environment, conducive to patient recovery. Koziol-Nadola (2020) discussed the role of leaders in fostering a culture of innovation, which ties into broader research on how leadership-driven strategies can improve organizational culture. According to the study, leaders play a pivotal role in shaping an organizational culture that values and supports continuous improvement. Key strategies for cultural change and improvement include promoting employee creativity, rewarding innovative behavior, and leadership as role models (Koziol-Nadola, 2020).

Leadership Strategy and Assessment

The Baldrige framework (2021) addresses the role of senior leadership, particularly how leaders operate within an organization. The leadership category emphasizes how leaders contribute to sustaining the organization, the effectiveness of its

governance systems, adherence to legal and ethical responsibilities, and the organization's contributions to society (Baldrige Performance Excellence Program, 2021). Interviews with the executive leadership team provided valuable insights into how the organization's vision was developed, their legal and ethical practices, communication and workforce engagement strategies, and how the mission is embodied in daily operations.

Organization X's leadership plays a pivotal role in shaping the culture and is responsible for setting the strategic direction and establishing policies that prioritize patient-centered care. Senior leaders at Organization X are responsible for setting the vision that directs all organizational activities. The vision of the organization is to provide supportive and compassionate care that empowers individuals by fostering hope, healing, and recovery. The vision emphasizes high-quality, patient-centered care, but interviews with staff and secondary data suggest that there is often a disconnect between the vision and its implementation in daily practices. This gap is partly due to inconsistent communication and a lack of clear strategies that translate the vision into specific, actionable steps.

Effective governance structure, such as a governing board and an active leadership team, ensure accountability in delivering quality care. Evidence from interviews with leadership has suggested a commitment to integrating patient-centered principles into operational practices, although gaps in communication and resource allocation have been noted.

Organization X evaluates the performance of senior leaders based on metrics related to patient outcomes, staff engagement, and regulatory compliance. According to secondary data, there is an ongoing effort to align leader performance with improvements in patient-centered care and active treatment delivery, but the process is still evolving.

The senior leaders' commitment to legal and ethical behavior is demonstrated through policy development and compliance. The Baldrige framework (2021) emphasizes the importance of open, transparent, and continuous communication to engage all stakeholders effectively. Promoting ethical behavior is fundamental to fostering a culture that supports patient-centered care. Evidence from the literature has underscored the link between ethical leadership and positive patient outcomes (Mannion & Davies, 2018). Interviews with staff indicated that while ethical standards are emphasized, there may be inconsistency in how these standards are applied, affecting the patient's experience.

Organization X's approach to legal and regulatory concerns involves routine audits and stakeholder feedback mechanisms. Addressing these concerns is critical for maintaining trust and ensuring care standards that meet patient needs. Recent feedback mechanisms indicated that while there is a commitment to compliance, there is room for improvement in how patient-centered care is perceived by the patient. Strengthening partnerships with community organizations can enhance the delivery of patient-centered care as well as the perception of care. Currently, organization X collaborates with several community health organizations to provide comprehensive care, and there are opportunities to expand these partnerships further to address gaps in patient care.

The organization considers societal well-being in its strategy, but there is a need for a more integrated approach that directly connects these efforts to patient care quality. Mannion and Davies (2018) suggested that healthcare organizations that prioritize social responsibility and community engagement tend to see improved patient outcomes.

Clients/Population Served

The client population served by Organization X includes both adolescents and adults requiring short-term psychiatric stabilization and treatment. The hospital offers 146 beds, with over 90 beds designated for adolescents aged 11-17 who are dealing with psychiatric and behavioral health disorders, substance abuse, and trauma. The remaining beds are allocated to adults, many of whom have dual diagnoses, requiring detox and treatment for general mental health conditions. Additionally, Organization X offers a 64-bed adolescent residential treatment center, and an offsite intensive outpatient and partial hospitalization program, which provides surrounding communities with intensive outpatient behavioral health services.

Organization X employs several methods to gather information from clients to improve the delivery of patient-centered care. These methods include a comprehensive intake process, where a clinical and nursing assessment is conducted, collecting detailed information about the patient's mental, physical, and social background. Within 3 days of admission, the clinical team completes a biopsychosocial assessment that further explores the patient's history to inform personalized treatment plans. These assessments establish the foundation for individualized care, incorporating patient preferences and goals to foster a sense of ownership in the treatment process (Krist et al., 2017).

In addition to intake assessments, Organization X uses patient satisfaction surveys and daily leadership rounds to continuously gauge patient experiences. Patient satisfaction surveys are administered before discharge and focus on evaluating communication with healthcare providers, the effectiveness of treatment plans, and the overall patient experience (Gavurova et al., 2021). The organization also engages in daily leadership rounds, where leaders directly interact with patients, allowing real-time responses to patient needs and feedback collection on patient perceptions and treatment challenges. These face-to-face interactions provide valuable qualitative data and promote patient engagement throughout their stay.

Organization X is committed to building strong, patient-centered relationships by continuously engaging clients through personalized care and effective communication. Leadership rounds play a critical role in relationship-building by offering hospital leaders the opportunity to meet with patients daily, addressing concerns in real-time while modeling compassionate care for staff. This level of engagement can build trust and foster a collaborative environment, making patients feel heard and supported (Krist et al., 2017).

Analytical Strategy

This section outlines the study design, role of the researcher, participant selection, data collection methods, and strategies to ensure the research is rigorous, credible, and trustworthy.

Research Design

This doctoral study employed a qualitative, single case study research design. This approach is based on the collective work of Yin (2009), who explained that case study research centers on addressing inquiries pertaining to how or why, amidst circumstances where the research possesses minimal control over ongoing events. Yin further elaborated that a cast study necessitates a systematic framework, predetermined data collection strategies, and establishes methods for data analysis. Additionally, the research design is consistent with the data collection process used to conduct the Baldrige framework (2021) organization assessment. According to Yin, this approach is suitable for an in-depth examination of a single phenomenon within its real-life context. Given the exploratory nature of this research, a case study design allows for the collection of data from various sources, focusing on a professional practice problem within one organization. A quantitative design would not be appropriate, as such studies typically aim to answer research questions by controlling the context, which contrasts with the goals of this study (see Ravitch & Carl, 2021).

Nature of the Information

The data analyzed included feedback collected from patient satisfaction surveys, reports from leadership rounds, and metrics related to employee engagement and morale. These data were originally gathered by the clinical team and administrative leadership as part of the organization's ongoing quality improvement efforts. Patient satisfaction surveys are typically administered before discharge and assess communication, treatment plan effectiveness, and overall patient experience.

Nature of Data Collected and Respondents

For the planned research design, I conducted t in-depth interviews with the senior leaders of the behavioral health hospital. The interviews were semistructured, allowing for flexibility while ensuring coverage of key themes related to the lack of patient-centered care impact on organizational culture and the effectiveness of leadership training programs in enhancing employee engagement and morale. According to Yin (2009), interviews are beneficial to qualitative case studies because they can provide in-depth insights into participants' perspectives and experiences. Additionally, I used additional data sources, such as patient satisfaction and patient outcome measures, organization recruiting and retention data, daily leadership rounds, and culture of safety reports, which can assess perceptions of patient-centered care, organizational culture, leadership training effectiveness, employee engagement

For this qualitative case study, both primary and secondary data were collected and analyzed. Primary data collection consisted of three semistructured interviews with senior leaders at the for-profit psychiatric hospital, including the CEO, the CNO, and the COO. The CEO participated in two interviews, while the CNO and COO each participated in one interview. The clinical director was also interviewed due to her active role in working with clinical staff and providing training and education on patient-centered care across multiple departments.

Primary Data Collection

A comprehensive set of semistructured interview questions were developed as the primary data collection instrument, aligned with the following research questions addressing the practice problem:

- RQ1: What specific challenges do behavioral health leaders identify in implementing patient centered care practices?
- RQ2: In what ways do behavioral health leaders prioritize and integrate active treatment components into organizational practices?
- RQ3: What strategies do behavioral health leaders employ to initiate and sustain cultural change within the organization, specifically targeting improvements in patient-centered care and active treatment practices
- RQ4: How does leadership within the organization foster a culture of continuous improvement and innovation?

Relevance to the Practice Problem

The logical connections between the framework presented and the nature of the researcher's study include a direct alignment of the Baldrige framework's (2021) principles with the core issues identified in the research problem and purpose. As the study focuses on addressing a behavioral health hospital's struggle with lack of patient-centered care and active treatment components, the Baldrige framework provides a structured approach to assess and improve organizational performance in these areas. Specifically, the framework's emphasis on leadership, strategy, customer focus, and workforce development directly correspond to the dimensions of cultural change and

multidisciplinary teamwork that are central to the research problem. By utilizing the Baldrige framework as a guiding framework, I aimed to leverage its established criteria and systems perspective to inform effective strategies for fostering cultural change and enhancing the overall quality of care within the hospital. These data are directly related to the study's focus on improving patient-centered care and active treatment. Analyzing the feedback from patient satisfaction surveys helped identify gaps in care, poor communication, and areas where treatment is not aligned with patient needs. Similarly, leadership rounds and employee engagement data offered insight into how leadership training and organizational culture influence employee morale, which in turn impacts patient-centered care.

Archival and Operational Data

For this doctoral study, operational data collected by the healthcare organization were used to analyze the practice problem of deficiencies in patient-centered care and active treatment. The organization routinely collects data through patient satisfaction surveys, leadership rounds, and other operational metrics such as employee engagement scores, and monthly performance improvement audits**.** Archival data were used to gain a deeper understanding of the organization's work environment, culture, and operational practices and are listed in Table 2.

Table 2

Archival and Organizational Documents Used for Data Collection

Document type	Description
Clinical and nursing intake sssessments	Detailed evaluations of patients' mental, physical, and social backgrounds at admission.
Biopsychosocial sssessments	Comprehensive analysis completed within three days of admission to inform individualized treatment plans.
Treatment plans and updates	Documentation of patient-centered goals and ongoing care modifications.
Quality council meeting minutes	Records of discussions and decisions related to clinical quality improvement initiatives.
Patient satisfaction surveys (Press Ganey)	Surveys administered at discharge to assess patients' experiences and satisfaction levels.
Leadership rounding reports	Documentation from daily leadership engagement with patients to gather feedback.
Employee engagement survey results	Data reflecting staff satisfaction, engagement, and organizational culture perceptions.
Exit interview data	Qualitative feedback collected from departing employees regarding organizational strengths and weaknesses.
Mindyra patient outcome measures	Standardized clinical outcomes used to assess treatment effectiveness.
Culture of safety surveys	Staff surveys measuring perceptions of safety culture and communication openness.
Policy and procedure manual	Formal organizational standards guiding patient care, employee conduct, and compliance efforts.

Evidence Generated for the Doctoral Study

Prior to initiating the study, I secured a signed Partner Agreement For (Site Approval Form) and a Service Agreement Form from the CEO of Organization X. These documents provided consent for the organization's participation in the research, outlined how the study results would be utilized, and confirmed that strict ethical standards would be followed. Additionally, the forms ensured the anonymity of both the site and the participants in any published reports or related documents stemming from the study.

Summary

Section 2 discussed sources of evidence for the professional practice problem that forms the basis for this research study. This included examination of supporting literature, leadership strategy and assessment, clients and population served, and analytical strategy. The literature highlighted the importance of patient-centered care, leadership's role in fostering organizational culture, and the impact on employee engagement and morale. In Section 3, data on workforce operations and engagement strategies will be evaluated to determine how Organization X's leadership creates an environment that supports both employees and patients, promoting a culture of continuous feedback and improvement. By analyzing these data, the study aims to address the deficiencies in patient-centered care and explore leadership strategies that drive positive organizational change.

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

Introduction

Organization X faces critical issues: the deficiency of patient-centered care and active treatment, which impacts both patient outcomes and satisfaction. This problem has led to challenges such as reduced patient satisfaction, higher rapid readmission rates, and low employee engagement and morale. To address these deficiencies, the research questions that guided this study are as follows:

- How do behavioral health leaders perceive the current level of patient-centered care within the organization.
- What specific challenges do behavioral health leaders identify in implementing patient centered care practices?
- In what ways do behavioral health leaders prioritize and integrate active treatment components into organizational practices.
- What strategies do behavioral health leaders employ to initiate and sustain cultural change within the organization, specifically targeting improvements in patient-centered care and active treatment practices?

Analysis of the Organization

Organization X attempts to build an effective and supportive workforce through its recruitment and retention strategies as well as staff development and engagement initiatives.

Recruitment and Retention Strategies

Organization X aspires to recruit staff with strong behavioral health experience and a commitment to patient-centered care principles; however, the organization faces significant challenges in attracting candidates who fully meet these qualifications. Due to staffing shortages and the competitive nature of the local healthcare market, Organization X often struggles to recruit the most qualified candidates. Several other hospitals within the county are competing for the same talent, offering higher salaries, sign-on bonuses, and shift differentials, making it difficult for Organization X to stand out as an attractive employer. As a result, Organization X is often forced to hire candidates with less experience or who may not have the desired level of commitment to patient-centered care. These staffing challenges not only impact the quality of care provided but also contribute to turnover, as more qualified candidates may be drawn to competitors with better compensation packages.

Staff Development and Engagement Initiatives

Organization X is committed to investing more in staff development by expanding training in evidence-based treatment approaches, particularly focused on trauma -informed care and active treatment models. Recognizing the need for continuous professional growth, the organization aims to enhance its development initiatives to ensure staff not only remains up to date with best practices in behavioral health but also deepen their skills in delivering patient centered care. Organization X plans to prioritize additional training opportunities and preceptor programs, as well as maintaining regular

team meetings. It is the hope of the organization that this will cultivate a collaborative culture, which supports staff in providing high-quality, patient-centered care.

These key findings provide deeper insight into the practice problem by highlighting the gap between training and real-world application, as well as providing a clearer understanding of how workforce instability at Organization X hinders the consistent implementation of patient-centered care and active treatment. High turnover leads to reduced continuity in care delivery, which can result in patients receiving less personalized and attentive care.

Organization X attempts to engage its workforce through regular communication, which includes daily team meetings, leadership rounds, and town hall forums. These meetings allow employees to voice feedback and suggestions about patient care, contributing to the leadership's initiatives to create an environment of transparency and inclusion. The leadership rounds also provide an opportunity for direct interactions between management and staff, ensuring that concerns related to patient care and operational issues are addressed in real-time. This practice encourages staff to feel heard and valued, which supports their ongoing engagement in patient care (George & Massey, 2020).

Organization X promotes staff engagement by encouraging professional development programs and collaborative opportunities, such as treatment teams, preceptorships, clinical lunch and learn, and daily opportunities for clinical supervision and oversight. These initiatives allow staff to engage with peers and supervisors in clinical discussions that enhance their skills and foster a culture of continuous learning.

The preceptor program is particularly valuable for new hires or less experienced staff, as it creates a support system where knowledge-sharing and professional growth are encouraged (Baek et al., 2023). These efforts help build a collaborative workforce, emphasizing the importance of patient-centered care and active treatment.

The organization's approach to workforce engagement sheds light on the deficiency of patient-centered care and active treatment within Organization X. While there are several initiatives in place to foster engagement, the inconsistent participation in these programs and lack of robust tracking of engagement outcomes highlight gaps in implementation. This contributes to the practice problem, as patient-centered care and active treatment depend heavily on a well-engaged and consistently trained workforce.

Additionally, the organization's efforts align with the Baldrige framework (2021), particularly in the categories of workforce engagement and leadership. The Baldrige framework emphasizes that engaged employees are critical to delivering high-quality care and achieving organizational goals. However, without ensuring sustained engagement and comprehensive participation in training and development programs, Organization X struggles to translate its workforce engagement efforts into improved patient outcomes. Addressing these gaps, such as by improving the tracking of engagement efforts and ensuring broader participation, could help the organization better address the deficiencies in patient-centered care and active treatment.

Measuring Performance

Organization X uses multiple performance indicators to monitor and measure organizational effectiveness, including patient satisfaction scores, patient outcomes,

readmission rates, and staff engagement metrics. The hospital collects data through several feedback mechanisms, including daily leadership rounds, and post-discharge surveys. This variety of feedback channels aims to capture patient and family experiences and identify areas where service can be enhanced. Staff performance and operational efficiency are also evaluated through annual performance reviews and monthly departmental meetings, where metrics such as adherence to patient-centered care standards and engagement in training programs are tracked.

Analyzing Performance Data

Once data is collected, Organization X engages in a comprehensive analysis to understand trends, identify improvement areas, and address emerging issues. Leadership regularly reviews performance data in monthly meetings, where patient satisfaction and clinical outcomes are analyzed to assess service quality. Analysis includes examining readmission trends, adverse event reports, and workforce engagement scores, which are cross-referenced with clinical outcomes to understand how staff morale and training impact patient-centered care delivery. This data-driven approach aims to highlight areas for improvement and prioritize issues requiring immediate action.

Improving Performance

Based on performance analysis, Organization X undertakes improvement initiatives designed to enhance patient-centered care and active treatment practices. Initiatives may include revisiting staff training programs, addressing identified gaps in care, or implementing new communication protocols to improve patient engagement. Additionally, performance improvement strategies are guided by evidence-based

practices, with a particular focus on trauma-informed care models to better align patient needs with treatment approaches. Organization X also holds monthly reviews where leadership re-evaluates progress on key metrics and adjusts strategies as needed to ensure alignment with organizational goals.

Challenges in Continuous Improvement

While Organization X is committed to measuring and improving performance, challenges such as limited staffing, high turnover, and inconsistent engagement in training programs can impact the effectiveness of these initiatives. For instance, workload pressures sometimes hinder staff participation in performance improvement activities, potentially slowing the implementation of necessary changes. Furthermore, data collection inconsistencies, especially in patient feedback, can limit the reliability of insights gained, making it difficult to execute timely adjustments in patient-centered care practices.

In summary, Organization X's efforts to measure, analyze, and improve organizational performance reflect a structured approach, incorporating both patient and workforce metrics to guide continuous improvement. However, addressing the challenges in staffing, data consistency, and staff engagement will be essential to enhance the organization's ability to sustain high standards in patient-centered care and operational performance.

Knowledge Management

Organization X demonstrates a structured approach to managing its organizational knowledge assets, information, and IT infrastructure, aiming to enhance both clinical and

operational effectiveness. Key practices include leveraging electronic health records for data consolidation, facilitating knowledge sharing through team meetings, and prioritizing data security to protect patient privacy. Despite these efforts, gaps in data accessibility, integration, and staff engagement with information systems present challenges to optimizing patient-centered care and active treatment delivery. Additionally, limitations in IT infrastructure, such as response times from IT department, inconsistent data entry, variable survey response rates, and restricted remote access, hinder the organization's ability to make real-time adjustments and sustain operational efficiency. Addressing these issues is critical to enhancing the organization's adaptability and ensuring high-quality care in a competitive behavioral health landscape. This section examines how these knowledge management practices intersect with broader organizational strategies, shedding light on areas for improvement that are essential to overcoming deficiencies in patient-centered care and active treatment.

Management of Knowledge Assets

Organization X supports knowledge sharing through team meetings and interdepartmental case discussions, designed to facilitate real-time learning and address immediate patient care concerns. However, the reliance on verbal and manual updates poses risks for knowledge loss and inconsistencies in information transfer, especially in high-turnover situations or during leadership changes.

Information Management

To manage patient information, Organization X utilizes an electronic health record system (EHR) that consolidates patient data, treatment histories, and progress

notes. The EHR supports continuity of care and allows clinicians to access essential information efficiently. However, inconsistent data entry and variability in staff engagement with the HER reduce the overall data quality, impacting the accuracy of patient-centered care planning. Additionally, Organization X collects feedback through surveys, and daily leadership rounds, yet inconsistent survey response rates create gaps in reliable, continuous data on patient satisfaction and experience, affecting the ability to perform real-time adjustments in care delivery.

Information Technology Infrastructure

The IT infrastructure at Organization X is designed to provide stable support for daily operations and clinical functions, with the EHR as a core component. The organization prioritizes maintaining system security, regularly updating firewalls, and using encrypted data storage to protect patient privacy. However, limited IT resources and occasional system downtimes hinder seamless access to patient information and disrupt workflows. Additionally, the current IT infrastructure does not fully support remote access, which limits flexibility and poses challenges for staff who may need offsite access during emergencies or in cases of workforce expansion.

Organization X's efforts to manage organizational knowledge, information, and IT infrastructure show a strong foundation, particularly in providing essential clinical information and maintaining patient privacy. However, addressing gaps in data integration, improving accessibility to knowledge resources, and ensuring consistent engagement in IT systems will be essential to better support patient-centered care and active treatment. Enhancements in these areas could lead to improved real-time decision-

making operational efficiency, and the organization's overall adaptability in a competitive behavioral health landscape.

Summary

In Section 3, I investigated Organization X's measurement, analysis, and knowledge management practices as they relate to its patient-centered care and active treatment deficiencies. These issues have resulted in diminished patient satisfaction, increased readmission rates, and lower employee morale. The study's research questions focused on behavioral health leaders' perceptions of patient-centered care, the challenges in implementing these practices, the prioritization of active treatment, and the cultural change strategies targeting improvements in patient-centered care and active treatment. Key findings revealed that, while Organization X aims to create a supportive workforce environment through recruitment, retention, and staff development initiatives, it struggles to attract and retain highly qualified candidates due to a competitive local healthcare market. This workforce instability hinders the consistent implementation of patient-centered care.

Further analysis highlights that Organization X engages staff through regular communication development programs, and collaborative opportunities, aligning with the Baldrige framework's emphasis on workforce engagement. However, gaps in participation and engagement tracking impede the effective application of patient-centered care practices. Performance is monitored through patient satisfaction scores, readmission rates, and staff engagement metrics, and performance data is regularly analyzed to identify trends and prioritize improvements. Despite a structured approach,

staffing shortages and inconsistent data collection hinder continuous improvement efforts. Finally, Organization X's knowledge and IT management systems support operational effectiveness, through enhancements in data integration and IT accessibility could better support real-time decision-making and operational efficiency. Overall, Organization X's structured approach to measurement, analysis, and knowledge management establishes a foundation for improvement, though addressing staffing and data consistency challenges will be essential to sustaining high standards in patient-centered care.

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

Introduction

The purpose of this section is to present the findings derived from the mixed-methods analysis of patient satisfaction surveys, rapid readmission rates, and semi-structured interviews with leadership and staff at Organization X. This study explored the organizational factors impacting the delivery of patient-centered care and active treatment in a for-profit behavioral health setting. The results are organized into two primary categories: quantitative findings from patient satisfaction and readmission data and qualitative findings from thematic analysis of leadership and staff interviews. The integration of these findings provides a comprehensive understanding of the systemic strengths, challenges, and opportunities influencing the practice problem.

Patient Satisfaction Results

Analysis of patient satisfaction survey data collected from March 2024 through March 2025 revealed important trends related to the organization's patient-centered care initiatives. Patient satisfaction scores demonstrated a gradual improvement throughout 2024, culminating in peak performance during the months of October and December 2024.

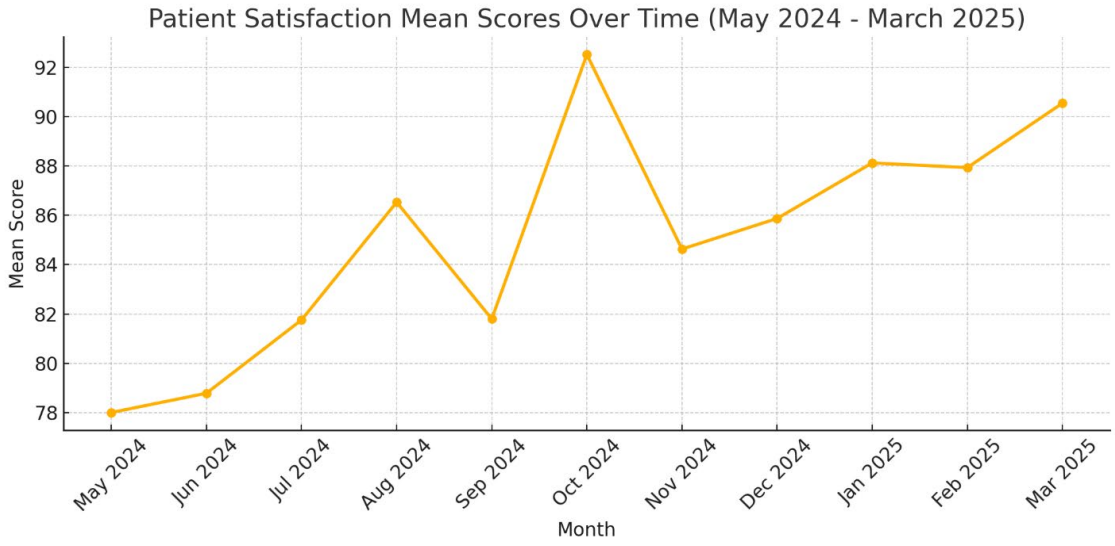
In October 2024, mean scores across key domains such as meals (90.24), nurses (95.12), care providers (90.24), program activities (90.85), and overall assessment (95.53) placed Organization X between the 69th and 94th national percentile ranks. December 2024 results further reflected excellence, with perfect satisfaction scores of 100.00 for nurses, care providers, and program activities, and percentile rankings

between the 95th and 99th percentiles. By March 2025, patient satisfaction remained strong with a mean score of 90.54 and a 79th percentile ranking nationally. Although slight declines were observed compared to the December 2024 peak, patient satisfaction levels remained significantly higher than early 2024.

As shown in Figure 2, patient satisfaction scores steadily improved across the study period, reflecting the organization's ongoing efforts to enhance patient-centered care practices.

Figure 2

Patient Satisfaction Mean Scores Over Time (March 2024-January 2025)



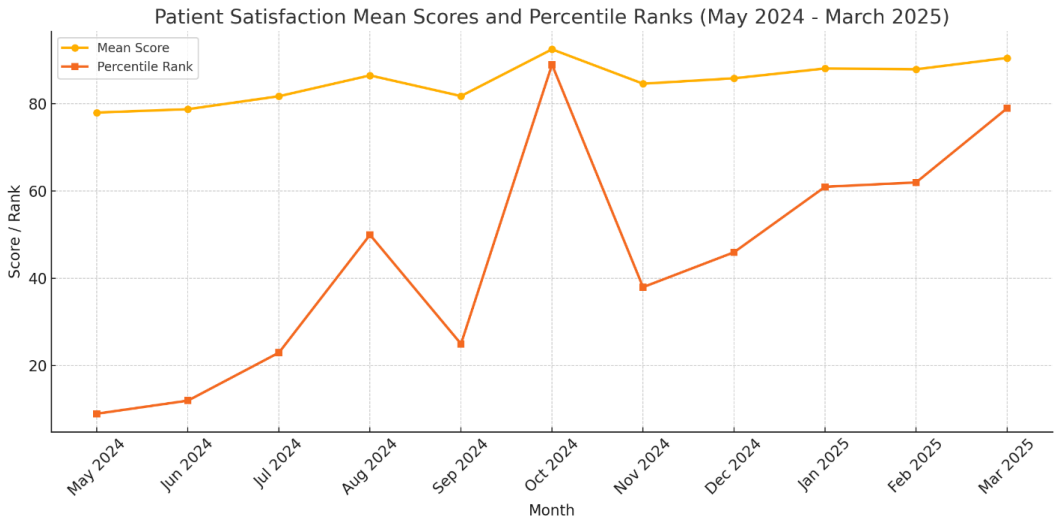
Note. The figure illustrates the progression of patient satisfaction scores, showing improvement after organizational interventions.

Figure 3 illustrates both the patient satisfaction mean scores and corresponding national percentile rankings from May 2024 to March 2025. The data highlight

improvements not only in internal satisfaction scores but also in the organization's comparative national performance.

Figure 3

Patient Satisfaction Mean Scores and Percentile Ranks Over Time (May 2024-March 2025)



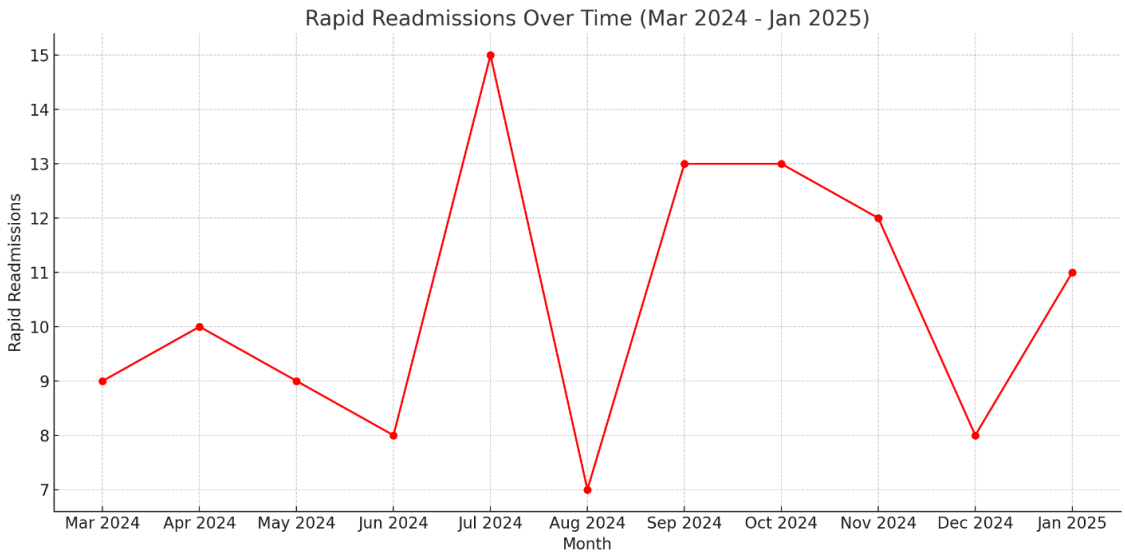
Rapid Readmission Result

Rapid readmission data collected from March 2024 through January 2025 provided additional insights into patient outcomes. Readmission rates between March and June 2024 remained relatively stable, ranging from eight to 10 cases per month. However, a notable spike occurred in July 2024, with rapid readmissions rising to 15 cases, suggesting temporary disruptions in care transitions or discharge planning. Following this spike, August 2024 reflected the lowest readmission rate of the year, with seven cases. A secondary elevation occurred between September and November 2024, with readmissions stabilizing at 12 to 13 cases. December 2024 showed renewed improvement, with rapid readmissions declining to eight cases. January 2025 data

indicated a slight increase to 11 cases. These trends are illustrated in Figure 4, highlighting fluctuations in rapid readmission rates over the course of the study.

Figure 4

Rapid Readmission Rates Over Time (March 2024-January 2025)



Note. The figure displays the monthly variation in rapid readmission rates, showing peaks and improvements corresponding to organizational interventions.

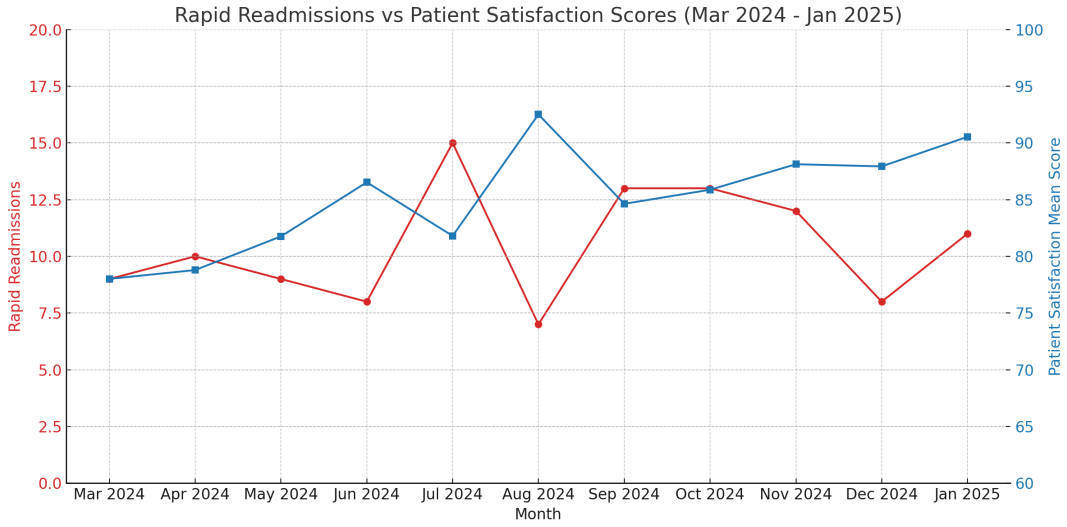
Relationship Between Patient Satisfaction and Readmissions

A combined analysis of patient satisfaction scores and rapid readmission rates revealed an inverse relationship between the two outcomes. As patient satisfaction improved throughout the latter half of 2024, rapid readmissions decreased, particularly following the intervention period. The peak in patient satisfaction observed in October and December 2024 corresponded with the lowest readmission rates of the year. Figure 5 demonstrates the inverse relationship between patient satisfaction scores and rapid

readmission rates, suggesting that improvements in patient-centered practices contributed to enhanced patient outcomes.

Figure 5

Patient Satisfaction Scores and Rapid Readmissions Compared (March 2020-January 2025)



Note. The figure shows the inverse relationship between patient satisfaction and rapid readmission rates, reinforcing the importance of continuous patient engagement efforts.

Qualitative Findings From Thematic Analysis

Thematic analysis of leadership and staff interviews revealed seven interrelated themes that collectively illustrate the organizational barriers impacting patient-centered care and active treatment at Organization X. These themes highlight significant cultural, structural, and leadership challenges that undermine the sustainability of recent improvements. The following themes provide insight into the lived experiences of staff and offer critical context for understanding the systemic issues that require attention:

- Limited culture of innovation

- Misalignment between task-focused and person-centered care
- Leadership gaps and communication challenges
- Employee satisfaction, motivation, and morale
- Barriers to employee development and well-being
- Strategic challenges and missed opportunities
- Power dynamics and leadership culture

Each theme is described in detail below, supported by participant quotes that illustrate key issues and perspectives.

Theme 1: Limited Culture of Innovation

Participants consistently described a workplace heavily focused on compliance, audits, and paperwork, with little emphasis on innovation or professional growth. Organizational structures prioritized quantity-driven care tasks over initiatives aimed at improving care quality or enhancing the patient experience. This compliance-driven culture limited opportunities for creative clinical improvement and discouraged innovation at both the leadership and frontline staff levels. One participant reflected that the organization frequently promotes quality of care and person-centered practices as core priorities, but in reality, those principles are often overshadowed by the relentless focus on compliance and administrative demands. Another participant highlighted the impact of time constraints, noting, “There isn’t space available for personal development and growth for employees... time limits it.” Collectively, these perceptions suggest that while quality of care is publicly emphasized, the operational environment deprioritizes the innovative and relational practices that would meaningfully advance it.

Theme 2: Misalignment Between Task-Focused and Person-Centered Care

Although the organization publicly promotes a patient-centered mission, participants consistently described a disconnect between this vision and the day-to-day expectations placed on staff. Specifically, direct care was often measured by the volume of completed tasks, such as documentation accuracy and compliance checks, rather than by the quality of therapeutic engagement with patients. One participant explained, “When I think direct patient care, I think more quantity, making sure the i's are dotted and the t’s are crossed, but not necessarily looking at quality of care.” This statement highlights the core tension: staff are required to meet compliance-based productivity standards that inadvertently deprioritize relational, individualized care. Another participant observed, “You can't bring innovative care if you're only focused on data, analytics, and compliance.” The cumulative effect of these task-driven pressures led to feelings of professional dissatisfaction and burnout, as staff struggled to balance paperwork demands with their desire to provide high-quality, person-centered treatment.

Theme 3: Leadership Gaps and Communication Challenges

Although leadership at Organization X employed structured communication methods such as meetings, newsletters, and town halls, participants emphasized that authentic modeling of organizational values by leaders was far more impactful than formal communication channels. Despite these efforts, participants described inconsistent leadership behaviors that undermined trust, accountability, and the credibility of the organization’s stated values. One participant noted, “I always try to walk in with good energy because that’s what I try to model,” underscoring the importance of visible, day-

to-day leadership behaviors over written policies. Another participant stated, “You could read all the pamphlets and write all the policies... but it’s really about how you demonstrate it,” highlighting the disconnect between policy rhetoric and actual leadership practices.

Participants reported that when leaders failed to embody patient-centered values in their actions, such as prioritizing administrative metrics over relational care or responding dismissively to staff concerns, it eroded staff morale and created skepticism about the organization’s cultural commitments. This misalignment contributed to disengagement, diminished trust in leadership, and a perception that formal communication efforts were superficial or performative. The lack of leadership consistency not only strained employee-leader relationships but also signaled to staff that patient-centered care was not genuinely prioritized.

These findings reinforce that cultural transformation cannot occur without leaders actively modeling the values they promote. The gap between leadership’s stated intentions and demonstrated behaviors represents a critical barrier to sustainable organizational change and will be directly addressed in the leadership development and cultural alignment recommendations discussed in Section 5.

Theme 4: Employee Satisfaction, Motivation, and Morale

Efforts to monitor employee satisfaction and morale were seen as superficial and inconsistent. Participants reported that while occasional morale-boosting efforts, such as providing food trucks, were appreciated, they did not address deeper issues related to engagement and support. More concerning was the lack of a formalized, systematic

process for assessing clinician satisfaction or morale. One participant emphasized, “We need real things that we can use day-to-day that are going to help the clinician.” Another reflected, “I don't know that I've seen data aside from here’s our retention rate.” These insights point to a need for more structured feedback loops and engagement strategies.

Theme 5: Barriers to Employee Development and Well-Being

Professional development opportunities were perceived as underprioritized, with training often focused primarily on licensed staff while broader workforce needs remained unmet. Advocacy efforts by clinical leaders to promote training and development were often deprioritized in favor of compliance demands and immediate operational needs. As one participant articulated, “There hasn't been a culture that prioritizes development, growth, and well-being.” Another added, “If I'm the only one that gets to go to training, what is the team going to feel?” These findings highlight the need for an intentional, organization-wide commitment to staff development and well-being.

Theme 6: Strategic Challenges and Missed Opportunities

Strategic planning within Organization X was perceived as reactive and narrowly focused, driven largely by leadership experience within a specific nursing or medical perspective. This narrow lens often failed to fully incorporate multidisciplinary clinical insights into decision-making processes. One participant explained, “What’s prioritized is based on what your leader has experienced and values.” Another observed, “If he had a more working relationship with the clinical side of leadership, it would open his lens.” The lack of inclusive strategic planning processes contributed to missed opportunities for

innovation and limited the organization's ability to address evolving patient and workforce needs.

Theme 7: Power Dynamics and Leadership Culture

Participants described a rigid leadership style that discouraged clinical input and innovation. Leadership was perceived as resistant to feedback that did not align with pre-existing perspectives, leading to feelings of disempowerment among clinical staff. One participant described the environment as, “You’re not willing to hear what’s being said to you... because it doesn’t fit into your lens.” Another shared, “It’s very much like, ‘Sink until you learn to swim and hope you make the right call.’” These dynamics not only inhibited staff innovation but also contributed to emotional fatigue and diminished morale among team members.

Collectively, the qualitative findings illuminate the systemic barriers and cultural challenges impacting the delivery of patient-centered care and active treatment practices at Organization X. Participants' perspectives revealed a deep misalignment between organizational goals and operational realities, shaped by rigid leadership styles, administrative priorities, and underdeveloped support structures for employee growth and innovation. Despite evidence of leadership efforts to model organizational values, the gaps between policy and practice remain significant, contributing to employee disengagement and limiting opportunities for transformational change. These themes further contextualize the quantitative results, suggesting that improvements in patient satisfaction and readmission rates are fragile without sustained cultural and leadership reform. The integration of these findings provides a comprehensive foundation for the

interpretation of results and the formulation of targeted recommendations for organizational improvement, discussed in the next section.

Workforce Engagement and Culture of Safety

Employee engagement and morale directly influence the quality of patient-centered care and active treatment within behavioral health settings. Thematic analysis of participant interviews revealed significant concerns related to burnout, emotional exhaustion, and the perception that compliance tasks were consistently prioritized over relational care and staff development. Participants described inconsistent leadership support, limited access to professional growth opportunities, and a lack of structured feedback mechanisms. These qualitative findings align with existing literature linking strong employee engagement to improved care quality, lower turnover, and better patient outcomes (Mannion & Davies, 2018). Although morale-boosting efforts such as food trucks and recognition events were acknowledged, staff emphasized that these efforts felt superficial in the absence of structural change. Critically, Organization X lacked access to formal employee engagement survey data for 2023 and 2024, limiting the ability to proactively identify areas of concern. However, the biannual Culture of Safety survey served as a proxy measure, providing important insights into employee perceptions of teamwork, leadership responsiveness, and psychological safety.

Culture of Safety Survey Overview

To further examine the relationship between organizational culture, workforce engagement, and patient-centered care, this study analyzed data from Organization X's biannual Culture of Safety survey, conducted in 2021 and 2023. The survey evaluates

staff perceptions across 11 domains, including communication openness, teamwork, management support, and response to error. It includes both domain-level composites and item-specific metrics, enabling a multi-layered analysis of organizational climate and safety culture. Given the study's focus on leadership strategies and cultural transformation, the survey results provided critical insight into how staff experience organizational values in practice and where discrepancies may exist between stated priorities and frontline realities.

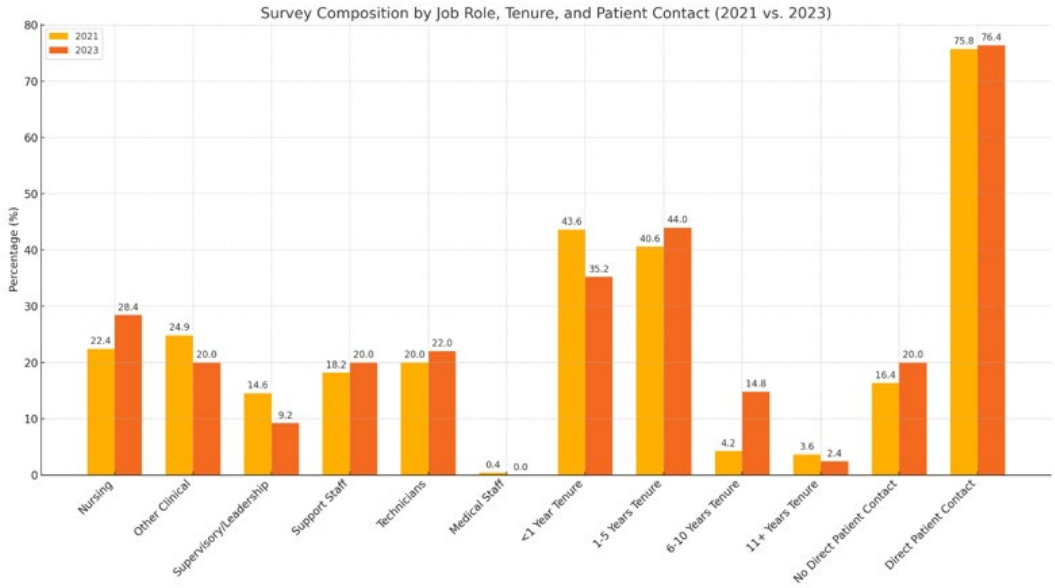
Survey Composition and Trends

The number of survey respondents increased from 165 in 2021 to 250 in 2023, a 51% growth that suggests improved survey participation and engagement. Nurses represented the largest respondent group in both years, rising from 22.42% to 28.40%. Technician and support staff participation also increased modestly. In contrast, participation among supervisory and senior leadership roles declined from 14.55% to 9.20%, and medical staff participation dropped to zero in 2023. These changes may indicate disengagement among leadership and physicians or a diminished emphasis on their involvement in organizational feedback.

Tenure trends suggest progress in workforce retention. Staff with 6 to 10 years of tenure increased from 4.24% to 14.80%, and those with 1 to 5 years rose from 40.61% to 44.00%. Employees with less than 1 year of service decreased from 43.64% to 35.20%, indicating lower turnover among newer hires. Approximately 76% of respondents in both years reported direct patient interaction, affirming the relevance of survey results to clinical care delivery. Figure 6 shows the survey composition.

Figure 6

Survey Composition



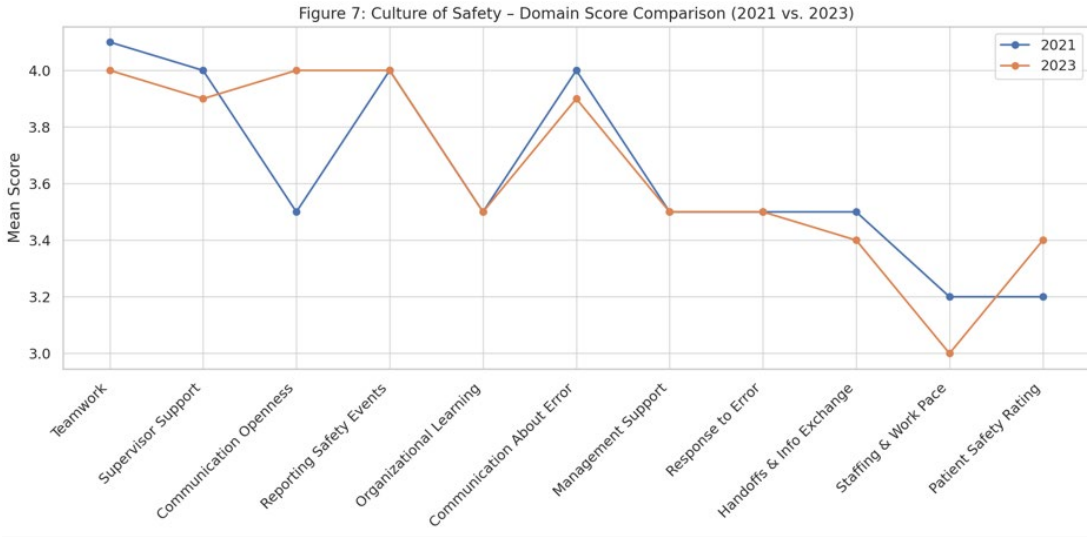
Note. This figure shows a comparison of survey composition by job role, tenure, and patient contact for the years 2021 and 2023 at Organization X.

Domain-Level Analysis

Composite domain scores revealed notable strengths and weaknesses in the organization's safety culture. The most significant improvement occurred in the domain of Communication Openness, which rose from 3.5 in 2021 to 4.0 in 2023. This suggests that staff felt increasingly comfortable voicing concerns and sharing feedback. However, Staffing and Work Pace declined from 3.2 to 3.0, reflecting concerns about burnout and insufficient staff coverage—an issue also raised in interviews. Domains such as teamwork, organizational learning, and management support for patient safety remained largely stable, with changes of 0.1 or less.

Figure 7

Culture of Safety—Domain Score Comparison (2021 vs. 2023)



Note. This figure provides a high-level view of 11 broad domains of safety culture.

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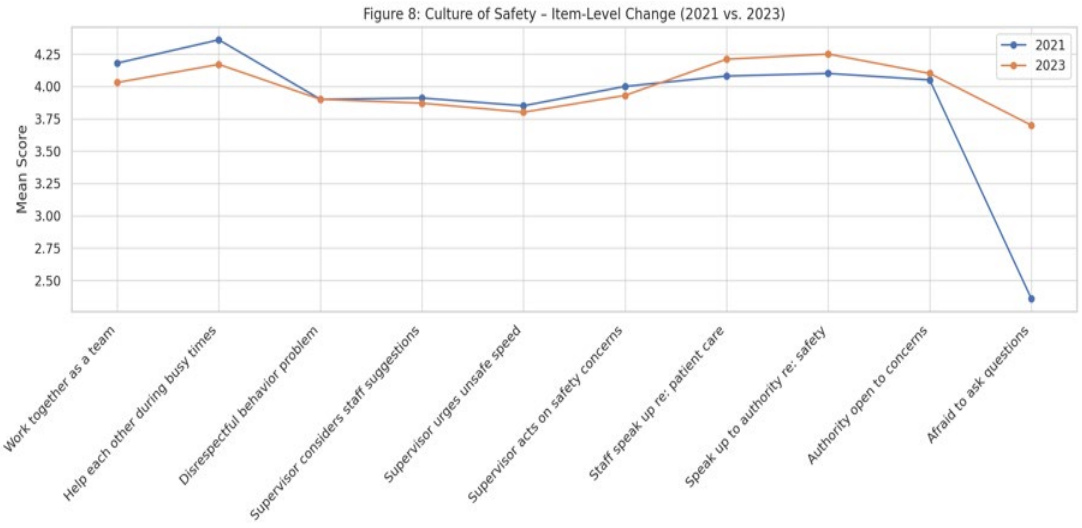
Item-Level Insights and Alignment With Qualitative Data

Item-level analysis further illuminated these patterns. The statement “Staff speak up if they see something that may negatively affect patient care” increased from 4.08 in 2021 to 4.21 in 2023. The reversed item “Staff are afraid to ask questions when something doesn’t seem right” showed an even more substantial improvement—from 2.36 to 3.70—indicating meaningful growth in psychological safety. These improvements align with qualitative themes such as C8: leadership modeling and C10: communication of values, where participants described efforts by some leaders to foster open communication. In contrast, teamwork-related items declined. For example, “We work together as an effective team” dropped from 4.18 to 4.03, and “Staff help each other during busy times”

declined from 4.36 to 4.17. Leadership-related items also showed slight declines. “My supervisor takes action to address patient safety concerns” fell from 4.00 to 3.93, and “Supervisor considers staff suggestions” dropped from 3.91 to 3.87. Figure 8 shows a detailed comparison of staff perceptions across specific survey items that assess safety culture within Organization X.

Figure 8

Culture of Safety—Item-Level Change (2021 vs. 2023)



Integrated Interpretation of Findings

Together, the survey results and interview findings point to incremental improvements in transparency and communication but ongoing challenges in workforce morale, role clarity, and leadership accountability. The growth in psychological safety is encouraging and may reflect successful modeling by some department leaders. However, stagnant or declining scores in staffing, supervisor responsiveness, and teamwork

reinforce concerns about operational overload and insufficient structural support. These integrated findings support the need for a structured leadership development program, as well as sustained efforts to engage underrepresented staff groups—particularly clinical leaders and physicians—in safety and feedback processes. In particular, the growth in mid-tenured staff suggests an opportunity to invest in retention and development strategies to build long-term workforce stability.

The integration of quantitative and qualitative findings provided a comprehensive understanding of the systemic challenges and organizational dynamics influencing patient-centered care and active treatment delivery at Organization X. Analysis of both data sets highlighted strong interconnections between organizational culture, leadership practices, employee engagement, and patient outcomes.

Quantitative analysis of patient satisfaction survey results indicated a positive trajectory following the implementation of organizational interventions. Patient satisfaction scores showed steady improvement across 2024, with particularly notable gains in October and December, where scores in domains such as nursing care, care providers, and program activities ranked within the top national percentiles. These improvements suggest that initiatives focused on enhancing patient-centered practices, such as reinforcing care quality standards and increasing patient engagement efforts, were initially effective. Additionally, analysis of rapid readmission rates revealed a corresponding decline during the same period, further indicating positive patient care outcomes aligned with satisfaction enhancements.

However, while surface-level quantitative gains were evident, qualitative findings offered critical insights into underlying systemic barriers that may undermine the sustainability of these improvements. Staff and leadership interviews revealed that the organizational culture remained heavily compliance-driven, with a strong emphasis on administrative task completion rather than relational or person-centered care. Participants consistently described an environment where innovation was deprioritized, employee development was insufficiently supported, and leadership modeling of organizational values was inconsistent.

Notably, the qualitative data illuminated the emotional impact of these cultural dynamics on clinical staff. Participants reported feelings of disempowerment stemming from rigid leadership styles, a perceived lack of voice in decision-making processes, and the disconnect between organizational policies and actual practices. Such emotional strain, if unaddressed, has been widely associated in the behavioral health literature with workforce burnout, increased turnover, and eventual declines in care quality. These findings suggest that while quantitative improvements in patient satisfaction and readmissions were achieved, the fragility of the underlying workforce environment poses a significant risk to maintaining long-term progress.

Further supporting this interpretation, the modest increase in rapid readmissions observed in January 2025—despite continued high patient satisfaction scores—raises concerns about the sustainability of organizational improvements in the absence of deeper cultural transformation. Improvements in patient experience, while vital, may not

alone be sufficient to produce durable gains without parallel investment in workforce morale, clinical autonomy, and leadership engagement.

Taken together, the integrated findings highlight that patient-centered care cannot be fully realized through operational or procedural changes alone. Sustainable improvement requires a comprehensive approach that addresses organizational culture at its core: fostering empowering leadership practices, embedding authentic value-driven communication, promoting continuous professional development, and creating systemic support for both staff and patients. The convergence of quantitative and qualitative findings underscores the necessity for Organization X to prioritize cultural change initiatives alongside clinical practice enhancements to achieve enduring excellence in patient-centered care.

These findings suggest that sustainable cultural transformation at Organization X will require more than operational adjustments; it will necessitate a deliberate realignment of leadership values, priorities, and behaviors. The evidence indicates that leadership misalignment is a foundational barrier to achieving lasting improvements in patient-centered care. To address this, Organization X would benefit from initiating a North Star visioning session, a structured, facilitated process aimed at aligning leadership around shared cultural values, patient-centered priorities, and the organization's future direction (Bokhour et al., 2018). This visioning process should leverage design thinking methodologies, which provide a collaborative, solution-focused framework for tackling complex, human-centered challenges. Design thinking emphasizes empathy, cross-functional collaboration, rapid ideation, and iterative problem-solving (Liedtka, 2018).

These principles are particularly relevant for Organization X, where leadership silos, rigid power dynamics, and communication gaps have been shown to erode trust and limit innovation. By focusing on empathy and understanding the experiences of both staff and patients, design thinking can help leaders step outside of compliance-driven mindsets and co-create solutions that prioritize relational care, workforce engagement, and cultural alignment (Liedtka, 2018).

As part of this process, leaders should also engage in the Stop-Start-Continue exercise, a simple and effective tool to identify current leadership practices that should be discontinued (Stop), new behaviors or processes that should be initiated (Start), and effective strategies that should be reinforced (Continue). This method can promote open dialogue about leadership behaviors that directly impact organizational culture and provides a tangible framework for accountability (University of South Carolina, n.d.).

Given the potential for internal friction, entrenched leadership habits, and power imbalances, this process should be facilitated by an external consultant. External facilitation can offer objective guidance, promote psychological safety among participants, and ensure that divergent viewpoints are acknowledged and constructively addressed. The North Star visioning session, supported by design thinking principles and the Stop-Start-Continue tool, will serve as the cultural foundation for the recommended patient-centered care strategies and is further detailed in Section 5. Additionally, Section 5 will provide recommendations for action based on these integrated findings, with an emphasis on leadership development, employee engagement strategies, and the alignment of organizational culture with patient-centered care principles.

Strengths and Limitations of the Study

The evaluation of Organization X's client and workforce outcomes demonstrated several notable strengths. First, the study utilized a comprehensive, mixed-source approach by analyzing key dimensions of performance, including patient satisfaction trends, rapid readmission rates, and workforce engagement data drawn from the Culture of Safety employee survey. This multifaceted method ensured that the practice problem was explored from both client and organizational perspectives, offering a holistic understanding of systemic deficiencies and strengths. The addition of Culture of Safety data from 2021 and 2023 provided valuable longitudinal insights into staff perceptions of teamwork, psychological safety, leadership responsiveness, and operational pressures.

Second, the study's integration of evidence-based insights to support analytic claims enhanced the credibility of findings and reinforced the connection between patient-centered care practices and workforce engagement. Quantitative improvements in domains such as communication openness and psychological safety were triangulated with qualitative findings that revealed cultural shifts in voice, transparency, and leadership modeling. Additionally, the identification of actionable gaps—such as inconsistencies in leadership follow-through, persistent concerns about staffing adequacy, and limited integration of staff development initiatives—provided a strong foundation for practical, systems-level recommendations.

Finally, the study’s focus on structural and organizational dynamics, rather than attributing performance deficits to individual behaviors, underscores the importance of leadership strategy, cultural alignment, and workforce empowerment. This systems-level

perspective enhances the relevance of the findings for driving sustainable, organization-wide change.

However, limitations exist. While the Culture of Safety survey served as a partial proxy for measuring employee engagement, the absence of dedicated employee engagement survey data from 2023 or 2024 restricted the breadth of quantitative exploration into morale, professional growth, and retention drivers. In addition, although the Culture of Safety data offered insight into psychological safety and voice, the limited participation from medical staff and senior leaders may introduce response bias, potentially obscuring views from key organizational influencers. Furthermore, while patient satisfaction and readmission rates were analyzed, inconsistent data volume in certain months may impact the generalizability of trend interpretations. Despite these limitations, the findings present a credible and comprehensive analysis of the barriers and facilitators influencing the delivery of patient-centered care and active treatment at Organization X.

Section 5: Recommendations and Conclusions

Introduction

The effectiveness of patient-centered care and active treatment within behavioral health organizations depends on robust patient engagement, a supportive organizational culture, effective leadership, and high workforce morale. Although Organization X has demonstrated a commitment to comprehensive intake procedures and feedback mechanisms, inconsistencies in real-time patient involvement throughout the treatment process remain a significant challenge. Addressing these deficiencies requires a structured, systemic approach that enhances patient engagement, strengthens leadership capacity, supports workforce development, and optimizes feedback mechanisms. By implementing targeted strategies, Organization X can improve treatment adherence, foster a culture of continuous improvement, and enhance both patient and staff experiences. The following recommendations outline a comprehensive plan to bridge these gaps and advance the organization's commitment to delivering high-quality behavioral healthcare.

Evaluation and Recommendations

The analysis of patient-centered care and active treatment within Organization X identified critical deficiencies in sustaining real-time patient engagement, facilitating leadership-driven cultural transformation, and supporting structured workforce development. While the organization has established foundational intake procedures and patient feedback mechanisms, inconsistencies in engaging patients throughout the treatment journey negatively impact adherence and satisfaction. Furthermore, the absence

of a standardized framework for employee engagement and leadership accountability contributes to low morale, high staff turnover, and challenges in achieving patient-centered care goals. Based on the evidence collected and synthesized, the following evidence-based recommendations are proposed.

Cultural Transformation in Leadership Alignment and Organizational Reinvention

The reinvention of how work is done, as proposed through the integration of the PHE model and standardized engagement protocols, must be accompanied by a parallel reinvention of how the organization is led and structured. Four critical domains must be addressed to support this transformation.

The first domain is leadership alignment and modeling. Leaders must collectively clarify and commit to a shared set of cultural values and patient-centered goals. This involves developing a unified understanding of what patient-centered care means, both operationally and symbolically, and ensuring it is consistently reflected in leadership behaviors, communication, decision-making, and accountability structures. Cultural transformation research emphasizes that leaders must visibly and consistently model these values to embed them at every level of the organization (Schein, 2016; West et al., 2017).

The second domain is organizational design and role realignment. Reinventing the organization requires a deliberate reassessment of structural elements such as roles, workflows, reporting relationships, and performance metrics. As Gilbert (2021) asserted, structure must follow strategy; if compliance continues to dominate incentives and priorities, it will undermine patient-centered goals. Organization X should evaluate

whether current hierarchies, reporting structures, and decision-making processes enable interdisciplinary collaboration and whether emerging needs necessitate new roles, departments, or leadership pathways (Barker Scott & Manning, 2022).

The third domain is skill and capability development. To sustain transformational change, Organization X must equip its workforce with both technical and adaptive skills that support behavioral health advancements. This includes building competencies in trauma-informed care, relational communication, psychological safety, and systems thinking. Kruger et al (2025) emphasized that cultivating a resilient, compassionate healthcare workforce is critical to achieving sustainable improvements in patient care.

The fourth domain is building capacity for continuous change. Sustainable transformation requires an organizational infrastructure that supports continuous learning, ongoing feedback, and adaptability. Developing a change-ready culture means embedding real-time feedback loops, using operational data to drive frontline improvements, and building leadership capacity to guide teams through complex, evolving challenges (Huebner & Zacher, 2021; Lansing et al., 2023). Without this adaptive capability, progress is likely to stall under operational pressures and competing priorities.

Integration of the Patient Health Engagement (PHE) Model

To enhance patient engagement, Organization X should adopt the patient health engagement (PHE) model as a guiding framework for clinical practice. The PHE model conceptualizes patient engagement as a developmental process progressing through four psychological stages: blackout (emotional distress and detachment), arousal (emerging

awareness), adhesion (trust in the healthcare system), and eudaimonic project (full engagement in health self-management; Graffigna & Barello, 2018). Findings from this study suggest that many patients disengage after the initial intake phase, often remaining in early stages without structured interventions to support deeper engagement. The observed increase in communication openness from the 2021 to 2023 Culture of Safety survey suggests that staff are becoming more receptive to dialogue and transparent care planning, laying the groundwork for implementing patient engagement models such as the PHE model. By implementing targeted interventions—such as psychoeducational programs, shared decision-making strategies, and motivational coaching, Organization X can assess each patient's psychological readiness and deliver tailored engagement efforts. Integration of the PHE model has the potential to significantly improve treatment adherence, patient satisfaction, and long-term recovery outcomes.

Development of Standardized Patient Engagement Protocols

In order to address inconsistencies in patient involvement, Organization X should establish standardized engagement protocols across all programs. These protocols should ensure structured patient-provider interactions at key treatment milestones and reinforce collaborative care planning. As Jorgensen et al. (2024) emphasized, sustained patient engagement is crucial for improving clinical outcomes in behavioral health settings. Organization X should incorporate real-time feedback loops, digital engagement tools, and scheduled therapeutic check-ins into the patient's stay. In addition, training should be provided to all clinical staff on evidence-based communication techniques that support active participation in treatment decisions.

Leadership and Workforce Development Plan

A structured leadership and workforce development initiative should be implemented to strengthen the organization's cultural foundation and reinforce patient-centered care principles. Leadership training programs should focus on enhancing psychological safety, empowering staff, supporting multidisciplinary collaboration, and improving communication effectiveness. Previous research has linked supportive leadership behaviors to increased employee engagement, lower burnout rates, and better patient outcomes (Mannion & Davies, 2018). Notably, the decline in Culture of Safety survey participation among senior leaders (14.55% to 9.20%) and absence of medical staff respondents suggest disengagement that could weaken top-down cultural reinforcement. Previous research has linked supportive leadership behaviors to increased employee engagement, lower burnout rates, and better patient outcomes

Concurrently, workforce development initiatives should promote continuous education, career advancement pathways, and emotional support structures for frontline employees. These efforts should be integrated into ongoing professional development programs and tied to leadership evaluations and quality improvement initiatives.

Enhancement of Feedback Mechanisms and Data Utilization

To optimize the use of patient feedback, Organization X should refine its survey administration procedures, ensuring standardized deployment and real-time data analysis. Structured feedback mechanisms, such as monthly trend analyses and transparent reporting, should be institutionalized. Research has demonstrated that systematic patient feedback collection and analysis enable organizations to rapidly identify service gaps and

implement targeted improvements (Jorgensen et al., 2024). While staff increasingly report feeling safe to speak up, item-level survey data revealed stagnation in perceived leader responsiveness to concerns. This indicates a need to institutionalize upward feedback mechanisms and leadership accountability systems. Leadership should leverage these insights not only to modify clinical practices but also to inform workforce strategies, aligning operational changes with both patient and employee experiences.

Implementation and Evaluation Procedures

The successful execution of these recommendations will require structured implementation plans and evaluation procedures, including:

North Star Visioning Session for Cultural Alignment

Organization X should begin with a North Star visioning session to directly address leadership misalignment and establish a unified cultural direction. This session should leverage design thinking methodologies to guide leadership through an iterative, solution-focused process that emphasizes the following:

- Empathy mapping: Understanding the lived experiences of frontline staff and patients to build leadership awareness of cultural and operational pain points.
- Collaborative ideation: Facilitating brainstorming sessions to generate diverse, creative solutions to patient-centered care barriers.
- Rapid prototyping: Encouraging leaders to design, test, and refine small, practical changes before scaling organization-wide.

Design thinking is especially valuable for Organization X because it challenges traditional compliance-driven mindsets and helps leaders move from task-focused

thinking to more human-centered approaches. This method creates space for leaders to explore how their behaviors, structures, and priorities can either enable or undermine patient-centered care.

Leaders should also participate in a Stop-Start-Continue exercise during the visioning session to assess leadership practices in real time. This structured activity encourages candid discussion about what leadership behaviors must stop, what new practices must begin, and what positive behaviors should continue to be reinforced. Due to the potential for internal power dynamics and leadership silos, this process should be facilitated by an external consultant experienced in design thinking and cultural transformation. External facilitation will ensure objectivity, promote psychological safety, and help navigate challenging conversations that may otherwise stall internal alignment efforts.

The North Star visioning session will establish shared leadership accountability and a cohesive cultural roadmap that will support the successful execution of subsequent patient-centered initiatives, including the PHE model, engagement protocols, and leadership development strategies.

- Integration of the PHE model: Organization X should conduct targeted staff training sessions on the PHE model, equipping clinicians with the knowledge to assess patient engagement stages and apply appropriate interventions. A patient engagement coordinator should oversee implementation fidelity and track engagement progress through periodic assessments documented in clinical records.

- Standardized engagement protocols: Leadership should develop operational guidelines to ensure that structured touchpoints occur consistently across the patient journey. Compliance with these protocols should be monitored through regular quality assurance audits and incorporated into clinical performance evaluations.
- Leadership and workforce development: Leadership training modules should be incorporated into onboarding processes and mandatory annual continuing education requirements. Staff engagement metrics and retention rates should be systematically tracked, with evaluation results informing future training adaptations.
- Optimization of feedback systems: Patient satisfaction survey administration should be standardized with real-time dashboards available to leadership. Feedback findings should be presented in clinical leadership meetings monthly, with a transparent communication plan to disseminate actionable insights to frontline staff.

Recommendations for Future Research

Future research should explore the long-term impact of patient engagement models, such as the PHE Model, on treatment adherence, patient satisfaction, and clinical outcomes within behavioral health settings. Additional studies examining the relationship between leadership-driven cultural transformation and workforce morale, especially in high-stress healthcare environments, would provide valuable insights into sustainable improvement strategies. Research evaluating the effectiveness of structured patient

engagement protocols on reducing rapid readmission rates and improving organizational resilience would also contribute to the broader behavioral health literature.

Dissemination Plan

Two dissemination strategies are proposed to ensure effective knowledge translation and implementation at Organization X:

Internal Organizational Presentation

A formal presentation of the findings and recommendations will be delivered to key organizational stakeholders, including executive leadership, clinical directors, and department managers. The presentation will outline the proposed interventions, implementation steps, and expected outcomes. Supporting materials, including revised policies, standardized protocols, and implementation guidelines, will be distributed to facilitate operationalization at the departmental level.

Policy and Practice Integration

Recommendations will be formally incorporated into Organization X's policy and practice framework. Leadership teams will receive comprehensive manuals detailing procedural changes, training requirements, and evaluation timelines. Designated implementation teams will oversee the rollout and coordinate quarterly evaluations to assess progress and adapt strategies as needed. Regular feedback from staff and patients will inform ongoing refinement of patient-centered care practices.

By implementing these recommendations, Organization X can strengthen its commitment to patient-centered care, improve treatment adherence and patient

satisfaction, enhance employee engagement, and cultivate a resilient, growth-oriented organizational culture that supports continuous quality improvement.

Conclusion

This study identified critical deficiencies in patient-centered care and active treatment practices at Organization X, stemming from systemic cultural barriers, leadership challenges, and workforce engagement gaps. Quantitative analysis of patient satisfaction and readmission data, combined with qualitative insights from leadership and staff interviews, revealed that while surface-level improvements were achieved, deeper organizational issues persist. To address these challenges, a comprehensive set of evidence-based recommendations was proposed, including the integration of the PHE model, the development of standardized patient engagement protocols, the implementation of structured leadership and workforce development initiatives, and the optimization of patient feedback mechanisms. By adopting these strategies, Organization X can enhance patient outcomes, foster employee engagement, and drive sustainable organizational transformation. Ultimately, these findings offer a roadmap for cultivating a resilient, patient-centered culture that supports both clinical excellence and workforce well-being in behavioral healthcare settings.

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Appendix : Interview Questions

1. How does leadership within the organization foster a culture of continuous improvement and innovation?
2. What examples, if any, can you provide on how leaders communicate organizational values and expectations to employees?
3. How does the organization measure and monitor employee satisfaction, motivation, and morale?
4. Please describe initiatives or programs implemented to promote employee development, growth, and well-being.
5. How does the organization identify and prioritize key strategic challenges and opportunities in the industry?