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Leadership Strategies to Promote Employee Engagement in Therapeutic Agencies

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Paris Lewis

has been found to be complete and satisfactory in all respects,
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WaldenUniversity

2026

Abstract

Leadership Strategies to Promote Employee Engagement in Therapeutic Agencies

by

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MS, Alabama Agricultural and Mechanical University, 2016

BS, Rust College, 2015

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology in Behavioral Health Leadership

Walden University

November 2025

Abstract

This study investigates the persistent decline in employee engagement among behavioral health clinicians working within community-based therapeutic agencies, focusing specifically on Behavioral Health Organization A (BHOA). The purpose of this qualitative study is to explore how leadership style, communication practices, and organizational structure affect clinician engagement at BHOA. Grounded in the Baldrige Performance Excellence Framework and supported by transformational leadership theory, the study examines how leadership behaviors and communication pipelines shape motivation, burnout, and workforce alignment. Semi-structured interviews with organizational leaders, secondary data, and internal documents were collected and analyzed using Braun and Clarke's thematic analysis approach. Themes revealed communication gaps, unclear contractor expectations, feelings of devaluation, chronic burnout, and limited organizational support. The findings point to the need for stronger communication systems, clearer role definitions, enhanced recognition practices, and strategic alignment between mission and operations. Social change implications include improving workforce stability, elevating service quality for vulnerable populations, and strengthening community-based therapeutic services by promoting healthier, more sustainable work environments for behavioral health clinicians.

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Dedication

I want to dedicate my work to my family. They instilled in me a desire to learn and made sacrifices so that I could access a higher education from an early age. Also, this is a dedication to my close friends and line sisters, who have always supported me throughout my studies. Lastly, this is a dedication to my loved ones that I lost along this journey: Beatrice & Rufus Cornish, Margaret Perry, Raven Brooks, Brandon, Uncle David, Elisha, Sallie & Man. Thank you for living through me. I love and miss you.

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Section 1a: The Behavioral Health Organization

Introduction

The study focused on enhancing employee engagement at Behavioral Health Organization A (BHOA) by utilizing the Baldrige Performance Excellence Framework. Established in 2009, BHOA is a key provider of community-based therapeutic services in the Southeast United States, aiming to broaden its reach and impact. However, a core issue plaguing the organization is the declining engagement among its behavioral health clinicians, which jeopardizes service delivery, productivity, and staff retention. The Baldrige Framework offers a structured approach to aligning organizational goals with BHOA's mission and values, thereby fostering better engagement and communication within the workforce. By addressing this decline in engagement, the study sought to identify factors contributing to the issue and propose solutions that integrate leadership styles with effective communication strategies, ensuring the sustainability and quality of services provided by BHOA.

Organization Description

Behavioral Health Organization A (BHOA) is a private, community-based therapeutic organization that provides a range of services for children, adolescents, adults, and families. BHOA is located in the Southeast Region of the United States. BHOA was established in 2009 and is currently meeting the requirements of the State Board of Professional Counselors, Social Workers, and Marriage and Family Therapists (BHOA website, 2023). Moreover, BHOA provides a range of services, including community behavioral health assessments, nursing and care assessments, physical

assessments, support and behavioral assistance, individual and family therapeutic services, consumer and family skills training, and crisis intervention (CI) services. Additionally, the BHOA offers services designed to enhance the quality of life for the population it serves (BHOA website, 2023).

According to the Chief Executive Officer (CEO) and founder of BHOA, their mission is to “help people live normal lives by finding meaning and implementing empowerment in their everyday endeavors.” According to *Ethics Unwrapped* (2023), values are defined as beliefs that motivate individuals in the way they should act. BHOA’s established values are to provide top-quality services through competent clinicians to help the population served. Within the next 10 years, BHOA aims to expand its presence with additional locations throughout the Southeastern United States, operate with a licensed and developed staff, maintain DDHD compliance, and continue serving children, adolescents, and families to support them throughout their life endeavors.

Practice Problem

The decline in employee engagement among behavioral health clinicians at BHOA has significantly impacted the organization’s overall engagement, service delivery, and productivity. This disengagement stems from various managerial challenges, including inadequate communication and ineffective leadership styles, which have contributed to a substantial rate of disengagement. The resulting instability within the workforce undermines the quality of care provided to clients and strains the organization’s resources, compounding the issue (McFarland et al., 2019). Furthermore, the high turnover contributed to a lack of engagement, exacerbating the workload of the

remaining staff, which led to increased burnout and diminished morale (Kelly & Heard, 2020). Addressing these challenges requires a comprehensive approach that not only identifies the root causes of disengagement but also implements strategies to rebuild a supportive and motivating work environment.

According to Ekhsan et al. (2022), positive influence is needed to improve employee engagement; building employee relationships with leadership is a significant way to promote employee engagement. The approach will include a generic qualitative design (Baldrige Performance Excellence Program, 2023) with semi structured interviews and secondary data. This qualitative analysis aimed to enhance the understanding of how leadership engagement fosters employee engagement. Throughout this study, the following research questions were addressed:

RQ1: What are the primary reasons for the lack of engagement for behavioral health clinicians in public health sectors?

RQ2: How does leadership style impact employee engagement?

RQ3: What communication level from leadership improves employee engagement?

Purpose

The purpose of this qualitative study was to explore the underlying reasons for the lack of engagement among behavioral health clinicians at BHOA. By examining the impact of leadership styles such as transformational and visionary leadership, the study sought to identify how these approaches can positively influence employee engagement levels (Broome, 2025). Transformational leadership, in particular, has been linked to

increased motivation and commitment among staff, suggesting a potential pathway for enhancing engagement (Broome, 2025). Additionally, the study was designed to determine effective communication strategies that can be implemented to facilitate a more engaging work environment, drawing on insights from employee engagement practices that emphasize clear and consistent communication (Chanana & Sangeeta, 2021). Through this investigation, the study endeavored to provide actionable recommendations that align with the Baldrige Performance Excellence Framework, thereby enhancing the overall well-being and productivity of clinicians within BHOA.

Baldrige Performance Excellence Framework

The Baldrige Performance Excellence Framework was applied to this study to assess leadership and strategy, providing results (Baldrige Performance Excellence Framework, 2023). Furthermore, the Baldrige Performance Excellence Framework (2023) helped me explore how leaders run the organization and help the BHOA align their organization's goals with the organization's mission, vision, and values. Moreover, this framework promotes healthy communication styles among leaders and employees to help foster employee engagement, along with helping incorporate employee engagement into the strategic planning process. The Baldrige Performance Excellence Framework (2023) reports that the strategic planning process incorporates innovation, work systems, and relevant data, explores risk, and provides critical structure strategies to help the organization sustain itself.

The logical connections between the framework presented and the nature of my study was identifying the relationship between employee engagement and leadership

traits. Additionally, this study examined how implementing positive enhancements for the leadership team of BHOA will promote employee engagement. In 2022, the lack of engagement rates is increasing, and healthcare administrators need help to effectively engage clinicians, as clinicians are becoming more comfortable searching for new jobs while still at their current job (Sharpe, 2022).

Leveraging the Baldrige Performance Excellence Framework

Organizations are noting, at higher rates of frequency, the significant importance of employee engagement in helping to drive the mission of the respective organization and help the organization in becoming effective over a prolonged period of time. Within the Behavioral Health Organization of America (BHOA), one of the most significant challenges is creating an engaged workplace for clinicians, which remains a challenge, especially in a public health setting. The Baldrige Performance Excellence Framework is a plausible guide that can help the leaders manage their leadership activities, communication strategies, and systems with workforce engagement. By considering the different elements of the model, this paper will evaluate the different ways in which leadership can engage their employees at different layers of the organization strategy. Engaging the employees in creating organization strategy can help the leadership in creating a supportive and positively engaged culture, especially for the behavioral health clinicians. Connecting these dots can help further explore why engagement is still a gap area and how leadership style and communication can positively help gain engagement in organizational outcomes.

The Baldrige Performance Excellence Framework (2023) is a comprehensive framework designed to enhance sustainability and performance in organizations through its core values and management systems. The framework outlines key characteristics such as visionary leadership, customer-focused work, and a systems perspective as critical to sustained success that enables organizational mission, vision, and core functions to be consistently aligned with everyday actions (Rangsunnoen et al., 2024). The criteria have shown to be applicable across the spectrum of organizations, and when embraced, the framework Principles have shown to result in higher productivity and services, better quality, and employee satisfaction. For the BHOA behavioral health organization, applying and adopting the Baldrige Framework could support the organization's aims to align organizational goals and objectives to clinician realities. This affects engagement as such framing supports leadership practice aligned to key values and applicable organizational strategies. Such an approach can be used to guide the BHOA's most important functions not only to the challenges of the moment but also longer-term organizational effectiveness, workforce commitment, and a generally supportive climate (Rangsunnoen et al., 2024).

One of the important aspects of the Baldrige Performance Excellence Framework is the clear, concrete tools it provides for making sure leadership behavior, at every level, supports the organization's mission, vision, and values. Leaders using this framework have the opportunity to establish expectations based on common values and principles, thereby facilitating increased alignment of personal behavior with organizational priorities (Rangsunnoen et al., 2024). This approach will allow BHOA to express its

aims in a way that connects with clinicians' professional goals and their day-to-day activities, facilitating greater alignment and a sense of shared intent. The latter not only encourages integrity at the organizational level but also contributes to employee enthusiasm and commitment, as it consistently maintains guidance and affirmation of the logic behind organizational operations (Barinua & Deinma, 2022). Besides, through alignment of its leadership decision-making with the values and principles that form the working foundation, BHOA will be able to enhance trust, decrease uncertainty, and ensure a favorable environment for sustainable employee involvement and organizational improvement.

Moreover, another leadership practice that can positively affect trust and cooperation in BHOA is communication. Communication is a key practice in leadership as it helps to promote collaboration and trust among members within the organization. Leaders can promote communication satisfaction by adopting a clear, consistent, and transparent communication approach in their interactions with employees. This reinforces the organization's values while helping employees feel understood and appreciated. Existing studies demonstrate a significant correlation between various dimensions of communication satisfaction (e.g., supervisory communication, clarity of organizational perspective, communication climate) and employee engagement (Pongton & Suntrayuth, 2019). By applying and encouraging open communication and information sharing, the leadership can help to address uncertainties and facilitate teamwork in problem-solving activities of the organization's employees. In turn, such practices help to promote shared goals and predictable behaviors, which motivates clinicians at BHOA to contribute to the

organization's day-to-day activities and broader initiatives (Pongton & Suntrayuth, 2019).

Therefore, the integration of employee engagement at BHOA through the strategic planning processes can have a direct influence on clinician satisfaction and the organization's ability to meet its goals. When employee engagement initiatives are incorporated into the planning processes on a short-term and long-term basis, there is a system where the needs of the employees can be met as well as the clarity of their expectations, where there is a connection between the opportunities for individual and professional growth and the goals of the organization (Barinua & Deinma, 2022). Numerous researches show that employees' commitment and vigor improve as a result of the planning processes that account such engagement initiatives and this leads to employees' motivation to fulfill their job more diligently and to be more satisfied with their work, aspects that are particularly critical for firms aiming to deliver sustainable performance gains (Barinua & Deinma, 2022). Through the use of planning processes that embed staff engagement initiatives systematically, BHOA can achieve a more directed employee effort and can motivate its employees purposefully to become more engaged. Planning processes such as this contribute to the engagement of the workforce and vice versa, which means that planning processes lead to achieving organizational goals. In such a case, the commitment of the clinicians to the outcomes will be enhanced, where the development of the strategy by the employees can result in a feeling of ownership for the outcomes (Barinua & Deinma, 2022).

As mentioned above, the Baldrige Performance Excellence Framework offers specific and unified perspectives on the aforementioned three research questions. In particular, the alignment of the organization's mission, leadership, and employee engagement under this framework allows for analyzing the reasons for behavioral health clinicians' engagement shortfalls in public health organizations. At the same time, its core values and concepts offer certain evaluation criteria regarding the effects of leadership style and communication on clinician motivation and collaboration under the guidance of BHOA (Rangsunnoen et al., 2024). With the integrated application of the discussed principles, it becomes feasible to determine the underlying causes of the clinicians' engagement gaps, as well as analyze the implications of the respective measures aimed at improving transparency and communication at all levels of BHOA. Thus, it is guaranteed that the presented analysis will respond to each of the research questions while ensuring their interconnectedness for the purpose of securing continual organizational development.

Research Question 1: What are the primary reasons for the lack of engagement for behavioral health clinicians in public health sectors?

The disconnect highlighted by the literature surrounding clinician engagement in public health shows a significant gap between the organizational mission and strategic priorities and the clinician's experience. When the actions of the clinician's leadership do not align with the organizational emphasis on person-centered care or do not provide clinicians with meaningful opportunities for professional development, the clinician may become less motivated, lower in morale, and more susceptible to burnout (Rollins et al.,

2021). The inability to reconcile with person-centered priorities in the face of limited support on the part of the institution further conveys this gap. The leadership emphasis on commitment to the organization also appears founded on the clinical perception of their voice as included in major decisions made in the institution. If there is a lack of transparency or consistency in the institution's organizational goals and corresponding values, clinicians feel unseen and undervalued and excluded from organizational-level decisions (Rollins et al., 2021). The clinician's perception of being left out of the major decisions thereby leads to decreased engagement. Interventions that address structures that emphasize management support clinicians' professional development and inclusion in organizational processes must emphasize and address these experiences to heighten engagement (Rollins et al., 2021).

Current engagement surveys released on behavioral health clinicians indicates continuing concerns that hinder both employee engagement and overall organizational productivity. Clinicians within the behavioral health industry are often subjected to higher levels of stress, given the challenges of working with mental health and substance abuse patients, which only adds to the ever-present issues of remaining engaged over an extended period. The impact of this is further worsened by the change in leadership that disrupts continuity in the clinician's engagement caused by uncertainty over the company's immediate priorities, loss of perceived job stability, or a heightened rate of disengagement among behavioral health clinicians (Burnett, 2020). Other reports suggest that one of the main contributors to the lack of clinician engagement is the failure to acknowledge the clinicians' voices or opinions due to a lack of support systems from the

institution. This eventually results in a staff that feels disassociated from the institution's overall goals and objectives directly affects the engagement behavior of clinicians. In effect of the challenges described above, the clinician's inability to stay engaged with the organization highlighted the necessity for developing plans that will address the workforce engagement concerns and retention issues in behavioral health organizations (Burnett, 2020).

Research Question 2: How does leadership style impact employee engagement?

The leadership style serves as one of the most influential factors of employee engagement throughout behavioral health venues, as it offers a substantial impact on motivation, morale, and organizational culture. A transformational style that promotes inspiration and individual consideration usually engages the workforce at a higher level as it builds trust and a common vision among clinicians (Manmeet Kaur & Poh, 2022). The transactional style, which focuses on contingent rewards and corrective actions, engages staff only to the point that the focus is on the satisfaction of needs rather than intrinsic motivation. Therefore, it may not fully engage teams and the individuals within them. Building upon such a demanding care environment as BHOA, consisting of complexity and emotional labor, flexible and supportive leadership styles must prioritize an organizational climate. Practicing leadership behaviors that stimulate motivation, recognition, and a collaborative culture is an integral tactic for overcoming the enduring issues and challenges within behavioral health organizations, along with promoting employee engagement over time (Manmeet Kaur & Poh, 2022).

Different leadership styles of management in BHOA significantly influence the engagement of the employees. A leader employing a transformational leadership style, exerting individualized consideration and inspired motivation, could enhance the clinician's commitment and organizational citizenship behavior (Aboramadan & Dahleez, 2020). On the other hand, a transactional leader employing contingent reward or corrective actions could also positively influence the clinician's affective commitment but may not have innate motivation. In addition, engaging work mediates leadership, as an engaged clinician is more committed to the organizational goals and exhibits positive behaviors voluntarily (Aboramadan & Dahleez, 2020). Therefore, the importance of different leadership behaviors of managers across BHOA influencing workforce engagement must be understood and adapted to develop a committed workforce towards the organization's mission and goals.

Research Question 3: What communication level from leadership improves employee engagement?

Likewise, the significance of leadership communication in enhancing employee engagement has emerged as a topic of interest, particularly in the areas of transparency, clarity, and two-way engagement within the organization. Transparent and clear communication pathways enable leaders to express expectations, provide feedback, and engage clinicians in important organizational decisions; these aspects are associated with higher levels of engagement and team performance (Mazzetti & Schaufeli, 2022). Multilevel research supports the notion that efficient leadership communication practices create a trusting environment and encourage the development of optimism, resilience,

and self-efficacy among team members, which are critical elements for maintaining engagement. Furthermore, two-way communication encourages understanding and engagement, allowing employees' voices to be heard and empowering them to participate in the organization's efforts, which reinforces their perceived connection and involvement. Communication practices characterized by transparency and engagement should be prioritized by BHOA leaders to inspire and motivate clinicians while creating a highly engaged workforce (Mazzetti & Schaufeli, 2022).

Moreover, a review of the existing communication practices at BHOA identified both effective elements and gaps in how they impact clinician engagement. While there are existing internal surveys and opportunities for feedback, many staff members report that communication does not always happen in a timely manner or that there are breaks in between management and the clinical staff. As a result, there is a perception that the availability of information may differ based on the situation, causing perceptions of organizational transparency to evolve accordingly (Pongton & Suntrayuth, 2019). This is especially true in cases where changes are being implemented, be it from procedural aspects or the allocation of resources, and the clinical staff may feel that they have not been kept in the loop or do not fully understand the reason behind a certain decision. Additionally, while there is a form of communication that occurs at the supervisory level in the form of departmental meetings, the level and quality of interaction may differ significantly between units in terms of their responsiveness to queries and concerns, which may thereby impact overall job satisfaction and motivation. The evidence would indicate that consistent communication, as well as changes in how staff voice opinions

are integrated into decision-making, would be beneficial in enhancing engagement and further improving areas highlighted by previous evaluations (Pongton & Suntrayuth, 2019).

Significance

Addressing burnout, depression, and stress among behavioral health clinicians is essential for maintaining high levels of engagement at BHOA. These mental health challenges not only affect individual clinicians but also have broader implications for service quality and organizational sustainability. The Centers for Disease Control and Prevention's 2020 report highlighted the alarming rise in adverse mental health effects, underscoring the urgency of this issue within the healthcare sector (Patel et al., 2019). Clinician burnout leads to decreased productivity, higher turnover rates, and compromised patient care, which can severely impact BHOA's mission to deliver effective community-based services (McFarland et al., 2019). By focusing on enhancing engagement, the organization can better support its clinicians, ensuring they remain motivated and committed to providing high-quality care to their clients, thus securing the long-term success and reputation of BHOA.

Furthermore, the misalignment between BHOA's mission and vision presents significant challenges to employee engagement, affecting both morale and productivity. The lack of clarity in organizational goals contributes to confusion and diminished motivation among staff, underscoring the need for strategic realignment to foster a more cohesive and connected workforce. Addressing this issue through targeted strategies such

as transparent communication and inclusive planning can enhance employee commitment and cohesion. Furthermore, aligning BHOA's mission and vision could have broader implications for the mental health sector, potentially serving as a model for other organizations seeking to improve engagement. Ultimately, such alignment not only benefits the employees by creating a more supportive work environment but also strengthens the organization's capacity to deliver effective mental health services, thereby positively impacting the communities they serve.

Summary

The study on enhancing employee engagement at BHOA illuminated key findings that underscore the critical role of leadership styles and communication in reversing the decline in engagement levels. Transformational leadership has emerged as a potent mechanism for inspiring and motivating clinicians, thereby fostering a supportive work environment that is conducive to higher engagement. Additionally, the implementation of effective communication strategies was found to be essential in sustaining collaboration and morale among staff, which are vital for maintaining engagement. By aligning these strategies with BHOA's mission and values, the study highlighted the potential for creating a cohesive organizational culture that supports both employee well-being and productivity. Ultimately, improving engagement at BHOA not only enhances service delivery but also strengthens the organization's capacity to achieve its long-term goals, ensuring its continued success and impact within the community it serves.

Section 1b: Organizational Profile

Introduction

This study was designed to investigate strategies to enhance employee engagement among behavioral health clinicians at BHOA. Understanding the causes of disengagement is fundamental, as it allows the identification of specific areas needing improvement. Additionally, the influence of leadership style on employee engagement is a critical component, given its potential to significantly affect job satisfaction and loyalty (Saputra & Mahaputra, 2022). Effective communication strategies are also paramount in fostering a supportive work environment, as they facilitate the flow of information and promote a sense of inclusion within the organization (Ewing et al., 2019). By addressing these areas, the study aims to develop actionable strategies that align with BHOA's mission to empower individuals and enhance mental health solutions, ultimately benefiting both employees and the organization.

Organizational Profile and Key Factors

According to BHL 1, the CEO stated that BHOA's mission is to empower individuals by providing comprehensive mental health solutions, aligning with its vision of fostering a community where mental health is prioritized and pride in employment is cultivated. The organization identifies key stakeholders, including the clinical director, human resources, referral coordinator, and the vice president of operations, all of whom play vital roles in shaping its strategic direction. BHOA offers a range of services, including community support, therapy, skills training, and crisis intervention, which are essential in addressing the diverse needs of its clients. These services are designed to

promote mental well-being and support individuals in leading meaningful lives. By focusing on these core areas, BHOA not only fulfills its organizational mission but also enhances its capacity to meet the mental health challenges faced by the communities it serves.

BHOA encounters several challenges that adversely impact employee engagement, particularly among behavioral health clinicians. One of the primary issues is the low pay rates, which contribute to reduced job satisfaction and a higher staff turnover rate. This financial inadequacy is further compounded by systemic issues, such as the rigorous auditing processes and productivity demands, which place substantial pressure on employees, leading to burnout and decreased motivation (Willard-Grace et al., 2019). These conditions hinder the organization's ability to maintain a motivated and committed workforce, essential for achieving its strategic goals. Consequently, addressing these challenges is crucial, as they directly impact the organization's operational effectiveness and its ability to deliver high-quality mental health services to the community.

To address the challenges faced by BHOA, implementing educational training focused on documentation practices is a proposed solution. Such training can equip behavioral health clinicians with the necessary skills to navigate the complexities of regulatory compliance and productivity demands, thereby reducing stress and improving job satisfaction. Additionally, establishing effective communication pipelines is crucial for fostering an inclusive and transparent work environment (Ewing et al., 2019). By ensuring that information flows seamlessly across all levels of the organization, these communication strategies can enhance employee engagement and

morale. Consequently, these initiatives not only aim to mitigate issues related to low pay and systemic pressures but also strive to create a more supportive and collaborative organizational culture.

Organizational Background and Context

BHOA operates in the Southeastern United States, strategically positioning itself to address mental health needs within this diverse demographic. The organization employs 158 individuals, including 60 behavioral health clinicians, who play a crucial role in delivering its services. With an annual revenue of approximately 7 million, BHOA sustains its operations and invests in initiatives aimed at enhancing employee engagement and service quality. Compliance with the Department of Behavioral Health and Developmental Disabilities (DBHDD) policies and state regulations is crucial for maintaining licensure and operational integrity. These regulatory frameworks necessitate continual learning and adaptation, ensuring that BHOA meets both legal requirements and the expectations of its stakeholders (Herd & Johnson, 2024). Another regulatory requirement is that the organization must follow the state regulations from the Southeastern United States Board of Professional Counselors, Social Workers, and Marriage and Family Therapists. Additionally, the organization must follow the regulatory requirements of the insurance panel, which state that all supervised therapists with 9 years of experience post-master's must be licensed; if not, they are considered paraprofessionals. Licensure for clinicians includes being a licensed master social worker or a licensed clinical social worker.

BHOA's organizational meetings are structured to address both fiscal planning and regulatory compliance, occurring on a monthly and quarterly basis. These meetings serve as a platform to evaluate financial health and ensure adherence to policies mandated by the Department of Behavioral Health and Developmental Disabilities (DBHDD; Herd & Johnson, 2024). A significant challenge faced during these sessions is the issue of unlicensed clinicians, which poses a risk to compliance and service quality. Additionally, there is a notable lack of motivation among some staff members to pursue necessary licensure, which may hinder professional growth and organizational effectiveness (Riyanto et al., 2021). Addressing these issues within the meeting framework is essential for maintaining operational standards and fostering a motivated workforce committed to BHOA's mission.

Summary

This study highlights the need to address the multifaceted challenges affecting employee engagement at BHOA, particularly among behavioral health clinicians. Key findings highlight the detrimental effects of low pay rates and systemic pressures, such as audits and productivity demands, which foster disengagement and high turnover. In response, proposed solutions emphasize the importance of targeted educational training and the establishment of robust communication pipelines to mitigate these issues. By implementing these strategies, BHOA can cultivate a supportive and collaborative work environment that aligns with its mission to empower individuals and enhance mental health services. Ultimately, these efforts are expected to bolster employee morale,

reduce burnout, and contribute to the organization's overall success in achieving its strategic objectives.

Section 2: Background and Approach—Leadership Strategy and Assessment

Introduction

The focus of this study was to explore the ways in which leadership can effectively promote employee engagement among behavioral health clinicians at BHOA. Employee engagement is a crucial factor in maintaining a motivated and productive workforce, especially in high-stress environments like behavioral health. Challenges to engagement at BHOA include issues related to pay rates and systemic problems, such as audits and complaints, which can significantly impact clinician morale. The organization's mission to empower individuals by providing meaningful work is central to addressing these challenges and fostering a supportive work environment. This study aimed to identify how leadership styles and communication strategies can be optimized to enhance engagement, ultimately aligning with BHOA's mission and improving outcomes for both employees and clients.

Organizational Profile

BHOA, located in the Southeastern United States, is dedicated to empowering individuals by offering meaningful employment opportunities to its workforce. The organization employs a total of 158 individuals, including 60 behavioral health clinicians who are integral to its operations. With an annual revenue of approximately \$7 million, BHOA stands as a significant entity within the regional healthcare landscape. Key stakeholders in BHOA's operations include the clinical director, human resources personnel, the referral coordinator, and the vice president of operations, each playing a crucial role in the organization's functionality. These stakeholders ensure that the

clinicians meet the necessary licensure requirements and adhere to regulatory standards, which are vital components of maintaining the organization's credibility and service quality.

Supporting Literature

Providing literature to support the practice problem by focusing on the literature's keywords is essential. Keywords for this study include *behavioral health clinicians, engagement, leadership, transformational leadership, burnouts, understanding, and organization*. In addition, search engines used for literature review include Google Scholar, Walden Library, and ProQuest. According to the CEO of BHOA, behavioral health clinicians need to be more engaged in organizational events, increase productivity measured by documentation of therapeutic sessions, and improve service delivery. Organizational leaders must understand why behavioral health clinicians' engagement has decreased. According to Rollin et al. (2021), burnout among behavioral health clinicians is becoming a significant concern. Rollin et al. (2021) report that burnout is the primary problem in behavioral health clinicians. Couser, Morrison, & Brown (2022) define burnout as a syndrome of depersonalization, emotional exhaustion, and decreased effectiveness at work.

Employee engagement at BHOA is significantly influenced by several interrelated factors, with pay rates being a primary concern. Low compensation can diminish motivation and contribute to high turnover rates, posing challenges for maintaining a stable workforce. Furthermore, systemic issues such as frequent audits and client complaints exacerbate stress levels among clinicians, leading to decreased job

satisfaction (Rollins et al., 2021). These stressors not only hinder the employees' ability to perform optimally but also impede the organization's mission to empower individuals through meaningful work. Consequently, addressing these engagement challenges requires a comprehensive understanding of the underlying causes and the implementation of targeted strategies that mitigate their impact on clinician morale and productivity.

Leadership style plays a crucial role in shaping employee engagement among behavioral health clinicians at BHOA. Transformational leadership, characterized by inspiring and motivating employees through a shared vision, has been linked to higher levels of engagement and job satisfaction (Kelly & Hearld, 2020). Conversely, transactional leadership, which focuses on rewards and punishments, may not effectively address the intrinsic motivations of clinicians, potentially leading to disengagement. By fostering an organizational climate that emphasizes empowerment and support, leaders can mitigate the effects of burnout and enhance engagement (Kelly & Hearld, 2020). Therefore, adopting leadership approaches that prioritize relational and supportive dynamics can significantly influence clinician motivation and involvement, ultimately aligning with BHOA's mission to empower individuals through meaningful work.

Effective communication strategies are vital for enhancing employee engagement among behavioral health clinicians at BHOA. Leaders can implement educational training programs focused on improving documentation practices, which can help clinicians manage their workload more efficiently and reduce stress associated with audits and compliance requirements (Gruber et al., 2021). In addition to documentation improvements, fostering open communication channels between leadership and clinicians

can facilitate a more supportive work environment. Such channels allow for feedback and discussions that address clinicians' concerns and suggest areas for organizational improvement (Su et al., 2021). By prioritizing these communication strategies, leaders can create a workplace culture that values transparency and continuous learning, ultimately contributing to increased motivation and engagement among clinicians.

Lack of engagement in behavioral clinicians is a recurring problem in the mental health field. Behavioral health clinicians with high-level burnout experience diminished engagement in work ethic, reduced commitment to the organization, mission, and job performance, and increased staff turnover rates (Rollins et al., 2021). Moreover, burnout is not the only contributing factor to the lack of engagement in behavioral health clinicians; leadership personality traits play a significant role in the lack of engagement in behavioral health clinicians. Leadership styles can positively or negatively impact behavioral health clinician's engagement in the organization. Milhem et al. (2019), state that employee engagement drives organizational success. Furthermore, transformational leadership is critical to employee engagement (Milhem et al., 2019). Transformational leadership is designed to motivate, encourage, and inspire behavioral health clinicians to improve work performances (Abdallah &Awad, 2022). Having leaders utilize transformational leadership in the workplace creates positive change amongst leaders and behavioral health clinicians. Additionally, transformational leadership enhances managerial effectiveness throughout periods of strategic and organizational correction (Abdallah &Awad, 2022).

In their study, Bakker et al. (2023) investigate how transformational leadership positively impacts employee engagement and performance, particularly by encouraging followers to use their strengths and take personal initiative. The research emphasizes that transformational leadership can be a powerful tool in healthcare settings. It highlights that leaders who recognize and motivate clinicians based on their unique strengths can foster higher engagement and effectiveness among behavioral health clinicians. Implementing transformational leadership at BHOA could be highly beneficial, as it would likely help inspire clinicians, increase their sense of value, and enhance motivation, all of which are critical for improving overall productivity and engagement in the organization.

Additionally, Bakker et al. (2023), transformational leadership is described as a leadership style where leaders encourage their team members to prioritize collective goals over individual ones. This approach is characterized by four key elements:

- Charisma: Leaders embody qualities that inspire admiration and respect.
- Inspirational Motivation: Leaders set a clear vision that motivates followers to achieve.
- Intellectual Stimulation: Leaders encourage innovative thinking and problem-solving.
- Individualized Consideration: Leaders provide personalized support to each team member.

This leadership style can foster a more cohesive and motivated workforce, making it particularly effective in settings like healthcare where collective effort and engagement are essential. Bakker et al. (2023) conducted a 30-day study involving 57 behavioral

health clinicians organized into teams led by transformational leaders. The findings revealed that transformational leadership facilitated stronger relationships between clinicians and their leaders, allowed leaders to recognize individual strengths and motivational factors in clinicians, and significantly improved job performance. This supports the potential of transformational leadership to enhance clinician engagement and effectiveness in healthcare environments.

Helping BHOA recognize their leadership style can provide awareness of the emotional intelligence of behavioral health clinicians to leadership. Additionally, understanding the connection between transformational leadership and the emotional intelligence (EI) of behavioral health clinicians can provide BHOA with insight into behavioral health clinician's challenges, strengths, weaknesses, and emotions to help improve employee engagement. Emotional Intelligence influences behavioral health leadership to promote positive behaviors to build healthier working relationships and work environments (Grandberry, 2021). EI helps enhances leader's ability to understand behavioral health clinician's triggers, control emotions to promote emotional knowledge and intellectual growth (Gransberry, 2021).

According to Awada et al. (2023), workplace productivity among behavioral health clinicians is closely tied to stress levels. Moderate stress can be beneficial, promoting increased productivity and fostering positive attitudes among employees. However, when stress levels become too high, the opposite effect occurs; clinicians experience a significant decrease in productivity, develop negative attitudes, and exhibit a lack of engagement in their work.

BHOA notes that high stress levels among behavioral health clinicians stem from several key factors:

- **High Caseloads:** Clinicians often handle a large number of clients, which can overwhelm their capacity to provide personalized care. Managing numerous cases simultaneously can contribute to burnout and make it difficult for clinicians to maintain focus and efficiency.
- **Mental Health-Related Issues:** Behavioral health clinicians are often exposed to emotionally taxing situations, including working with clients who have severe mental health challenges. This exposure can lead to empathy fatigue, emotional exhaustion, and increased personal stress.
- **Personal Reasons:** Outside of their professional responsibilities, many clinicians face personal stressors that can further compound the pressures they experience at work. Balancing personal life challenges with a demanding job can lead to overall decreased well-being and workplace dissatisfaction.

The insights from Awada et al. (2024) underscore the importance of managing stress levels within the workplace. While moderate stress can keep employees motivated, the excessive stress currently experienced by BHOA clinicians due to heavy workloads, emotional strain, and personal challenges is contributing to lower productivity and disengagement. To combat this, BHOA must implement strategies to reduce clinicians' stress levels while fostering a supportive work environment.

Adnan et al. (2023) highlights the serious challenges faced by critical care healthcare professionals, who are at a high risk of developing burnout and mental health disorders, including depression, anxiety, and post-traumatic stress disorder (PTSD). These mental health issues stem primarily from the high demands of their jobs, coupled with a lack of resources, creating a situation that significantly impacts both the individuals and the organizations they work for.

Key Challenges:

Decreased Job Performance and Organizational Commitment:

The high-pressure environment in critical care, exacerbated by insufficient resources, results in decreased job performance. Healthcare workers struggle to meet the demands placed upon them, which can diminish their sense of accomplishment and negatively affect their commitment to the organization.

Low Work Engagement:

Persistent stress leads to low work engagement, where employees become detached from their tasks and lose motivation. This disengagement can reduce productivity and job satisfaction, further compounding the problem.

Emotional Exhaustion and Loneliness:

Emotional exhaustion is one of the core symptoms of burnout. Critical care professionals, who are often exposed to trauma and patient loss, may feel drained and unable to cope. This emotional toll can lead to feelings of loneliness, as they may believe others cannot understand or relate to their experiences, isolating them from peers and support systems.

Peer Support and Problem-Solving Approaches

Adnan et al. (2023) presents peer support systems and problem-solving strategies as promising interventions for addressing these issues. These approaches focus on tackling workplace loneliness and emotional exhaustion, while promoting work engagement and adaptive coping mechanisms.

Peer Support. Establishing peer support systems in healthcare settings helps professionals form connections with colleagues who share similar experiences (Adnan et al., 2023). These systems create a sense of community, providing a platform for emotional expression and shared coping strategies. Peer support reduces feelings of loneliness by fostering a supportive environment, where employees can vent frustrations, share advice, and receive validation from others who understand the unique pressures of critical care.

Problem-Solving Approaches. Structured problem-solving techniques enable healthcare professionals to address challenges more effectively, focusing on finding solutions rather than becoming overwhelmed by stress. This method empowers employees to take proactive steps toward resolving workplace issues, thereby enhancing their sense of control and resilience. By equipping employees with the skills to navigate workplace difficulties, these approaches help mitigate emotional exhaustion and promote **adaptive coping behaviors**, which are essential for maintaining mental health and work performance in high-stress environments (Adnan et al., 2023).

According to Georgiou et al. (2023), several leadership factors contribute to employee engagement in healthcare settings. These factors include effective line

management, opportunities for growth, supervision, and a shared organizational vision. Working collaboratively as a team is crucial for success. By utilizing a shared organizational vision, leaders can enhance employee engagement by encouraging team input, making employees feel involved, and helping the organization achieve its goals. Georgiou et al. (2023) also highlight that a lack of employee engagement in healthcare settings is often attributed to high levels of stress. Therefore, addressing stress and improving leadership practices are key to fostering a more engaged and motivated workforce.

The main point of Giallouros et al. (2023) is that job resources—such as support, recognition, and opportunities for development—play a critical role in improving employee morale in healthcare. Having healthcare organizations incorporate support, recognition, and development opportunities can indeed be powerful in enhancing clinicians' sense of value and boosting their morale. These strategies may also address themes like lack of motivation and burnout, positively influencing overall engagement and productivity. When these resources are in place, they help foster employee engagement, leading to positive outcomes like improved well-being and enhanced job performance. In essence, the research highlights the importance of investing in workplace resources to boost employee satisfaction and productivity. In healthcare settings, senior leaders must carefully balance job demands (e.g., workload, emotional strain) and job resources (e.g., support, autonomy, opportunities for growth) when managing their subordinates. By doing so, they can mitigate the negative effects of high demands and leverage resources to boost employee morale, engagement, and performance. Skillful

leadership in this context involves ensuring that employees have access to the necessary resources to cope with their job demands, leading to better well-being and job satisfaction.

Sources of Evidence

This is a qualitative study that will utilize different methods for research. During this study, literature will be collected from Google Scholar, Walden Library, and ProQuest. Secondary data such as organization documents exit interviews and semi-structured interviews with the behavioral health leaders, and comprehensive literature. Moreover, using Google Scholar, Walden Library, and ProQuest for this study provides evidence-based methods and interventions used to help support and address the practice problem.

The research questions that will guide this study include: 1). What is the finding to be the primary reason for the lack of engagement for behavioral health clinicians? 2. How does leadership style impact employee engagement? 3. What communication level from leadership improves employee engagement?

Leadership Strategy and Assessment

BHOA's leadership team involves the Chief Executive Officer (CEO), Chief Officer of Operations (COO), Clinical Director, and Human Resources (HR). The leadership team of the BHOA is the organization's decision-makers. The BHOA is governed by the Department of Behavioral Health and Developmental Disabilities (DBHDD). BHOA meets once every three months with DBHDD to discuss rules, regulations, and policies. BHOA implements strategies to remain compliant with

DBHDD by implementing policies geared toward proper documentation submission, service delivery, quality of services, and contact logs for missed services. To enhance employee engagement among behavioral health clinicians at BHOA, leadership strategies must align with compliance requirements set forth by the Department of Behavioral Health and Developmental Disabilities (DBHDD) and state regulations. Adhering to these standards not only ensures legal compliance but also fosters a structured and supportive work environment that can improve clinician morale and engagement. Regular meetings, both monthly and quarterly, play a crucial role in this strategy by providing a platform for addressing fiscal planning and regulatory compliance issues, thus promoting transparency and accountability (Sawicka, 2022). These meetings facilitate open communication between leaders and clinicians, allowing for the identification and resolution of potential challenges before they escalate. By integrating these compliance-focused strategies with ongoing leadership development and support, BHOA can cultivate a culture that values both regulatory adherence and employee engagement, ultimately enhancing the overall effectiveness of its service delivery.

BHOA implements strategies to remain compliant with DBHDD by implementing policies geared toward proper documentation submission, service delivery, quality of services, and contact logs for missed services. The organization's strategic challenge is that behavioral health clinicians are contractors who work independently. It is hard to reinforce contractors to engage in the organization, mandatory organizational training, and policy changes due to contractors working independently. Furthermore, another strategic challenge for the organization involves behavioral health clinicians needing to

agree with the rules, regulations, and requirements of DBHDD. By helping behavioral health clinicians understand the importance of complying with DBHDD, behavioral health clinicians will better understand the BHOA decision-making, increase productivity, and enhance engagement and communication from leadership to behavioral health clinicians.

Clients/Population Served

BHOA provides services to children starting at age 4 to 12 years old, adolescents from ages 13 to 17 years old, adults from the age of 21 to 69 years old, and families. Behavioral health clinicians provide virtual services and in-person services. Also, behavioral health clinicians submit their documentation in a system that has client records. BHOA gathers client information is through their initial assessments. Initial assessments are all virtual due to COVID-19 restrictions. Additionally, initial assessments gather the client's demographic information, insurance, presentation and presenting problems, mental status, parent/guardians' perception of the client's presenting issues, services needed, risk (abuse and neglect), medical, educational background, and cultural needs. Client information is also gathered through psychological and psychiatric evaluations.

Moreover, assessors reevaluate our clients every six months, and psychiatric assessments are conducted every two months. Also, every time a client is reassessed their treatment plan is updated to monitor the client's progress and update the client's treatment goals. DBHDD requirements enforces that the organization conducts reassessments every 6 months and psychiatric assessment every 2 months. Department of

Behavioral Health and Developmental Disabilities (DBHDD), (n.d), manages and oversees public behavioral health clinicians for behavioral health treatments and support services. Additionally, during annual audits from the insurance panel, they will review all assessments and reassessments. Behavioral health clinicians can gather client information directly through the clients themselves during their therapeutic sessions. Working with clients during the process of assessments, evaluation, and therapeutic sessions, behavioral health clinicians are able to gather insight into the client's perspectives of the organizations and the quality of services.

BHOA recognizes the importance of building and engaging with all clients. Some children and adolescent clients are referred through the court system, and a team member from the organization is present during the court hearing to make that initial form of contact. After that, if the clients decide that they would like services, an assessor contacts them to conduct an assessment. Once the assessment is complete, clients will be assigned a behavioral health clinician. Clients normally keep the same assessor they had for their first initial assessment to help them feel comfortable sharing their progress thus far during reassessments. Other children, adolescents, and adult clients may be referred to the organization by their schools or family members, or they can refer themselves to services. Behavioral health clinicians build rapport with their clients throughout therapeutic sessions, including therapeutic games, role-playing, processing feelings and emotions, and worksheets. Behavioral health clinicians can also build rapport and engage with clients through in-person and telehealth services.

Additionally, another form of engagement and building relationships with clients is applying reassessment. Behavioral health clinicians will remind clients of their assessors and provide insight on which assessor helps them, to assist assessors maintain a healthy relationship. Building a relationship with our clients is essential, and clients can provide feedback on ways the organization and behavioral health clinicians can enhance services. Furthermore, focusing on different strategies such as enhancing assessments, evaluations, and therapeutic interventions will help with improving employee engagement with behavioral health clinicians and their clients, and the management. Kothakota & Lutter (2023), stated that rapport building is a bond that is created with two or more people; used in behavioral health, rapport building helps behavioral health clinicians understand their clients why.

Analytical Strategy

The analytical strategy report aims to address the pressing issue of low employee engagement at Behavioral Health Organization of America (BHOA), a challenge that significantly impacts organizational performance and employee satisfaction. This report utilizes a comprehensive approach to gather insights by conducting interviews with key organizational leaders, including the CEO, VP of Operations, Clinical Supervisor, Clinical Managers, and HR representatives. These interviews were designed to uncover underlying factors contributing to disengagement among behavioral health clinicians, providing a nuanced understanding of the organizational dynamics at play. Complementing the interviews, the research involved an extensive review of organizational documents and secondary data sourced from peer-reviewed journals and

academic repositories. By integrating these methodologies, the report seeks to identify and analyze the critical themes affecting employee engagement, ultimately guiding the development of effective engagement strategies tailored to BHOA's unique context.

Practice Focused Questions

The following questions will be presented to all six participants which includes five primary questions:

- How does the leadership team assemble employee engagement in the organization's mission, vision, and values?
- What is your most recent perspective of employee engagement?
- What factors have contributed to lack of employee engagement from behavioral health clinicians?
- What employee engagement activities have been successful? What employee engagement activities have been unsuccessful?
- How do you currently monitor employee engagement?

Behavioral Health Organization A (BHOA) has reported problems with behavioral health clinician's lack of engagement in the organization. The following questions will be presented to all five participants which includes seven primary questions:

- How does the leadership team deploy employee engagement in the organization's mission, vision, and values?
- What is your most recent perspective of employee engagement?

- What factors have contributed to lack of employee engagement from behavioral health clinicians?
- What employee engagement activities have been successful? What employee engagement activities have been unsuccessful?
- How do you currently monitor employee engagement?

Research Methodology

The research employs a qualitative approach, focusing on semi-structure interviews and secondary data collection to uncover factors influencing employee engagement at BHOA. By conducting interviews with key stakeholders, the study helps to gather in-depth insights into the perceptions and experiences of behavioral health clinicians, thereby identifying specific areas in need of improvement (Blazey & Grizzell, 2021). Additionally, secondary data will be analyzed to contextualize findings within broader organizational trends and patterns. A critical component of the methodology is the application of the Baldrige Performance Excellence Framework, which serves as a guide to aligning organizational goals with core values and mission, thereby promoting an integrated approach to enhancing engagement (Blazey & Grizzell, 2021). This alignment is expected to create a cohesive environment where leadership traits can effectively influence and sustain employee engagement, ensuring the long-term success of BHOA.

Data Collection Methods

The data collection methods employed in this study were, semi-structured interviews with organizational leaders, a review of organizational documents such as exit

interviews, and an analysis of secondary data sources. Interviews conducted with leaders such as the CEO, VP of Operations, and HR representatives provided direct insights into the organizational culture and employee engagement issues. Additionally, examining organizational documents allowed for a deeper understanding of existing policies and procedures that may influence engagement levels. Secondary data from peer-reviewed journals and academic repositories offered a broader context and supported the development of a comprehensive analysis framework (Rollins et al., 2021). Together, these methods were crucial in obtaining a holistic view of the factors affecting employee engagement at BHOA, ensuring that the analysis was grounded in both empirical evidence and organizational realities.

The process of conducting interviews with key organizational leaders at BHOA was carefully structured to yield valuable insights into the factors contributing to low employee engagement. Initial meetings involved the CEO and VP of Operations, where discussions centered on strategic priorities and organizational culture, providing a foundational understanding of leadership perspectives. Subsequent interviews with the Clinical Supervisor and Clinical Managers highlighted operational challenges and clinician morale, revealing a disconnect between management expectations and clinician experiences. Conversations with HR representatives further illuminated issues such as undervaluation and inadequate internal communication, which are critical barriers to engagement (Markos & Gossaye, 2021). These interviews collectively painted a comprehensive picture of the engagement landscape, emphasizing the need for targeted interventions to address the identified gaps.

Annual audits, exit interviews, client feedback, and surveys played a pivotal role in gathering data on employee engagement at BHOA. These tools provided quantitative insights into the organizational climate, facilitating a comprehensive understanding of employee experiences and perceptions. Exit interviews, for instance, offered firsthand accounts of the reasons behind employee turnover, highlighting key areas of dissatisfaction and potential improvements. Client feedback and surveys, on the other hand, served as instruments for gauging the effectiveness of services provided, indirectly reflecting on employee engagement and performance (Maresca et al., 2022). Despite the richness of data obtained, challenges such as time management and maintaining consistent communication with organizational leaders posed significant hurdles, necessitating careful scheduling and follow-up to ensure the continuity and reliability of the data collection process.

Thematic Analysis and Findings

Thematic analysis was employed to systematically identify and categorize the predominant issues affecting employee engagement at BHOA. Key themes emerged, including communication gaps, undervaluation, low motivation, and burnout, each contributing uniquely to the overall engagement landscape. For instance, communication gaps were frequently cited as a significant barrier, with inadequate information flow leading to misunderstandings and dissatisfaction among staff (Markos & Gossaye, 2021). Similarly, feelings of undervaluation were reported, where employees perceived a lack of recognition for their contributions, exacerbating disengagement and fostering a negative work environment (Markos & Gossaye, 2021). Moreover, burnout emerged as a critical

theme, with the analysis revealing its pervasive impact on clinician morale and productivity, thereby underscoring the urgent need for targeted interventions and support systems (Rollins et al., 2021).

Integrating the insights derived from the thematic analysis, several strategic interventions can be proposed to enhance employee engagement at BHOA. Addressing communication gaps is crucial, as improving internal communication can foster a more inclusive and informed work environment, thereby enhancing engagement levels (Markos & Gossaye, 2021). Implementing regular feedback mechanisms and transparent communication channels could mitigate misunderstandings and cultivate a culture of openness. Furthermore, tackling issues of undervaluation requires the establishment of recognition programs that celebrate employee contributions, thus reinforcing a sense of worth and motivation (Markos & Gossaye, 2021). To combat burnout, introducing stress management workshops and providing access to mental health resources can support staff well-being, ultimately leading to improved morale and productivity (Rollins et al., 2021).

Summary

In summary, the investigation into employee engagement at BHOA has highlighted several critical themes that must be addressed to foster a more engaged workforce. The thematic analysis revealed that communication gaps, undervaluation, low motivation, and burnout significantly hinder employee engagement within the organization. Addressing these issues requires a strategic approach, including enhancing internal communication, implementing recognition programs, and providing resources for stress management. These interventions are expected to not only improve morale and

productivity but also create a supportive environment that values employee contributions. Ultimately, by focusing on these key areas, BHOA can develop tailored strategies that effectively enhance employee engagement and drive organizational success.

The study on enhancing employee engagement at BHOA has illuminated key findings that underscore the critical role of leadership styles and communication in reversing the decline in engagement levels. Transformational leadership emerged as a potent mechanism for inspiring and motivating clinicians, thereby fostering a supportive work environment conducive to higher engagement. Additionally, the implementation of effective communication strategies was found to be essential in sustaining collaboration and morale among staff, which are vital for maintaining engagement. By aligning these strategies with BHOA's mission and values, the study highlighted the potential for creating a cohesive organizational culture that supports both employee well-being and productivity. Ultimately, improving engagement at BHOA not only enhances service delivery but also strengthens the organization's capacity to achieve its long-term goals, ensuring its continued success and impact within the community it serves.

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

Introduction

Behavioral health clinician engagement within BHOA is a critical concern, impacting both the quality of care provided and the overall organizational effectiveness. This study explored the underlying issues affecting clinician engagement, which is essential for maintaining high standards in the delivery of behavioral health services. The primary research questions guiding this investigation focused on identifying the reasons for clinician disengagement, examining the influence of leadership style, and assessing the role of communication in enhancing engagement levels. By exploring these aspects, the study sought to provide a comprehensive understanding of how leadership and communication strategies can be optimized to improve employee engagement. Addressing these questions is particularly significant as it helps inform strategic decisions that can foster a more supportive and engaging work environment for behavioral health clinicians at BHOA.

Analysis of the Organization

Policies and Support for Workforce

BHOA's policies are meticulously crafted to foster a supportive workforce, fundamentally enhancing both emotional intelligence and clinician performance. Organizational support plays a crucial role in cultivating emotional intelligence, which is pivotal in mitigating the adverse effects of workplace stress and enhancing job performance (Hardi et al., 2024). This approach aligns with the findings of Srivastava and

Dey, who emphasize the significance of emotional intelligence as a buffer against workplace challenges (Srivastava & Dey, 2020). By prioritizing such support mechanisms, BHOA empowers employees to navigate complex work environments effectively, thereby improving overall clinician performance. The organization's strategic emphasis on emotional intelligence and professional support underscores its commitment to maintaining a resilient and high-performing workforce, which is essential for achieving its operational goals.

Work-from-Home and Termination Appeal Policies

BHOA's approach to supporting its management team includes a flexible work-from-home policy for those who are seriously ill yet capable of continuing their duties. This policy has been exemplified by instances such as a leader who managed operations from home during cancer treatment, demonstrating the organization's commitment to maintaining leadership stability (Dawson, 2020). Additionally, BHOA's termination appeal process provides contractors and staff with a structured avenue to contest dismissals, ensuring fairness and transparency in the process. Employees are given a 30-day period to file an appeal, with the CEO overseeing the process to ensure impartiality. Decisions are rendered within 3 days following the hearing. This structured appeal mechanism not only protects the rights of the workforce but also reinforces the organization's dedication to equitable treatment and employee well-being.

Incentives and Caseload Management

BHOA implements a strategic incentive structure designed to enhance productivity among its clinicians. One key element of this system is the provision of an

additional \$5 for each Behavior Intervention Response Plan (BIRP) note completed, which serves as a direct motivator for clinicians to maintain high levels of documentation efficiency and accuracy. This financial incentive not only encourages meticulous record-keeping but also aligns with the broader organizational goal of improving client care outcomes (Dawson, 2020). Furthermore, the organization adopts a flexible policy that allows clinicians to manage an unlimited client caseload, empowering them to tailor their workload according to their professional capacity and preferences. This approach, while potentially increasing individual responsibility, reflects BHOA's trust in its clinicians' professional judgment and capacity to effectively handle diverse client needs, thereby maximizing both clinician autonomy and organizational efficiency.

Strategies for Improvement

To enhance employee engagement at Behavioral Health Organization A (BHOA), implementing strategies that focus on leadership traits and effective communication is crucial. Transformational leadership, characterized by its ability to inspire and motivate employees, can significantly elevate engagement levels by fostering a supportive and dynamic work environment (Broome, 2025). Emphasizing clear communication channels is equally vital, as effective communication has been shown to improve collaboration and morale among employees, thereby enhancing engagement (Chanana & Sangeeta, 2021). Aligning these strategies with BHOA's mission and values ensures that the organization remains committed to its core objectives while adapting to the evolving needs of its workforce. By integrating leadership development programs and communication training,

BHOA can foster an environment where employees feel valued and motivated, ultimately leading to enhanced service delivery and improved organizational sustainability.

Knowledge Management

Organizational Services and Client Needs

BHOA's organizational services are meticulously crafted to address the specific needs of diverse client populations, as identified by entities such as the Department of Juvenile Justice, group homes, and schools. These services are designed to be adaptable, ensuring that they meet the evolving requirements of these institutions while maintaining a high standard of care. Client feedback is integral to this process, offering valuable insights that guide the refinement and enhancement of service delivery. By systematically incorporating feedback from clients and referral sources, BHOA is able to align its processes with the expectations and demands of its stakeholders, thus ensuring sustained service quality (Tanwar & Agarwal, 2024). This feedback loop not only facilitates immediate improvements but also informs strategic planning, enabling BHOA to remain responsive to the dynamic challenges inherent in behavioral health services.

Training and Development

BHOA places a strong emphasis on the continuous professional development of its clinicians and leaders through structured monthly and yearly training sessions. These sessions are meticulously designed to keep participants informed about the latest mental health trends, ensuring they are equipped with current, evidence-based practices. The focus on regular training helps to enhance communication skills among staff, which is critical for effective service delivery and client interaction. By integrating insights from

recent studies on leadership development, BHOA ensures that its training programs remain relevant and impactful, thus fostering a progressive learning environment (Brown, 2023). Additionally, this commitment to training not only improves individual competencies but also strengthens the overall organizational capacity to respond adeptly to the dynamic challenges within the behavioral health sector.

Information Management with ShareNote

BHOA's utilization of ShareNote exemplifies a strategic approach to managing client and organizational records efficiently. This electronic system is integral to BHOA's operations, providing a centralized platform for storing and accessing critical information that supports the organization's commitment to delivering high-quality services. Recently, BHOA has introduced a new feature allowing clients to email signed documents directly into ShareNote, significantly enhancing operational efficiency by reducing manual handling and processing times. This advancement not only streamlines administrative workflows but also improves the client experience by offering a more convenient and secure method of document submission (Tien et al., 2021). In adopting such innovative solutions, BHOA demonstrates its proactive stance in leveraging technology to meet the evolving needs of its stakeholders, thereby reinforcing its capacity for responsive and effective service management.

Summary

The analysis of BHOA's organizational policies underscores their role in fostering a supportive workforce environment, which significantly enhances emotional intelligence and clinician performance. Through well-structured initiatives such as flexible work-

from-home arrangements and a transparent termination appeal process, BHOA demonstrates its commitment to employee welfare and equity. The organization's incentive system, which includes financial rewards for detailed documentation, further motivates clinicians to maintain high standards in their professional duties. By allowing clinicians to manage an unlimited client caseload, BHOA fosters autonomy and trust within its workforce, aligning employee capabilities with organizational objectives. Collectively, these policies not only contribute to a resilient and effective workforce but also ensure that BHOA remains a leader in promoting high-performance outcomes in the behavioral health sector.

Lastly, the management components at BHOA significantly contribute to the organization's success in delivering effective behavioral health services. The monthly meetings are instrumental in fostering strong relationships and engaging clinicians, thereby creating a collaborative environment that enhances service delivery. Feedback mechanisms from clinicians are systematically integrated into organizational strategies, ensuring that services are continuously refined to meet client needs. Training and development initiatives are prioritized, equipping both clinicians and leaders with the necessary skills and knowledge to remain responsive to the evolving trends in mental health. Additionally, the utilization of ShareNote for information management underscores BHOA's commitment to efficiency and innovation, further strengthening its capacity to provide high-quality care.

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

Introduction

The organizational problem of low employee engagement at BHOA has significant repercussions on service quality, particularly among behavioral health clinicians. As BHOA provides essential services like intensive family intervention and crisis management, the effectiveness of these services hinges on active clinician engagement. The study seeks to address several practice questions, such as how leadership styles, particularly transformational leadership, impact engagement, and what specific factors hinder or promote their involvement. Observations have been made regarding the variation in engagement levels pre- and post-COVID-19, emphasizing the need to explore changes in the organizational environment. By analyzing these components, the study aimed to uncover the disjointed aspects of BHOA's approach towards engagement and identify strategies for improving clinician motivation and productivity.

Analysis, Results, and Implications

Analysis of Engagement Challenges

BHOA provides various services to its clients, such as Intensive Family Intervention (IFI), community support and behavioral assistance, individual and family therapeutic services, consumer and family skills training, crisis intervention services, and psychosocial assessments. Services are provided through behavioral health clinicians, doctors, and assessors for assessments and reassessments. The lack of engagement among behavioral health clinicians in delivering quality services has increased, as measured by

client feedback and documentation productivity. The effectiveness of service delivery is also measured by client feedback from surveys and client reassessments. BHOA encounters numerous challenges in engaging behavioral health clinicians, with burnout and lack of motivation emerging as critical issues. Additionally, the institution's reliance on contract-based clinicians introduces variability in commitment levels, as they may not feel as integrated into the organizational culture as full-time staff. Leadership at BHOA plays an integral role in recognizing these challenges, yet there appears to be a disconnect in effectively managing and mitigating clinician burnout and workload perceptions. By understanding and addressing these specific challenges, BHOA can devise strategies to foster a work environment conducive to improved engagement, ultimately enhancing service quality and clinician satisfaction.

Additionally, the thematic analysis of BHOA's current issues underscores prevalent burnout and motivational difficulties among clinicians. The prolonged stress from intensified workloads has been a primary factor contributing to burnout (Algunmeeyn et al., 2020). Patterns emerging from the analysis indicate that not only do these challenges hinder clinicians' productivity, but they also diminish the overall quality of care provided to clients. Lack of motivation is compounded by the perception that leadership does not fully appreciate the heavy demands placed on these professionals. Consequently, addressing these motivational deficiencies requires strategic interventions that prioritize emotional support and foster a more inclusive organizational culture, potentially mitigating burnout and enhancing engagement.

Impact of Leadership and Initiatives

Transformational leadership plays a pivotal role in enhancing employee engagement within BHOA by inspiring behavioral health clinicians to exceed their usual performance. According to Azim et al., such leadership improves the creative self-efficacy of employees, motivating them to invest more in the creative process and, by extension, in their professional duties (Azim et al., 2019). Additionally, BHOA has introduced financial incentives for service documentation, seeking to directly improve clinician motivation and productivity. These initiatives aim to address current challenges by providing tangible rewards for diligence, thereby encouraging clinicians to align more closely with organizational goals. As leadership focuses on these initiatives, the anticipated outcome is an improvement in clinician engagement, which will ultimately result in enhanced service quality and team cohesion across the organization.

Furthermore, governance and compliance with the Department of Behavioral Health and Developmental Disabilities (DBHDD) requirements have a significant influence on clinician engagement at BHOA. Compliance issues, such as discrepancies between procedural mandates and actual practices, often result in increased administrative burdens, thereby exacerbating clinician burnout and reducing engagement levels. These compliance challenges necessitate additional documentation and procedural adherence, which can divert clinicians' attention from their primary focus on patient care. According to Gray et al., adhering to such extensive regulatory requirements can impose stress and negatively affect workplace happiness, further diminishing engagement (Gray et al., 2019). The implication of these challenges suggests that a misalignment between

governance expectations and operational realities at BHOA not only hinders clinician performance but also compromises the overall quality of patient care delivered by the organization.

Implications and Organizational Alignment

The misalignment between BHOA's mission and vision significantly obstructs both organizational growth and clinician engagement. This misalignment fosters inconsistencies in goal setting, leading to confusion and reduced motivation among clinicians who seek a clear direction aligned with their professional values. The study provides valuable insights into how leadership styles, particularly transformational leadership, can enhance alignment through effective communication and motivation strategies (Azim et al., 2019). However, notable limitations exist, particularly in terms of the financial knowledge and time management required to implement and sustain these initiatives. Addressing these limitations requires a concentrated effort to enhance financial competencies among leaders, which would facilitate more efficient resource allocation and ultimately increase alignment and engagement at BHOA.

Results

In focusing on client satisfaction, BHOA demonstrates a commitment to aligning its services closely with the needs of its clientele. The organization actively incorporates feedback mechanisms to enhance service delivery, thereby mitigating challenges associated with client disengagement and dissatisfaction. Emphasis on client-focused strategies not only seeks to elevate the standard of care but also addresses critical issues such as burnout among service providers, which have been identified as significant

hurdles (Mantzalas et al., 2022). Consequently, BHOA's initiatives are designed to foster an environment where both clients and practitioners can thrive, reflecting a broader commitment to organizational effectiveness. Moreover, by strategically improving communication and client interaction protocols, BHOA aims to cultivate enduring relationships that contribute to its overarching mission of superior service provision.

BHOA's client-focused services and organizational effectiveness make it evident that the organization's alignment with client needs is both its strength and challenge. The emphasis on client satisfaction is apparent through strategic initiatives aimed at improving service delivery and addressing critical issues such as burnout. However, the organization must overcome significant hurdles, including the support for contract clinicians and the alignment of its mission and vision to maintain service quality and employee commitment. Future strategies should emphasize strengthening support structures for behavioral health clinicians and ensuring strategic consistency to cultivate a cohesive organizational culture. By addressing these areas, BHOA can enhance its service delivery outcomes while fostering a supportive environment for both clients and employees, thereby reinforcing its commitment to community welfare.

Thematic Analysis

A significant gap between leaders and behavioral health clinicians existed in behavioral health organizations, and the most perceivable cause of this gap is improper communication. According to the findings, this gap in organizations plays a significant role in employee engagement, particularly in exacerbating feelings of being undervalued and burnout among clinicians (Rollins et al., 2021). Poor communication in this case

equally creates barriers in efficient teamwork as well as growing employee motivation, owing to a lack of inclusion in policies where required. Another finding theme from thematic analysis regarding the perpetrators of the gap in organizational goals is improper internal communication. This jeopardizes the efficient delivery of service expected of behavioral health due to barriers in communicating important information. Therefore, it is essential for organizations to bridge this communication gap to enhance clinician engagement and increase the success of organizational goals (Abu Dalal et al., 2022).

In addition, the results provided demonstrate the negative impacts of poor communication between the leadership of the BHOA and behavioral health clinicians on engagement through significant themes of poor communication and feelings of undervaluation. The identified poor communication barriers present themselves in feelings of disenfranchisement and lack of value among clinicians, whereby behavioral health clinicians fail to receive information that is imperative for them to execute their jobs properly. The study identified these poor communication barriers as the major determinants of why clinicians lack motivation and desire to become fully engaged with the organization's goals (Dickinson et al., 2021). The feelings of undervaluation result in poor trust and respect between the leadership and clinicians of the organization, as such, the communication barrier exacerbates the already great separation, which threatens the efficacy and functioning of the BHOA. Improving communication to address poor communication barriers could consequently reduce feelings of poor valuing and discrimination, fostering a sense of inclusivity and engagement in behavior from the clinician (Scott et al., 2022).

Themes Found Through Thematic Analysis

The factors of low motivation and burnout have surfaced during the exploration of the thematic analysis, and are detrimental challenges that have an impact on the organizational work engagement of the behavioral health clinicians. Additionally, another theme found was the term “contractor,” which was a reference to the behavioral health clinicians. With the increasing workload demands and lack of support, clinicians’ motivation to purposefully engage with the organizational goals is affected, which in turn causes lower job satisfaction and increased absenteeism. It was revealed that such conditions rooted in healthcare can largely affect work engagement due to being stuck in a vicious loop of dissatisfaction and disengagement (Abu Dalal et al., 2022). Added to that, the chronic level of burnout experienced by the clinicians also complicates communication problems in the organization, making them less able to engage productively. The burnout, and motivation factors are essential to organizations focusing on reconstructing a more engaged and robust workforce, thus signaling to factors impacting the workplace culture and communications.

Further, sense of devaluation and low motivation also contribute significantly to the disconnection experienced by leadership and behavioral health clinicians and deepens the burnout. Low motivation is associated with the belief that one is not valued for their work where devaluation is associated with low value for the work being done, regardless of the situation, they are highly demotivated. A lack of value fosters clinicians’ feelings of frustrations which further deepens their sense of disconnection in an already alienated state, making clinicians susceptible to more emotional pain (Rollins et al., 2021).

Devaluation and low motivation negatively impact on mental health influences through the organization as clinicians feel their lack of value as an adapted characteristic, further aggravating their burnout. As such, low motivation and the feeling of devaluation act as barriers for leadership and clinicians to work together and support one another and as such, the organization needs to implement the systemic changes required to devalue clinicians and allow for a shift in the organizational culture and relationships between leadership and workers through better communication channels (Dickinson et al., 2021).

Lastly, this analysis, therefore, proposes that given the disconnect between leadership and clinicians in behavioral health organizations, there is a need to prioritize communication and engagement strategies to create a culture that emphasizes value and motivation. The themes identified in this thematic analysis pointed to major disconnects with communication and feelings of undervaluation, both of which exacerbate a lack of motivation and feelings of burnout among clinicians. It signals that there is a need to create the right strategies to promote a culture that values employees in the workplace to bring the divide together. More than just closing the communication gap, there is a need to create an inclusive atmosphere where clinicians are recognized for their contributions to the overall operational value of behavioral health organizations. Engaging employees once again with the aim of implementing communication and engagement strategies to create organizational value can have a long-lasting impact on the efficiency of operations and viability of behavioral health services.

Thematic Analysis: Key Themes Identified

Using Braun and Clarke's (2006) framework for thematic analysis, five major themes were identified from the interview data. These themes represent significant organizational challenges faced by behavioral health clinicians (BHCs) at BHOA, particularly those operating under contract positions.

Theme 1: Blurred Role Boundaries between Contractors and Employees.

Participants described an unclear distinction between expectations placed on contractors and those placed on employees. This confusion leads to issues with workload distribution and role identity. "How do we make you do all of these things like employees, but keep the status of a contractor?"

- Implication: Role ambiguity contributes to reduced engagement and feelings of exploitation among contractors.
- Interpretation: The dual expectations without equivalent support or benefits create a mismatch that impacts morale and accountability.

Theme 2: Lack of Effective Communication. The absence of regular and structured communication was identified as a barrier to engagement and collaboration, especially between leadership and contractors. "In-office we're able to communicate... but with contractors, we don't see each other every day."

- Implication: Limited communication leads to organizational silos and a diminished sense of team cohesion.
- Interpretation: Infrequent touch points like monthly trainings are insufficient to build consistent engagement.

Theme 3: Burnout from Excessive Workload. Burnout was a recurring theme in nearly all interviews, often linked with excessive documentation requirements, lack of downtime, and irregular work hours. "I've seen therapists and paraprofessionals putting notes in at 1am in the morning."

- Implication: Chronic burnout undermines service quality and increases absenteeism.
- Interpretation: Lack of organizational recognition and workload management contributes to emotional exhaustion.

Theme 4: Perceived Devaluation. Clinicians frequently reported feeling unrecognized and underappreciated, particularly regarding financial compensation and acknowledgment from leadership. "Money plays a big part as to why contractors may feel devalued."

- Implication: Feelings of devaluation reduce motivation and deepen the disconnect between clinicians and leadership.
- Interpretation: Recognition and equitable compensation are central to retaining and engaging contract clinicians.

Theme 5: Challenges in Contractor Engagement. While some clinicians appreciated the autonomy of contractor status, many noted it also weakened their connection to the organizational mission and limited leadership's ability to engage them meaningfully. "It is hard to engage behavioral health clinicians when they're contractors."

- Implication: Autonomy without community results in disengagement.

- Interpretation: A tailored approach to supporting contract clinicians is needed to maintain alignment with organizational values.

Cross-Cutting Theme: Client-Centered Care at Risk. Across themes, the data reveals that burnout, poor communication, and low motivation directly threaten BHOA’s client-centered mission. Without addressing internal clinician challenges, the organization risks failing to meet its external service goals.

Synthesis of Findings

The thematic analysis highlights a vicious cycle where contractor status, poor communication, and lack of recognition contribute to burnout and low motivation, which in turn compromises both workforce engagement and service quality. These findings reinforce the need for systemic changes in organizational support, including clear role definitions between contractors and employees, strengthened communication strategies, recognition and incentive structures, and burnout mitigation programs.

Table 1

Codes, Categories, and Themes

Raw Data (Quote)	Initial Code	Category	Theme
“How do we make you do all of these things like employees, but keep the status of a contractor?”	Role ambiguity	Role conflict	Blurred Lines Between Contractor and Employee
“In office we’re able to communicate with each other... it is hard to communicate with contractors...”	Limited communication	Organizational communication	Lack of Effective Communication
“I’ve seen therapists and paraprofessionals putting notes in at 1am in the morning.”	Overwork, after-hours documentation	Emotional exhaustion	Burnout
“Money plays a big part as to why contractors may feel devalued.”	Financial dissatisfaction, lack of recognition	Value and appreciation	Feeling Devalued
“Contractor relationship is beneficial... however, it is hard to engage behavioral health clinicians when they’re contractors.”	Autonomy vs. engagement	Contractor identity	Challenges in Contractor Engagement

Client-Centered Services and Themes

Client-focused services are geared to center the client's needs. All services at BHOA are client-focused. Braun and Clarke (2006) state that thematic analysis is a method used to identify, analyze, and report patterns. Throughout the process of collecting data, one of the primary patterns showed burnout, a lack of motivation, and a decrease in effective service delivery. Due to the lack of motivation, burnout, and service delivery, client satisfaction needs to be met. BHOA policies are implemented to establish an effective and supportive workforce for behavioral health clinicians. BHOA can provide support for members in leadership because all members in leadership are in office. Behavioral health clinicians are contract employees, which challenges the organization to support. BHOA faces challenges with providing support in the workforce to improve workforce effectiveness which involves leadership understanding behavioral health clinicians' workload and burnouts. Using the thematic analysis, the pattern shown for lack of engagement in the workforce was due to needing more support by leadership.

The thematic analysis conducted by Braun and Clarke (2006) offers critical insights into the organizational dynamics at BHOA, particularly regarding burnout, lack of motivation, and ineffective service delivery. These patterns have profound implications for both service quality and workforce sustainability within the organization. Burnout is particularly concerning as it diminishes clinicians' capacity to provide high-quality care, which, in turn, leads to suboptimal client interactions (Mantzas et al., 2022). The lack of motivation among the staff further exacerbates this issue, as

disengaged employees are less likely to innovate or invest in their professional development, thereby hindering organizational growth. Addressing these patterns is essential for BHOA if it is to remain committed to its client-centered service model, necessitating robust support systems and strategic interventions to enhance both service delivery and employee well-being.

Furthermore, BHOA faces significant challenges in effectively supporting its contract behavioral health clinicians, an issue compounded by leadership's limited comprehension of workload and burnout implications. Contract positions inherently lack some of the support structures available to permanent staff, which can exacerbate feelings of isolation and stress. This disconnect often leads to a disparity in job performance and satisfaction, as leadership may not fully grasp the load borne by these clinicians or the real-time burnout experiences that impact their service delivery (Gordon, 2020). Accordingly, improving communication channels and developing comprehensive support mechanisms are essential for enhancing both clinician effectiveness and client care. By fostering a deeper understanding among leaders regarding these challenges, BHOA can create targeted interventions that better align with the operational realities faced by its contract workforce.

Governance and Societal Responsibilities

BHOA's adherence to the guidelines set forth by the Department of Behavioral Health and Developmental Disabilities (DBHDD) illustrates its commitment to ensuring client safety and societal well-being. By maintaining strict compliance with DBHDD, BHOA effectively integrates measures to prevent and address behavioral health crises,

thereby safeguarding its clients and the community. A key component of this compliance involves aligning with DBHDD's strategic partnerships with law enforcement, hospital associations, and community providers to facilitate prompt and coordinated responses to crises (Gordon, 2020). In addition to crisis management, BHOA's societal responsibilities extend to implementing protocols that ensure clients are not a danger to themselves or others, highlighting the organization's role in community protection. This proactive approach underscores BHOA's dedication to its mission of providing comprehensive behavioral health services, which ultimately contributes to public trust and organizational credibility. DBHDD is the stakeholder that manages programs and services delivered by community-based behavioral health clinicians, Medicaid clinicians, and specialty clinicians (Department of Behavioral Health and Developmental Disabilities, n.d). The results of BHOA governance and societal responsibilities report that behavioral health clinicians need to be more compliant. However, the organization has structured policies and rules to help behavioral health clinicians stay compliant.

Additionally, BHOA's marketing strategies have significantly influenced client intake and revenue by targeting venues such as courtrooms, schools, college fairs, and social sites. These efforts have not only heightened awareness of BHOA's services but also facilitated access for potential clients in diverse settings. By engaging with these targeted environments, BHOA has successfully expanded its reach, leading to an influx of clients seeking behavioral health services (Winston et al., 2020). This increase in clientele directly correlates with the organization's financial growth, as more individuals engaging in services translates to boosted revenue streams. The effectiveness of these

strategies underscores the importance of adaptive marketing approaches in enhancing organizational sustainability and further supports BHOA's client-centered mission.

Financial and Organizational Alignment and Implication Cont.

Analyzing the misalignment between BHOA's mission and vision reveals significant implications for both service delivery and employee engagement. The disconnection between the organizations's stated mission and the actual strategic implementation results in inconsistencies that adversely affect the quality of care provided. This misalignment not only stifles employee enthusiasm but also creates a sense of uncertainty about the organization's future trajectory, thereby impacting overall employee engagement. Monthly budgeting meetings, however, play a crucial role in bolstering financial effectiveness, providing a clear framework for resource allocation and financial planning that aligns more closely with immediate organizational needs. According to Zaid et al., strategic planning and resource allocation significantly influence service quality and satisfaction, thereby emphasizing the need for BHOA to reconcile its mission with its operational practices to optimize service outcomes (Zaid et al., 2020). Marketing in these places has resulted in an increase of the organization's client intake ratio and revenue. The organization has employees who are hired strictly for marketing. The organization's financial structure shows effectiveness due to having monthly budgeting meetings to ensure that the organization sustains financially. There were no implications for findings for individuals, organizations, and systems. Implications towards positive social change for the organization are linked to the organization's

mission and vision not being parallel to each other, which shields the organization from growing, collecting to improve service delivery, and burnouts to improve engagement.

Strengths and Limitations of the Study

Employee engagement within the behavioral health sector has garnered increasing attention due to its critical impact on service delivery and clinician well-being. The current research landscape presents a robust collection of data that identifies various causes of disengagement among behavioral health clinicians, offering a foundation for enhancing workplace environments. However, notable gaps persist, particularly concerning how leadership in behavioral health perceives and addresses employee engagement. The research exhibits limitations in providing a balanced view that encompasses leadership perspectives, which restricts the depth of understanding necessary for practical applications. Consequently, further exploration is required to bridge these gaps, aiming to develop strategies that not only enrich academic discourse but also translate into tangible improvements within the sector.

The existing body of research provides a comprehensive understanding of the factors that undermine employee engagement among behavioral health clinicians. This collection of studies predominantly focuses on identifying the diverse causes of clinician disengagement, such as inefficient organizational systems and inadequate program support, which are frequently highlighted as significant barriers (Rollins et al., 2021). By shedding light on these internal challenges, this research forms the basis for targeted interventions aimed at enhancing work environments. Furthermore, the detailed exploration of mental health difficulties within the workplace underscores the necessity

for informed leadership, aligning well with findings that advocate for mental health training as a crucial factor in influencing positive workplace dynamics (Dimoff & Kelloway, 2019). However, while the strengths of these studies lie in their detailed examination of clinicians' experiences, they simultaneously reveal gaps that necessitate further research to incorporate leadership perspectives, thereby fostering a more holistic understanding of employee engagement dynamics.

Nevertheless, the current research on employee engagement in behavioral health settings highlights notable limitations, specifically the scarcity of insights from a leadership perspective. While existing studies provide a detailed examination of the disengagement causes among clinicians, they often overlook how leadership's understanding can influence employee engagement levels. This gap is evident in the lack of comprehensive exploration into the impact of leadership styles on employee wellbeing, which can be critical for effectively addressing engagement challenges (Kelly & Hearld, 2020). Importantly, the minimal attention given to how leadership changes affect employee engagement further restricts the applicability of these findings within organizational contexts (Burnett, 2020). As a consequence, there remains a definitive need for additional research focused on leadership's role, which could significantly enhance both theoretical frameworks and practical interventions aimed at improving employee engagement in behavioral health.

Additionally, the imperative for further research in this domain is underscored by the limitations identified concerning leadership's role and understanding of employee engagement. While existing studies furnish detailed insights into clinician experiences,

they lack comprehensive evaluation of how leadership interventions could modify engagement dynamics (Dimoff & Kelloway, 2019). The current gap in understanding necessitates more dedicated studies that explore the interplay of leadership styles, mental health training, and resource utilization to fully address engagement challenges (Burnett, 2020). By directing research efforts towards these unexplored areas, future studies could offer holistic solutions that integrate both clinician and leadership perspectives, thereby enhancing the applicability of findings. Such efforts would not only expand the theoretical understanding but also furnish actionable strategies for improving employee engagement within the behavioral health sector, driving meaningful change and development in organizational practices.

To conclude, the analysis of current research on employee engagement within the behavioral health sector reveals both considerable strengths and evident limitations. The existing studies effectively illuminate the causes of disengagement amongst clinicians, providing substantial groundwork for addressing these challenges through targeted interventions. However, the research is notably lacking in its exploration of leadership's role and understanding of employee engagement, resulting in a one-sided perspective. This oversight underscores the drive for further investigations that incorporate leadership dimensions to create more well-rounded insights. Continued research in these areas is crucial, not merely to bridge existing gaps but also to yield actionable strategies that enhance both theoretical constructs and practical applications in behavioral health practices.

Research Questions

Behavioral health clinician engagement in public health organizations is an urgent issue with potentially significant impacts on clinician engagement, workforce sustainability and quality of care within this critical sector. Identifying the barriers to clinician engagement is key, especially when rising depression and increased burnout remain a growing concern for this population. This study will be guided by the following three research questions: 1. What are the primary reasons for the lack of engagement for behavioral health clinicians in public health sectors? 2. How does leadership style impact employee engagement? 3. What communication level from leadership improves employee engagement?

What are the primary reasons for the lack of engagement for behavioral health clinicians in public health sectors?

After recognizing the collaborative agents of disengagement amongst behavioral health clinicians, one of the prime activators could be depression or burnout amongst this professional domain. Research confirms that burnout is common amongst this professional cadre, which may aggravate job dissatisfaction, emotional exhaustion, and low sense of personal accomplishment (McFarland et al., 2019). Mostly, high burnout clinicians yield lower clinical quality and less positive patient experience notwithstanding higher engagement scores, which is indicative that burnout adversely affects the emotional domain without influencing the workplace productivity (Willard-Grace et al., 2021). The answer to dis-engagement phenomenon is organizational re-engineering with parallel-level developments as the individual coping strategy has failed in past

incidences. Therefore, the integrated approach promising clinical efficacy combines both organizational proactive approach with a propellant of mental health uplift for clinicians.

Moreover, depression and burnout were found to have direct negative effects on motivation and long-term participation within the workforce. When depression becomes chronic, the cognitive and emotional symptoms hinder clinicians' abilities to bring their full attention to the needs of the patient and the goals of the organization (Willard-Grace et al., 2021). Meanwhile, burnout manifests through emotional exhaustion and depersonalization, which causes clinicians to withdraw from team participation and to avoid investing in training and development opportunities, thus creating a spiraling effect of disengagement. Organizational aspects such as inadequate management and an insufficient focus on person-centered care make clinicians even more susceptible to stress in the workplace, according to the findings of recent qualitative research (Rollins et al., 2021). In this respect, these examples showcase both the personal and systemic factors that influence workforce engagement, and how these highlight the need for approaches that address both engagement and wellbeing in the individual, as well as in the organization.

How does leadership style impact employee engagement?

In addition, leadership style has also proved to be a significant factor that could influence engagement and morale in behavioral health-related fields. The use of transformational leadership is positively correlated with lower clinician burnout and higher work engagement (Shutter, 2022). Transformational leadership is a type of leadership style in which the leader motivates and encourages their follower in a way that

they share the same vision, and understand that the leader prioritizes their growth in the workplace (Hasan et al., 2023). In an atmosphere with transformational leadership, employees feel satisfied with their job, and their job performance could be increased. This could happen as the leader tends to meet their follower's needs and acknowledge their efforts. Therefore, with the implementation of this type of leadership, clinician burnout could also be addressed, and engagement could be increased, showing that leadership plays a significant role in promoting the well-being of individuals and even the organization.

What communication level from leadership improves employee engagement?

Moreover, the explicitly communicative strategies of the leaders are significant for the shaping of worker engagement levels in the behavioral health teams. It is evidenced that transparency, which includes communication of organizational objectives on a continual basis, obtaining clinicians feedback, and involving clinicians in decision making processes, enhances trust and encourages group participation (Mazzetti & Schaufeli, 2022). Providing clinicians with constructive feedback on performance and developing a free channel of communication for the team members, where clinicians can share their issues and recommend alternates without the fear of negative evaluation, further establish the psychological safety culture (Fischer et al., 2021). For instance, when a leader asks feedback for workflow changes from the clinician or openly recognizes the team efforts, it can greatly motivate the healthcare workers and enhance their feelings of connectedness with fellow workers (Fischer et al., 2021). Such communicative practices not only promote individual employee morale but also help in

establishing greater team efficacy, which are credible educators of purposeful communication from leaders as a lever to promote worker engagement and outcomes.

The findings also entail that transformational leadership complemented with effective organizational communication practices can significantly enhance the engagement levels of behavioral health clinicians. A transformational leader that provides vision and encourages collective goals can help the clinicians desire success and with a feedback mechanism alongside active organizational communication can build upon trust and ensure the clinicians' commitment to collective efficacy (Hasan et al., 2023). This research supports the notion that the more support and communication a clinician perceives from the leader, there is a significant influence on job satisfaction and performance that ultimately leads to a favorable impact on the behavior of the organization. However, under this research, it indicates that there is still a gap in the standardization pertaining to the definitions of clinician engagement and measuring scales. It implies that a full realization of the variables may be dependent on future adjustments in definitions and practices directly within a healthcare environment (Dickinson et al., 2021). A more rounded practice involving the transformational leadership strategy with effective communication that caters to individual needs and the organizational needs can ensure continued engagement and professionalism for behavioral health teams.

Conclusion

Overall, motivational and cognitive work participation of behavioral health clinicians engaged in public health organizations is a result of individual, organizational

and leadership factors. It is important to understand the impact of depression and burnout perceptions of workplace roles, participation and cognitive functioning, as these potential impacts are direct and pronounced. Transformational leadership and strategic communication have immense promise and proportional impact on morale, collaboration and commitment of the workforce. Providing opportunities for clinician feedback and understanding, organizational role impact, and team member recognition all contribute to a psychologically safe workplace environment and further professional development opportunities. As engagement of clinicians through communicative leadership and clinician focus continue, the public health workforce remains encouraged as they seek to promote and support quality care of underserved populations.

Section 5: Recommendations and Conclusions

Introduction

The apparent disconnect between leadership and behavioral health professionals at the organizational level, as seen at BHOA, could have an adverse impact on both morale and productivity. It could possibly have implications for workforce morale, job satisfaction, and possibly workforce retention. There could also be implications related to the clinic's ability to offer client-centered care, as perceptions and assumptions in both parties could lead to inconsistent communication regarding the clinician's practices and overall goals. Aside from this, promoting awareness as well could lead to possibly more satisfied behavioral health professionals within the clinic. It could be understood that if this gap is not addressed in a timely manner, it could possibly affect the productivity of the workforce as well as the quality of care the clinic offers to its clients. With this state, it could further present the idea that more inclusive strategies are informed, such as the need to promote communication models within the clinic, redefining roles, promoting recognition, monitoring burnout, offering feedback responses, and the like.

Importance of Addressing the Disconnect

It was therefore important to address the widespread disconnect caused by the absence of leadership between the organization and behavioral health clinicians at BHOA in order to protect the workforce and uphold the value of the increasing importance of client-centered care. It can negatively affect clients and the corresponding workforce's well-being and communication. Strategic leadership behaviors significantly shape the affective well-being of healthcare employees, especially in hybrid working

conditions (Oleksa-Marewska & Tokar, 2022). Leadership can significantly improve the collaboration and communication of clinicians, positively affecting their job satisfaction and retention. Supporting through leadership and communication directly influences the quality of client-centered care, affecting the organizational performance and patient care outcomes.

In addition, the disconnect between communication in leadership and behavioral health clinicians could affect job satisfaction and turnover rates in BHOA. Poor communication could contribute to clinicians' feeling unappreciated and unsupported in their duties, ultimately leading to job dissatisfaction. Clinicians' job dissatisfaction may lead to poor engagement and a higher tendency to look for jobs elsewhere, thus aggravating a turnover issue. These have been discussed in previous studies as many effects of burnout that correlate to low accomplishment and inadequate support have turnover implications on job satisfaction and retention of behavioral health providers (Zubatsky et al., 2020). Hence, it is necessary to improve clinician retention in high-quality jobs by addressing the aforementioned disconnect through improved communication approaches, recognition of achievements, and provision of necessary support to remain in their professions.

Consequently, such a systemic disconnect between the leadership and the behavioral health clinicians at BHOA is likely to have a significant residual effect on the quality of service provided to the clients at the institution. Specifically, the disconnect may negatively affect the ability of the clinicians to conduct their practices in synchronization with the organizational needs of client-centered service. With time, as

more clients are adversely affected by the disconnect in the quality of service, the inability of BHOA to obtain good for client well-being would not only be detrimental to the perception of the institution as credible but also to the service reputation.

Additionally, if the issue of disconnect is left unresolved, behavioral health professionals overburdened with administrative tasks would likely experience burnout, given that administrative duties constitute one of the recognized factors negatively impacting clinician performance (DiGiorgio et al., 2023). Eventually, the continual dismissal of the concerns associated with the disconnect in practice between the leadership and clinicians may lead to the deterioration of care quality and the credibility of the institution, thus highlighting the relevance of the consideration of a disconnect between the leadership and clinicians at BHOA.

To promote a culture of engagement within BHOs such as BHOA, it is critical for leaders and employees to have open channels for feedback and communication. Opportunities for upward and downward communication can help clinicians share concerns and suggestions that feed into the organization's continuous improvement efforts, which evolve to meet changing needs. Research shows that traditional patterns of feedback and participative processes improve trust in management and enhance individual and group engagement through heightened personal and shared resources, such as optimism and resilience (Mazzetti & Schaufeli, 2022). Organizations that embrace transparent communication as part of their culture can reduce members' uncertainty as they target efforts towards aligned goals to boost effectiveness and satisfaction. For BHOA, the continuation of these communication approaches can further encourage

clinician engagement, agency, and sustainable organizational performance (Mazzetti & Schaufeli, 2022).

Based on the standards defined in the Baldrige Performance Excellence Framework, a number of potential strategies can be recommended to BHOA to promote clinician engagement in further strategic planning processes. The organization should focus on integrating engagement activities within both long-term and short-term strategic development plans to ensure that the voice and well-being of employees are incorporated into the decisions that drive organizational performance. Engaging leaders should establish formal communication procedures that allow for regular feedback and create collaborative approaches whereby operational decisions are built upon the insights of the clinicians and their contribution to these processes is systematically acknowledged. Specifically-designed opportunities for professional growth and active engagement in organizational decision-making should be provided to strengthen motivation of clinical employees and their organizational direction to mission and goals (Barinua & Deinma, 2022). With due consideration given to the above strategies, BHOA will possess the ability to succeed in establishing a supportive environment for long-term engagement, commitment, and employee effectiveness, which are basic prerequisites for organizational success (Barinua & Deinma, 2022).

Overall, the above discussion has outlined how the Baldrige Performance Excellence Framework offers a methodical yet powerful means of furthering employee engagement at BHOA. By aligning leadership with the organizational mission, strategic planning, and clear communication, the existing barriers to clinician engagement have

been tackled, and a coherent culture has been fostered. The style of leadership, the inclusion of clinician voice, and the availability of ongoing opportunities for growth and development have all been shown to be key in enhancing satisfaction and commitment levels throughout the organization. In addition, applying the aforementioned principles to the research questions put forward has enabled BHOA to design the necessary interventions to close the gaps that currently exist and encourage morale and performance improvements. Thus, the Baldrige Framework has provided BHOA with a practical approach to not only advance engagement but also accomplish wider organizational aims through engaged documenting supported clinicians.

Results from the Interview and Themes

This study examined the factors contributing to behavioral health clinicians' engagement within the public health sector. Data collected through semi-structured interviews were analyzed using thematic analysis, which revealed five major themes: (1) blurred role boundaries between contractors and employees, (2) lack of effective communication, (3) burnout from excessive workload, (4) perceived devaluation, and (5) challenges in contractor engagement. Each theme is supported by participant statements, including clinicians, HR leadership, the Clinical Director, and the CEO.

The first theme, blurred role boundaries between contractors and employees, reflected widespread frustration among clinicians who often felt treated like employees without the associated benefits. One clinician asked, "How do we make you do all of these things like employees, but keep the status of a contractor?" This sense of dual identity created confusion and dissatisfaction across the workforce. The HR Director

confirmed this tension by noting that contractors are required to meet productivity standards but cannot be held accountable in the same way as employees. She added that contractors often questioned why expectations were so rigid, given their classification, and pointed out that the dual identity issue creates both frustration and compliance challenges. The Clinical Director reinforced this by explaining that contractors frequently wanted flexibility but resisted responsibilities that mirrored employee work. She observed that confusion often arose when supervisors asked contractors to participate in organizational initiatives, leading some to resist because they perceived those tasks as employee obligations. She concluded that the blurred boundary undermined teamwork and divided clinicians. The CEO acknowledged the problem from an organizational perspective, noting that the blurred line creates frustration on both sides: clinicians feel overextended, while leadership struggles to enforce consistency. He added that the lack of clarity also raises organizational risks in terms of performance and compliance, emphasizing that resolving these blurred boundaries is essential for building trust and engagement.

The second theme, lack of effective communication, was repeatedly identified as a barrier to engagement. Clinicians reported feeling disconnected compared to in-office employees, with one stating, “In-office we’re able to communicate... but with contractors, we don’t see each other every day.” The HR Director admitted that communication breakdowns were common, acknowledging that while the organization sends emails and memos, contractors often miss or overlook these updates. She added that exit interviews consistently showed contractors felt disconnected due to inconsistent

leadership communication and highlighted the absence of structured channels to ensure all staff receive the same updates. The Clinical Director echoed these concerns, observing that contractors often miss important discussions by not attending staff meetings. She explained that the absence of routine communication fosters misunderstandings about expectations and admitted that leadership sometimes assumes contractors know policies without directly confirming them. From the CEO's perspective, communication gaps represented a larger organizational challenge. He stated that the organization needs stronger systems of communication to ensure everyone feels connected to the mission, warning that inconsistent communication erodes trust and leaves staff feeling excluded from decision-making. He concluded by affirming that effective communication is foundational to improving engagement and retention.

The third theme, burnout from excessive workload, emerged consistently across interviews. Clinicians described documentation demands, irregular hours, and lack of downtime as major contributors to disengagement. One clinician reported, "I've seen therapists and paraprofessionals putting notes in at 1am in the morning." The HR Director acknowledged that contractors frequently reported documentation as overwhelming but emphasized that, unlike employees, the organization cannot regulate how much they take on. She further explained that burnout is one of the top issues raised in exit interviews, often cited as a direct cause of turnover. She also noted that because wellness programs are not typically extended to contractors, they often shoulder stress without organizational support. The Clinical Director confirmed the strain, explaining that contractors spend hours outside of sessions catching up on documentation and that

this burden directly impacts quality of care. She added that burnout was strongly tied to high turnover in the most demanding roles, identifying it as the most consistent factor leading to disengagement. The CEO highlighted the organizational risk of failing to address workload concerns, stating that burnout is real and, if left unaddressed, will cause the loss of talented clinicians. He explained that contractors often push themselves beyond healthy limits to meet expectations and concluded that retention is directly tied to reducing workload pressures.

The fourth theme, perceived devaluation, underscored clinicians' feelings of being unrecognized and underappreciated. One participant emphasized, "*Money plays a big part as to why contractors may feel devalued.*" The HR Director confirmed that compensation concerns are consistently raised during exit interviews, explaining that contractors often ask why they are paid less than peers at other organizations. She added that devaluation is not only financial but also related to a lack of acknowledgment from leadership. The Clinical Director supported this view, stressing that clinicians want recognition for the emotional labor they provide daily, not just financial rewards. She observed that when staff members receive appreciation while contractors are overlooked, it creates resentment and erodes morale. She concluded that recognition is critical and that disengagement grows quickly when it is absent. The CEO admitted that budgetary restrictions in public health limit how much compensation can be increased but emphasized the importance of exploring non-financial strategies to demonstrate appreciation. He stressed that contractors must never feel invisible, warning that without recognition, long-term commitment cannot be expected.

The fifth theme, challenges in contractor engagement, reflected the structural limitations of the contractor model. While some clinicians valued autonomy, many felt this status weakened their connection to the organization. One clinician explained, *“It is hard to engage behavioral health clinicians when they’re contractors.”* The HR Director acknowledged this barrier, explaining that contractors cannot be required to attend trainings or team-building events, which limits opportunities for engagement. She added that many engagement activities are designed for employees, unintentionally excluding contractors, and observed that contractors sometimes view their role as transactional rather than mission-driven. The Clinical Director agreed, noting that contractors often do not see themselves as part of the team, which makes engagement more difficult. She explained that when contractors avoid meetings or events, the organization loses opportunities to build cohesion and loyalty. From her perspective, the contractor model inherently makes it harder to build organizational commitment. The CEO concluded that while contractors are critical to service delivery, the current structure does not foster long-term connection. He explained that leadership must find creative ways to include contractors in engagement strategies without altering their legal status and warned that without stronger engagement efforts, the workforce risks becoming fragmented. In summary, both clinicians and leaders identified blurred role boundaries, weak communication systems, excessive workload, feelings of devaluation, and challenges in contractor engagement as barriers to organizational commitment. The HR Director, Clinical Director, and CEO acknowledged these challenges from different perspectives, confirming that the issues are systemic and embedded at both cultural and structural

levels of the organization.

Summary

The investigation into employee engagement challenges at BHOA revealed several critical areas that hinder organizational growth and the quality of behavioral health services. One of the most prominent issues identified was clinician burnout, largely attributed to excessive workloads and a lack of intrinsic and extrinsic motivation. This burnout significantly diminished overall engagement. Leadership emerged as a pivotal factor in addressing these challenges. In particular, transformational leadership was shown to hold promise for realigning clinician efforts with organizational goals through enhanced communication, recognition, and motivational strategies. However, the study also highlighted key barriers to effective implementation of engagement initiatives, including limited financial literacy among leaders and poor time management practices. These limitations restrict the impact of otherwise well-intentioned strategies. Overall, the findings emphasize the need for targeted leadership development and organizational support systems to create a more engaging and sustainable work environment for behavioral health clinicians.

Using Braun and Clarke's (2006) framework for thematic analysis, this study uncovered five key themes that highlight a systemic disconnect between leadership and behavioral health clinicians at BHOA. This disconnect extends beyond issues of morale—posing risks to the quality of client-centered care and long-term organizational stability.

The data revealed that **contract clinicians**, in particular, face unique structural and relational challenges that hinder their engagement and well-being.

- Theme 1: Blurred Role Boundaries between Contractors and Employees: Many clinicians reported confusion and inconsistency around expectations, responsibilities, and organizational inclusion, leading to role ambiguity and disengagement.
- Theme 2: Lack of Effective Communication: Participants described poor communication channels with leadership, resulting in frustration, isolation, and a lack of clarity about job expectations and organizational goals.
- Theme 3: Burnout from Excessive Workload: High caseloads, limited support, and inadequate recovery time contributed to emotional exhaustion, a key driver of disengagement and turnover.
- Theme 4: Perceived Devaluation: Clinicians, especially those under contract, felt underappreciated and undervalued, reinforcing feelings of disconnection from the organization.
- Theme 5: Challenges in Contractor Engagement: The structure of contract work posed barriers to full integration into the organizational culture, limiting opportunities for input, recognition, and professional development.

Together, these themes underscore the need for systemic interventions that improve communication, clarify role boundaries, and enhance leadership engagement

with clinicians, especially those in contracted roles, to support a more sustainable and effective workforce.

Recommendations

A conclusive set of recommendations aimed at reconciliation of the leadership with the clinicians at the organization lies within overcoming the systemic disconnect. The first recommendation would be the embedded use of hybrid communication methodologies, such as Loop, that would allow the seamless flow of information across all contractor and in-office staff even if there is an immediate barrier discouraging face-to-face contact; however, integration of technical issues arising from these tools is one of the foremost considerations to enhance the effectiveness of their strategies (Husain et al., 2021). The next is with the role of contractors within the organization, it is perceived the need for a change in perception that could help with creating a sense of equity and balance in the share of work expected from the contractors in correspondence to their compensation for the work in keeping organizational roles. Moreover, clinicians can be significantly impacted through recognition programs, wherein given the recognition can allow for increased motivation within the perceived level of work they produce, regardless of levels of feeling devalued among their position at the organization. The next recommendation would be through the active implementation of burnout monitoring tools as well as feedbacks from all contractors whether their interests are perceived in alignment to policy changes while allowing their opinions to contribute in reverence to its effect on the organization.

Hybrid Communication Models

The need for communication models that are hybrid in nature is crucial to minimize the division created between local office workers and remote contractors in the case of BHOA. The use of tools such as Loop for hybrid asynchronous communication ensures that both local employees and remote contractors are able to participate with each other and communicate regardless of their time zone and working hours, as these tools are used for collaboration to support each other (Husain et al., 2021). While healthcare contractors and suppliers may benefit from using tools that encourage asynchronous hybrid communication, the need for these victory tools may not be present once these barriers to communication arise from integrating the technology. Existing communication platforms, system incompatibility, and lack of widespread technology may stop collaborators from taking benefit from the tool above. When these potentially arise, increasing the adaptability leadership and the digital readiness of the organization is needed to spread its use and purpose, and encourage large-scale implementation and engagement (Oleksa-Marewska & Tokar, 2022). As such, increasing these communication models through the use of aligned supportive leadership strategies in a designed for hybrid workplace will also ensure that the affective well-being of healthcare providers can be improved through strengthened collaboration.

Furthermore, communication improvements, involving hybrid models, may also have a considerable impact on the overall success of team integration processes, which is essential for BHOA's efficient integration of remote and office employees. Using sufficient communication technology, such as Loop, allows different organizations to

keep their team members engaged regardless of their location and workspace (Husain et al., 2021). Communication efficiency is also essential for avoiding team misunderstandings related to the inconsistent distribution of information because it may lead to conflicts or mistakes in clinical practice. Whereas the efficient communication establishment within teams simplifies the integration and division processes of the procedures and targets, it enhances the overall organizational efficiency and service quality. The minimized misunderstanding and miscommunication impact on the organization's capacity to ensure consistent client-centered care further has a significant impact on the mutual satisfaction of clinicians and clients in the healthcare settings.

Redefining Contractor Roles

The impact of leadership to redefine the role and expectations of all contractors at BHOA will play a critical role to ensure fair distribution of workloads and services are provided to all clinicians. Currently in the existing role, differences in the hours and duties of all contractors can lead to inequities in fairness and in turn impact service delivery and motivation of contractors to the extent it impacts productivity. Literature suggests that leadership plays an important role in designing roles and expectations from experience of health care providers in a hybrid workplace environment (Oleksa-Marewska & Tokar, 2022). By taking the time to redefine and clearly state the role and expectations from contractors at BHOA, it helps reduce perceptions of inequity among contractors and thus positively impact employee satisfaction, commitment and engagement with their role in delivering client care . It not only helps contractors at BHOA to empower clinicians and develop their skills in their service delivery and but

also encourages a workplace culture where organizational goals and objectives are matched by commitment to equity, transparency and rigor in delivery performances towards client care .

Thus, using well-defined roles for contractors at BHOA can help reduce burnout and improve job satisfaction. Well defined roles can help reduce the uncertainty and role conflict associated with clinician burnout, creating a workplace with clear expectations and reasonable responsibilities (Barber & Resnick, 2024). Defining roles can help ensure a reasonable workload and can reinforce a sense achievement among clinicians by ensuring that their tasks align with their skills and interests (Barber & Resnick, 2024). Moreover, defining and measuring performance against functional roles can be incorporated into the organizations goals such as the measurement-based care (MBC) approach that involves the use of patient data to guide treatment and monitor care (Barber & Resnick, 2024). Defining roles in this manner can lead to reduced incidences of mental and emotional exhaustion among clinicians (Barber & Resnick, 2024). Encouraging the above moves is necessary in establishing a workplace culture that values the psychological and professional well-being of its employees to enhance overall productivity and resilience.

Recognition Initiatives

Evidence-based recognition interventions can also contribute to strengthening clinician motivation and addressing devaluation as an imperative component for further improvement of the healthcare workplace climate. Such recognition interventions, as described in the context of developing clinician professional well-being pilot study, are

appraised for their persuasive effectiveness in eliciting positive clinician emotions and enhancing professional pride with the emotional state of healthcare professionals (Angelopoulou & Panagopoulou, 2020). Utilizing a multi-level approach to clinician engagement within the framework of self-recognition as well as peer and patient recognition, BHOA can establish a clinician appreciative atmosphere, in which their subjective well-being is intricately linked with the recognition derived from the organizational context. At this stage, recognition addresses the psychological constituent of employee motivation, according to which clinicians perceive themselves the integral parts of BHOA, possessing value as professional members. Consequently, highly tailored recognition interventions can serve as the effective solution to motivation stimulation challenges, affecting clinician commitment and performance that are essential for the provision of qualitative client-centered care at BHOA.

Moreover, different recognition programs can also find their way to boost morale of BHOA behavioral health clinicians. One of these methods can be a peer recognition program wherein the clinicians can be motivated to nominate other colleagues for recognition and rewards for their outstanding job. This can create more collaborative environment and boost morale among coworkers (Al Fannah et al., 2021). There can be also a “Clinician of the Month” award that can serve as additional recognition in the organization as providing this award, the respondents can be individual recognized for their unique value in a team. Additionally, these programs can boost motivation and satisfaction of employees according to exploratory studies that find a relationship between recognition and motivation that improves workplace behavior (Al Fannah et al.,

2021). Hence, these improved methods can lead to a higher retention of the employees along with the motivation and clinicians can work in an organization that recognizes their significant role in providing client-centered care.

Monitoring Burnout

Measuring clinician burnout signs and statistics within BHOA is needed for upholding an effective and healthy work environment. When clinicians experience burnout, the effects reach beyond their wellbeing and into the hands of their respective clients, where decreased level of engagement and performance impact the quality of care being delivered. Clinicians working in integrated care environments demonstrate burnout pressures, as studies show “clinicians report high levels of personal accomplishment in their work” yet still endure “job stress, burnout, and finding work-life balance” (Zubatsky et al., 2020). By prioritizing the integration of mental health, clinicians become able to navigate challenges through proactive support systems, combating burnout signs and symptoms before they detrimentally impact work production. This allows the clinician to feel valued and cared for, improving the quality of care being perpetuated within their work and the care they are able to deliver to clients respectively in sustaining organizational excellence.

Consequently, in preventing burnout, the need for strategic actions in detecting the signs of burnout at BHOA by clinical workforce in due time is a necessary mean to preserve its well-being. Burnout indicators like emotional exhaustion and depersonalization and marked reduction in professional efficacy should be designated to prevent further damage to clinical workforce state and safety. One of the promising

strategies is a regular assessment of the mental state of clinical workforce, as well as considering healthcare quality metrics data and implementing strategic actions based on inferred conclusions from it (DiGiorgio et al., 2023). Apart from these means, mental health programs access, like guidance and counseling services, support groups like a nurses' or psychiatrists' club, describing common stressors provoking burnout are necessary for reducing the factors injury clinicians. Such provisions will support clinical workforce with mental health improvement, uplifting their resilience and engagement level to ensure continuity of excellence in care delivery and organizational performances.

Inclusive Feedback Loops

To ensure that clinicians' perspectives are adequately translated into meaningful shifts in organizational policy, it is necessary to promote inclusive feedback loops at BHOA. The implementation of a formalized feedback mechanism would allow clinicians to relay their observations and criticisms, which would, in turn, improve transparency and contribute to a sense of collective ownership in the company. Based on research, employee empowerment via participatory techniques can lead to increased job satisfaction and employee commitment, especially in care sectors where workers undertake jobs with a strong emotional component (Naidoo et al., 2024). Through the establishment of periodic feedback opportunities and ensuring that clinician recommendations are incorporated into the policymaking process, BHOA will be able to ensure that its policies are in accordance with the realities of outpatient service delivery. Ultimately, ensuring clinical involvement in policy-making would allow for the organizational environment of BHOA to adequately reflect its vision and mission for the

delivery of client-centered behavior health services. Encouraging clinician input to translate into policy changes would promote continuous improvement and ensure that the company stays ahead of the changes affecting the field.

Conclusion

Overall, the disconnect between BHOA leadership and behavioral health contractors remains an ongoing systemic issue that significantly impacts workforce satisfaction, as well as the ability to deliver quality client-centered care. It is evident that actions must be taken to resolve the disconnect in the workplace through innovative strategies to enhance workforce expression, equity, and harmony on behalf of the organization and their stakeholders. With respect to this, the recommendations developed in relation to hybrid communication approaches, contractor role alignment, recognition programming, burnout monitoring, and feedback loops will assist in moving forward toward goal alignment at BHOA. Through these efforts, the organization would be able to eliminate the existing disconnect through the delivery of quality care to foster employee psychological health and workplace well-being ultimately through this effort and move toward positive organizational goals. In the future, these actions will remain meaningful to the organization in increasing the quality of care and reputation sustainability.

Executive Summary

Burnout and motivation are brought to the forefront of the document within a clinical context as paramount issues with an outlined need for structural solutions to be found. These two problems exist highly and concurrently in a clinical context and

therefore require a more holistic approach for relief to be found. By emphasizing leadership and organizational support, this narrative seeks better systems to be put in place that are integral in providing stress relief. The barriers identified underpinning burnout such as the contractual and administrative issues are highlighted as exacting issues that require specific relief efforts therefore securing a better defined targeted direction and outcome for relief. Hybrid communication models to role shift recommendations such as motivation programs and student-inclusive policy dialogue and mechanisms surround a more resilient workforce all highlights the delivery of the recommended interventions.

In addition to this, leadership and organizational support is also an important key factor that can reduce burnout in clinical settings. The leaders' visibility and their involvement in providing ongoing feedback in order to foster a supportive culture is necessary to help stress reduction and motivation among the healthcare staff (MOBASHER, 2022). Furthermore, leadership styles such as communication practices are important to ensure the communication is clear to both in-house and remote staff; making them feel included as part of the organization.

Along with that, contractual and administrative determinants also play a vital role in promoting clinician's burnout. The challenges in the delivery of healthcare services, financial issues, and administrative responsibilities are the triggers to increase stress at professional grounds (Tanios et al., 2022). Restructuring contractor's responsibilities to equitable workload and earning can be the solution to this dilemma (Adnan et al., 2022). This will also help to improve the overall efficiency in the organization along with

providing satisfaction to the medical professional and increasing their retention rate. Administrators needs to realize this administrative hurdle and try to focus on it while making policies to decrease burnout and stimulating the motivation level of employees working in a clinical environment.

In addition, culture-building practices are integral to improving motivation and collaboration among workers in clinical settings. Creating a culture that acknowledges healthcare workers through recognition-building practices will also make them feel appreciated and satisfied and will allow collaboration to take place. Feedback mechanism and its incorporation should also be inclusive as they will allow clinicians to feel empowered, will make them a part of the policy development process, which will make them adhere more to the organizational policies (Moore & Ahmed, 2021). Culture-building can also be done through leadership that does not only value competence but also community, allowing everyone to feel respected and motivated enough to give their best. These can be embedded in the clinical settings in such a manner that their workforce remain motivated and still have enough energy even when healthcare is set demanding for clinicians, which will eventually lead to decreased burnout and improved motivational levels.

Thus, the establishment of a systematic approach to clinical engagement of staff, characterized by careful monitoring of potential burnout factors and the active introduction of exploratory mental health resources into the working environment, is absolutely critical for battling burnout among healthcare professionals in clinical facilities. In this regard, the hybrid model of communication proves to be an especially

useful and efficient tool, as it positions itself as a multi-level communication structure that is able to involve both direct on-site clinicians and remote practitioners during the implementation of procedures aimed at uplifting accessibility to available resources and establishing professional union. Using the hybrid communication model rather anticipates streamlining the process of sharing information with a clinician community while exposing them to mindfulness, cognitive-behavioral therapy practices and other self-help measures proven to effectively minimize the extent of clinical burnout exposure among healthcare staff (Adnan et al., 2022). Simultaneously, the integration of organizational support with the interventions is also supposed to provide the growth of coping tactics and emotional stability, allowing for substantial improvements in clinicians' welfare and promising long-term positive effects as a result. Finally, a well-developed priority accorded to the outlined strategies on behalf of clinics will ensure a more motivational atmosphere for the entire clinical workload at healthcare facilities, improving their engagement and ability to tackle the demands brought about by healthcare delivery.

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