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Engaging Clinical Teams Through Leadership, Workplace Culture, and Job Satisfaction

GariDanielle Matsey
Walden University

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Walden University

College of Allied Health

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GariDanielle Matsey

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

Review Committee

Dr. Derek Rohde, Committee Chairperson, Psychology Faculty

Dr. Shannan Simms, Committee Member, Psychology Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2026

Abstract

Engaging Clinical Teams Through Leadership, Workplace Culture, and Job Satisfaction

by

GariDanielle Matsey

MS, Walden University, 2025

MS, Capella University, 2015

BS, Western Illinois University, 2011

Doctoral Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Psychology

Behavioral Health Leadership

Walden University

February 2026

Abstract

Current literature does not adequately address the factors that lead to and prevent burnout and poor work performance among inexperienced clinicians and clinical supervisors working in group private practice. Exploring supervision experiences, specifically leadership style, employee engagement, and internal communication, may provide insight into the experiences of novice mental health professionals and their supervisors in addressing burnout and enhancing work performance. Through a qualitative single-case study design informed by interpretative phenomenological principles, data were collected in semistructured interviews with five behavioral health leaders from a two-location group private practice who hold dual roles as clinicians and supervisors. The interview data were coded and analyzed thematically to better understand the perceptions of clinical supervisors regarding practice operations, the role of supervisors in individual clinician success, and their experiences in providing motivation and engagement for novice clinicians, and the following five themes were identified: (a) dual leadership identity and sense making; (b) communication and supervision as core mechanisms of engagement and performance; (c) systemic misalignment producing strain, burnout, and sustainability challenges; (d) engagement, motivation, and burnout tradeoffs; and (e) cultural disorganization creates a lack of structure. Potential implications for positive social include acknowledging and exploring workplace culture concerns and barriers faced by dual-role leaders helping to transform the culture of mental health, beginning with clinicians' work environments.

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Dedication

This study is dedicated to my son Wyatt, who has been my biggest cheerleader along the way. Your patience and sacrifice in allowing me to pursue my goals have motivated me. I hope the findings of my research help shape you into the excellent clinical supervisor and ASD specialist you aim to be.

Acknowledgments

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Section 1a: The Behavioral Health Organization

Introduction

The behavioral health organization (BHO) identified in this study was a two-location group private practice franchise preparing to open a third location within the following year. The BHO was part of a larger corporate chain of private practices across the United States. The organization offered individual, family, and group therapy, as well as neuropsychological evaluations, clinical and corporate consultations, and training. The identified BHO operated as a group private practice and employed therapists with different licensure statuses who worked in its offices. Clinicians were able to practice based on their areas of expertise and competence while receiving clinical supervision toward licensure, group supervision and consultation, W-2 employment status with benefits, and support from a larger practice, including billing, insurance paneling, and office space, according to the BHO's director of business operations. Clinicians were paid a guaranteed hourly rate for all direct service hours worked, as well as a commission split for funds reimbursed by patient insurance.

Service and Delivery Models

A review of the organization's website indicated that the group private practice offered a variety of services and modalities. The organization served clients 4 years and older across the lifespan. The practice had been selective in its hiring, recruiting certified and licensed clinicians with unique specialties and taking pride in its individualized clinician-matching process, according to the marketing manager. Across its locations, the

practice employed 12 full-time therapists, six part-time therapists, and two psychologists, including members of the leadership team with reduced caseloads.

Among the diverse specialties, the practice had three eye movement desensitization and reprocessing (EMDR) therapists; several clinicians who specialized in trauma, eating disorder specialists, play therapists, marriage and family therapists, geek-therapy therapists, parenting coaches, exposure and response prevention (ERP) therapists, and somatic therapists. The practice offered group, couples, family, parent coaching, and individual therapy in addition to corporate clinic consultations and community training and advocacy events. Therapists provided cognitive behavioral therapy (CBT), dialectical behavior therapy (DBT), talk therapy, somatic therapy, internal family systems, emotion-focused therapy, and psychodynamic therapy interventions to address client-centered areas for growth. Services were provided both in person and via telehealth.

One service offering that set the practice apart from competitors in the area was its psychological testing program. The organization piloted its psychological testing program in 2025 and was meeting a growing community need by addressing disparities in access to care, according to the BHO's clinical director. Another distinguishing operational component of the organization was its diverse insurance network. The two locations were in-network with PPO plans for Blue Cross Blue Shield of Illinois, UnitedHealthcare/Optum, Aetna, and Cigna, and they accepted TriWest military insurance, Medicare, and state-funded plans through BCBS-IL Community Care, Aetna Better Health, and traditional Medicaid. The practice sought to provide accessible care for those in need.

Staffing Structure

The BHO had two locations at opposite ends of the county it served and planned to open a third, more centrally located, site within the first year of operation. The organization's leadership team comprised the franchise owner, who was purely operational and nonclinical; a director of business operations; a clinical director; two clinical supervisors; a marketing manager; and a marketing assistant manager. The organization's workforce comprised clinical psychologists, prelicensed counselors and social workers, provisionally licensed social workers, associate counselors, and fully licensed social workers and counselors.

Practice Problem

The identified BHO had identified a disconnect between its leadership team and the newly developed team of novice clinicians. Members of the leadership team had expressed concerns regarding the organization's culture and climate. Leaders observed a lack of communication, poor performance, increased burnout, and low job satisfaction, according to the marketing manager. The leadership team sought to implement effective leadership strategies to enhance the practice's sustainability by addressing communication, employee satisfaction, employee performance, and patient experience, according to the marketing manager. Exploring supervisors' attitudes, their understanding of objectives, and their ability to implement practical leadership skills was expected to enable leaders to positively shape the culture and climate of the group private practice. By examining how supervisors' experiences aligned with the practice's mission and vision, this study was intended to guide the design of transformational and servant

leadership interventions to improve work performance by addressing leadership and clinician burnout, increasing clinical productivity, and enhancing supervisees' job satisfaction.

Leaders who effectively manage operational barriers, such as low motivation, burnout, low engagement, and poor communication, not only improve patient outcomes but also ensure organizational sustainability and alignment with the mission and vision. Oms et al. (2024) explored the current need for effective leadership in the mental health and psychiatric services space, noting that the current mental health crisis places additional strains on mental health leaders. "Leadership in psychiatry extends beyond managing teams and patient care; it encompasses shaping healthcare delivery, advocating for mental health policies, and driving systemic change" (Oms et al., 2024, p. 149).

Leaders may employ various leadership styles, including transformational, transactional, servant, and situational leadership, to effectively provide vision and encouragement and to meet the needs of supervisees, patients, and the community. This project is framed as a qualitative single-case study examining one BHO as a bounded system. The analysis is phenomenologically informed and interpretative phenomenological analysis (IPA) inspired, focusing on how leaders make sense of their experiences while situating those interpretations within broader organizational processes and performance outcomes. (Creswell & Poth, 2018; Smith et al., 2022).

Preliminary Evidence

The organization's leadership team acknowledged a decline in employee participation in team-building and engagement in marketing initiatives aimed at

increasing the practice's visibility and building community relationships, according to the marketing manager. These issues were brought to the attention of leadership toward the end of the previous fiscal year, and the clinical director initiated an employee satisfaction survey and presented the results to the leadership team. As a result of this meeting, the marketing team took the initiative to rebrand the organization, focusing on repairing the relationship between leadership and the clinical team to increase productivity, employee satisfaction, and alignment with the organization's mission of transforming the way people perceive mental healthcare, according to the marketing manager.

The previous employee satisfaction surveys indicated that clinicians were dissatisfied with the quality of clinical supervision, sought more growth opportunities, raised concerns about caseload and work distribution, and hoped for improvements to continuing education unit offerings and professional development. Favorable survey results included that clinicians intended to stay with the company for at least 2 years, and many rated the organization as above average. Leadership currently struggles to align with the company's core value of authenticity when employing leadership strategies that are comfortable for them but also motivate employees, while focusing on accountability and sustainable practices, according to the director of business operations.

Direct supervisors in clinical settings ensure that clinicians and mental health professionals provide ethical best practice and evidence-based care (Meza et al., 2021). As such, these leaders are responsible for addressing several aspects identified in the practice problem that affect overall productivity and work performance among clinicians. Meza et al. (2020) note that, although first-level leadership research is sparse, a review of

general leadership in mental health settings indicates that supervisors are responsible for the development, implementation, and outcomes of leadership strategies. Their review of the literature suggests that middle managers and first-line leaders play a significant role in shaping their supervisees' views, particularly in fostering positive attitudes toward practice and the implementation of strategic planning (Meza et al., 2020). This is significant to the study, as leaders' relationships and their perceptions of their leadership style and presence may substantially influence their perceived effectiveness in addressing the identified practice problem.

Research Questions

This study employed a qualitative single-case study approach, informed by interpretative phenomenological principles, to explore how behavioral health leaders understood and implemented leadership strategies within a group private practice context. This approach allowed for examination of both individual sense-making and organizational processes. In doing so, this study sought to answer the research question: How did behavioral health leaders apply and make sense of leadership strategies that shaped workplace culture and workforce engagement within a group private-practice organization? Consistent with a phenomenologically informed case study research design, this study employed in-depth, one-on-one interviews and thematic analysis to create space for the voices of clinical supervisors and to share their unique experiences. In exploring the leadership team's experiences, emphasis was placed on understanding their natural leadership characteristics and their perceptions of how their leadership styles aligned with their mission and vision as leaders and change agents for the practice. The

perspectives of the leadership team related to communication, engagement, and job satisfaction were applied to the Baldrige Framework for Excellence to explore how leadership practices influenced workplace culture and performance outcomes for a team of novice clinicians. This study utilized additional research questions to guide the interview process, including: How do behavioral health leaders apply and make sense of leadership strategies that shape workplace culture and workforce engagement within a group private-practice organization? How do leaders' supervisory and communication practices influence engagement, motivation, and performance among clinicians? What challenges do behavioral health leaders encounter in aligning leadership style with organizational mission, workforce needs, and sustainability goals?

Purpose

This study aimed to examine how behavioral health leaders in dual clinical-supervisory roles interpreted and applied leadership practices within a group private-practice organization. Using a qualitative single-case study design informed by interpretative phenomenological principles, the study explored both individual meaning-making and organizational processes related to leadership, engagement, and workforce development (Creswell & Poth, 2018; Smith et al., 2022). This study examined the experiences of clinical leaders who served in dual roles as supervisors, focusing on their efforts to motivate, educate, and empower novice clinicians through supervision.

Leadership, workforce engagement, and continuous improvement are essential components of organizational success within the Baldrige Framework for Excellence (Baldrige Performance Excellence Program, 2023). This study primarily examined the

identified BHO within categories one and five: leadership and workforce. Exploring these two categories highlighted the experiences of dual-role clinical leaders (senior licensed clinicians) who interpreted their leadership styles and the impact of their leadership relationships on the organization's climate and culture through their interactions with novice clinicians. This study examined the day-to-day experiences of clinical leaders interacting with a newly formed team, highlighting intelligent risks that enabled them to align their mission, vision, and values within day-to-day operations through clinical supervision of staff members (Baldrige Performance Excellence Program, 2023).

This doctoral study relied on individual semistructured interviews to provide detailed accounts of each member's leadership experiences. Interviews were conducted via Zoom with recording features. All participants provided informed consent, which included information on the voluntary nature of the study and on the use of audio recordings and their storage. The platform securely stored both audio recordings and digital transcripts of each interview in its cloud storage. Transcripts from each interview were manually coded, employing thematic analysis procedures consistent with case-study research, guided by interpretative phenomenological principles to capture meaning and context (Creswell & Poth, 2018; Smith et al., 2022).

This doctoral study employed a phenomenologically informed case study design and conducted semistructured interviews with behavioral health leaders who held dual roles as clinicians and supervisors. In the study, five behavioral health leaders from a two-location group private practice were interviewed individually. A preliminary consultation was held with members of the leadership team. In that meeting, I

collaborated with the organization's leadership team to identify the practice problems and gain insight into the organization's need for the current study.

Significance

The results of this study could have an immediate impact on the identified BHO. By highlighting the experiences of current leadership in implementing leadership strategies to address workforce concerns, this study may have revealed gaps in the leadership team's knowledge, training, and insight. The findings may have provided recommendations for recruiting and training additional leaders, as well as suggested operational changes to enhance patient outcomes and employee satisfaction.

This study contributed to the field of behavioral health leadership by highlighting the voice of novice clinical supervisors in private practice. The results of this study may make meaningful contributions to clinical supervision interventions that specifically engage and motivate novice clinicians and assist group private practices in creating a growth-fostering and inspiring culture and climate.

Previous literature has focused on the supervision process in helping professions, including school counseling, rehabilitation counseling, allied health, and general private practice. However, it has not examined this aspect among novice clinicians in private practice. This study examines how clinical supervisors' perspectives on transformational, transactional, and servant leadership can inform strategies to prevent clinician burnout and enhance novice clinicians' performance in private practice.

This study has the potential to contribute to positive social change by improving the quality of clinical supervision and leadership practices in group private practice

settings. This directly aligns with the organization's mission and vision in transforming the culture of mental health. By addressing burnout, enhancing communication, and increasing clinician satisfaction, the organization may transform the culture of mental health in practice, culture, and outcomes. The behavioral organization will have more favorable client outcomes and increase community access to mental health services. More effective leadership strategies can foster a supportive work culture that retains clinicians and reduces turnover, a significant barrier to continuity of care in behavioral health (World Health Organization, 2022).

Burnout, Clinical Supervision, Leadership Style, and Work Performance

The most prevalent consequence of burnout is a decline in work performance quality (Sanchez-Gomez & Bresó, 2020). There is a negative correlation between employee burnout and work performance, such that employees who experience burnout are subject to decreased productivity, lower job commitment, and increased mistakes during work (Corbeanu et al., 2023; Farhady et al., 2009; Sanchez-Gomez & Bresó, 2020). The BHO currently uses a multitiered leadership style, in which clinical mental health professionals of varying education levels serve as middle and upper management for a group of novice counselors working within the same group private practice.

The practice was primarily composed of new graduates or provisionally licensed clinicians with fewer than 5 years of clinical experience. Furthermore, the organization's leadership team was primarily comprised of novice clinical leaders, i.e., clinical leaders who have not held executive leadership positions prior to assuming their current roles. This presents specific barriers to developing high-performance teams capable of meeting

the complex requirements of a growing, group private practice. The Baldrige Framework extensively examines leadership, particularly communication and organizational performance (Rangsunnoen et al., 2024). The current leadership structure exhibited discrepancies in the supervision style used to promote work performance, motivate clinicians, and address burnout, according to the clinical director. Current literature addressing burnout within the counseling profession fails to address the burnout and supervision needs of novice clinicians working in private practice (Dermirtzidou & Tragantzopoulou, 2025).

The discrepancy regarding leadership interventions and perceptions of clinicians highlighted the need for an evaluation and strategic planning revision of the organization's workforce and leadership sections. Leader-member exchange theory (LMX) and self-determination theory can be combined with theories of leadership, such as shared, transformational, and transactional leadership interventions, to increase supervisory knowledge of follower performance (productivity), engagement, and motivation (Kjeldsen & Andersen, 2021; Young et al., 2020; Han et al., 2021). LMX posits that leaders can assume various roles and relationships with their supervisees, which could create advantages and opportunities for employees (Huang et al., 2010). Furthermore, leaders are responsible for acquiring knowledge and creating an appropriate clinical supervision environment that enables clinicians to grow, develop skills, and gain insights to enhance work performance and mitigate the impacts of burnout (Landon et al., 2021; Lei et al., 2024). This study aimed to examine the leadership styles and experiences of clinical leaders in group private practice settings.

Summary

The leadership team within the identified BHO identified workforce performance problems. The primary concerns included job satisfaction, productivity, motivation, and communication. Leaders, working within their areas of expertise as counselors and with limited training in behavioral health leadership, were managing operations, clinical oversight, and compliance, and developing a healthy workplace culture. The current leadership team primarily focused on aligning workplace culture with the organization's mission to transform mental health culture. This goal posed specific barriers to effectively using leadership skills to improve work performance outcomes within the group private practice. This study aimed to create a platform for members of the leadership team to explore their lived experiences and engage in meaning making.

Section 1b: Organizational Profile

Introduction

Members of the leadership team within the identified BHO employed a variety of leadership styles to address operational issues related to communication, poor performance, increased burnout, and low job satisfaction, according to the marketing manager. The current leaders had varying degrees of leadership experience, but all had limited experience in the group-private practice sector. Additionally, these leaders served in dual capacities as individual clinicians and administrative leaders responsible for various aspects of daily operations. To fully understand the lived experiences that motivate teams to align with the organization's mission and vision, it is essential to examine key factors in strategic planning, conduct a deeper review of the organization's service offerings, assess current alignment with the mission and vision, and evaluate the need for the current study.

Organizational Profile and Key Factors

Stakeholder and Partner Analysis as Key Factors

Behavioral health leaders can positively influence the practice's performance by balancing stakeholder relationships (Bridoux & Stoelhorst, 2022). The BHO under study served clients aged four and above throughout their lifespans. Most clients were Caucasian and had commercial insurance. A small percentage of clients were covered by Medicaid, Medicare, and Tricare/TriWest. While the client population spanned the lifespan, from infancy to old age, the practice primarily focused on school-aged children, with a few specialists also working with clients in early childhood and later adulthood.

Both locations were situated in affluent areas, where one location served a more conservative population, with clients identifying as upper-middle class to elite. The other location primarily served working and middle-class families, as well as some upper-middle-class customers, and positioned itself as a comprehensive family practice.

Additional customers included school districts and community mental health agencies that rely on the BHO for training, in-service sessions, and collaborations. Internal stakeholders included employees, leadership, and corporate-level leadership in the larger organization. External stakeholders include local hospitals, psychiatry practices, occupational therapy and therapy-adjacent practices, which relied on the BHO for collaboration and referral sources. The current marketing plan prioritized strengthening the relationship between community stakeholders and the practice. The marketing manager and assistant manager have focused on current objectives and key results (OKRs), enhancing relationships with local middle and high schools to increase access to care. Additional efforts included building trust and connectivity with local psychiatric-mental health nurse practitioners by prioritizing training, clinical consultations, and collaboration in warm referrals within practices.

Expansion as a Key Factor

The Franchise owner was responsible for developing the organization's strategic plan and for identifying the business plan. Practice expansion has been a key factor in understanding the organization's operational functions and in making sense of the lived experiences of individual members of the leadership team. The leadership team's experiences directly shaped the practice's culture, as they determined how operational

aspects aligned with the organization's mission, vision, and daily functions. The current owner signed a contract for a minimum of three practices within his geographic location. Other local franchises operated by different franchisees are additional key factors. The identified BHO was located in one of the largest counties in the state but had a defined treatment radius. The corporate organization had multiple franchisees in the state who operated within a 90-minute radius of the identified BHO. This impacted not only strategic planning for growth and development, but service offerings, staff retention and overall corporate ranking within the organization.

Strategic Planning and Operations as Key Factors

In a July 2025 communication to the team, the BHO's franchise owner identified the strategic goals as closing the revenue forecast gap, fully staffing both currently operated clinics, driving new intakes through marketing, supporting clinicians in building and maintaining strong caseloads, and continuing to prioritize professional growth and development. In this communication, the franchise owner noted that the organization is currently operating at 88% of its annual revenue forecast, with quarter two of the current fiscal year its first profitable quarter. The owner identified the link between profitability and sustainability, highlighting goals of reinvesting in clinical resources, leadership development, growth opportunities, and stability. Among all franchises within the corporation, the two locations studied combined ranked 30th nationally.

Service and Delivery Models

A review of the organization's website showed that the group private practice offers a variety of services and modalities. The organization served clients aged 4 years

and older throughout their lifespans. The practice has been selective in its interview process, hiring certified and licensed clinicians with unique specialties, and took pride in its individualized clinician matching process, according to the marketing manager.

Across the locations, the practice had 12 full-time therapists, six part-time therapists, and two psychologists (including members of the leadership team with reduced caseloads).

Of the diverse specialties, the practice had two EMDR therapists, several who specialized in trauma, eating disorder specialists, play therapists, marriage and family therapists, geek-therapy therapists, parenting coaches, ERP therapists, and somatic therapists. The practice offered group, couples, family, parent coaching, and individual therapy in addition to corporate clinic consultations, community training, and advocacy events. Therapists provided CBT, DBT, talk therapy, somatic therapy, internal family systems, emotion-focused therapy, and psychodynamic therapy interventions to address client-centered areas for growth. Services are provided both in person and via telehealth.

One service that set the practice apart from competitors in the area was its psychological testing program. The organization piloted its psychological testing program in Spring 2025 and had been meeting a growing need by addressing disparities in the community, according to the clinical director. Another key operational feature of the organization is its diverse insurance network. The two locations were in-network with PPO plans for Blue Cross Blue Shield of Illinois, UnitedHealthcare/Optum, Aetna, and Cigna. They accepted TriWest military insurance, Medicare, and state-funded plans through BCBS-IL Community Care, Aetna Better Health, and traditional Medicaid—the practice aimed to provide accessible care for those in need.

Mission/Vision

Clinicians experience increased job satisfaction, are more actively engaged, and demonstrate deeper connections and commitment to the organization's goals when behavioral health leaders establish a workforce culture aligned with the organization's values (Brown et al., 2021). The leadership team at the studied BHO aimed to transform the culture surrounding clinicians' career perspectives in mental health by fostering an environment where they feel celebrated, connected, and enthusiastic about their work, according to the director of business operations.

The organization's mission and vision are centered around a desire to "compassionately transform the culture of mental health care by providing creative solutions that make wellness accessible in every community." Unique to the vision is the notion that individual franchises within the chain are primarily clinician-owned and operated. This enabled each practice to cultivate an office culture tailored to its staff and aligned with the organization's vision.

Values

The identified BHO employed a unique approach to treating mental health by incorporating humor. Additionally, its founding principle emphasized the destigmatization of mental health. The organization's website highlighted the core values of authenticity, acceptance, creativity, humor, compassion, and determination. These values directly aligned with the competencies of authenticity and work-life balance. The two practices explored in this study prioritized increasing access, and the franchise owner emphasized taking care of the clinicians who cared for their community. This sentiment

was reflected in leadership styles that prioritized a top-down approach to fostering open communication, encouragement, and connection between leadership and the clinical team, according to the clinical director.

Governance

As an independently owned and operated franchise, the BHO operated independently while receiving substantial support from the larger corporation. The franchise owner was responsible for covering franchise fees and adhering to the stipulations outlined in the franchise agreement. The practice received access to referral services, billing support, an electronic health records system, marketing support from corporate contributors, Ellie Match, Microsoft Office with Teams, SharePoint access, and other operational supports. While the franchise established its own training programs and guidelines, its operating model, including hours of operation, was required to align with overall corporate expectations and guidelines. These expectations included prescribed language for marketing materials and the development of materials that remained consistent with the organization's broader branding and marketing initiatives.

Leadership Structure

The leadership structure in private practices presents challenges for leaders who hold dual roles as both management and practicing clinicians. Hybrid leader-clinicians may struggle to prioritize and manage their bandwidth, ensuring clinicians are heard while focusing on providing high-quality clinical care, modeling appropriate work boundaries, delivering effective supervision, and establishing an organizational culture (Bradley & Becker, 2021). The organization's leadership team is comprised of the

franchise owner, who is purely operational and nonclinical in their role, a director of business operations, a clinical director, two clinical supervisors, a marketing manager, and a marketing assistant manager.

Organizational Background and Context

Need for Study

The identified BHO has adopted a top-down approach to addressing issues in its workplace culture and workforce operations. Initial concerns arose from a recent employee satisfaction survey. The franchise owner has established a mission to support clinicians and place them at the center of business operations initiatives. Despite current leadership trends, leaders continue to struggle to engage, motivate, and communicate effectively with a team of novice clinicians. Interviews with each member of the leadership team have highlighted their unique experiences in motivating and improving performance. Interviews highlighted barriers specific to the dynamics at play in group private practices, including the role of leader-follower relationships in clinical supervision. Recent employee satisfaction surveys indicated that the team would like to improve communication, supervision, and opportunities for growth and development. Leadership has received this information, and the practice's owner has prioritized developing initiatives to address these clinical and operational shortcomings. Current leaders have echoed concerns about aligning with values of authenticity and using leadership styles that feel natural and comfortable for their personalities when motivating teams.

Practice Problem

As a private practice, the organization adheres to the Professional Counselor and Clinical Professional Counselor Licensing Act and the Illinois Administrative Code, Section 68 IAC. These regulations address licensure and supervision requirements, conduct, scope of practice, and ethics. Additionally, all clinicians must adhere to the code of ethics for their respective disciplines. The practice employed licensed professional counselors (LPCs), licensed clinical professional counselors (LCPCs), licensed social workers (LSWs), licensed clinical social workers (LCSWs), and clinical psychologists, with the expectation that each clinician follows the ethical codes established by the American Counseling Association, the National Association of Social Workers, or the American Psychological Association, consistent with their level of licensure.

Definitions of Terms

Behavioral health organization (BHO): Organization offering mental health services at the individual, couples, family, and group level.

Clinical supervision: A competency-based, structured, and evaluative process where a qualified supervisor provides observation, feedback, and guidance to enhance a counselor's clinical skills while ensuring client welfare. Clinical supervision covers the counseling competency areas of supervisor competence, diversity/culture, supervisory relationship, assessment/feedback, professionalism, addressing problems of competence, and legal/ethical concerns, while addressing cultural aspects of growth, development, and the supervision relationship (American Psychological Association, 2023, 2024).

Job satisfaction: Generally favorable emotional evaluation of the clinician's counseling work, including satisfaction with role, supervision, workload, and client outcomes (Montouri et al., 2022).

Novice: Having less than 10 years of experience in the private practice counseling setting either as a clinician or supervisor.

Productivity: Number of billable clinical hours or completed client sessions per full-time equivalent (FTE) counselor within a defined time frame (e.g., weekly, monthly), adjusted for nonbillable duties (documentation, meetings; Mbau et al., 2022).

Work performance: Extent to which a counselor fulfills role responsibilities related to task completion (e.g., assessments, interventions, treatment plans), office performance (e.g., teamwork, ethics), and productive work behavior (Platania et al., 2023).

Billing Practices

Much of the organization's policies and procedures are based on CMS requirements for Medicaid and Medicare reimbursement, as well as individual reimbursement rates for each insurance plan. Financial sustainability and ensuring that clinicians are adequately reimbursed for their time are operational goals for the organization's leadership team, according to the director of business operations. As such, the organization utilizes incident-to supervisor billing to allow provisionally licensed clinicians to bill under their fully licensed supervisors.

The agency billed \$250 for initial intake, \$200 per family/individual session, and \$100 per group session for services provided by or under the direct supervision of a

clinical psychologist. Similarly, the organization billed at \$200 per initial intake and \$150 for additional family or individual sessions for services directly billed or billed under the supervision of LCPCs and LCSWs. Clinicians are expected to complete notes by the end of the week, with a goal of concurrent documentation. Supervisors were responsible for reviewing all session notes and ensuring the appropriate service codes, time of service, and evidence-based treatment modalities were utilized.

Billing and Strategic Planning

The organization relied primarily on fee-for-service billing. The organization did not report receiving grants, state funding, or local financial resources. As such, the operations team developed OKRs based on productivity standards. Full-time clinicians were expected to participate in a ramp-up process to achieve a minimum of 25 confirmed 1-hour patient appointments each week.

Operationally, clinicians needed to all reach 22 appointments per week to keep the practice afloat. To motivate clinicians, an additional bonus is provided for all sessions exceeding the quarterly 300-session quota. Despite financial incentives, the current leadership has consistently struggled to encourage clinicians to meet their OKRs for productivity (according to organizational reports). The required productivity OKRs will ensure that the organization can proceed with its expansion plans.

Summary

The identified BHO had a strong leadership team with a solid commitment to building a healthy culture within the practice. The leadership team applied its knowledge of leadership styles to address operational issues within the organization. The transitions

within the practice will continue to be top-down, structural changes grounded in the leadership team's identified strengths.

Section 2: Background and Approach—Leadership Strategy and Assessment

Introduction

Leaders within the identified BHO have identified opportunities to improve the practice's organizational culture. The organization continues to work toward expansion and sustainability in efforts to align with the corporate mission of transforming the culture of mental health. After reviewing the current workforce and operations, leaders identified a need to address the organization's culture in areas including communication, inconsistent work performance, increased risk of burnout, consistently declining engagement, and varied levels of job satisfaction, according to the marketing manager.

The literature review identified additional problems, including the lack of current literature addressing leadership and workplace culture in group private practice. The literature review identified a gap in research on behavioral health that warrants attention. By reviewing findings on leadership and organizational culture in therapy, adjacent allied health, and helping professions, this section provides insights that may be crucial to addressing the identified practice problem within the group private practice setting. This section identified the sources of evidence, including recruitment, semistructured interviews, and thematic analysis, conducted within an interpretative phenomenological orientation and a case-study framework.

To effectively understand the practice problem regarding organizational culture and leadership, this study focused on keywords derived from the individual components of organizational culture and leadership styles. Very little research has examined this in the context of group private practice. Therefore, it was necessary to utilize databases and

search engines with an emphasis on allied healthcare and business management. The following databases were searched using a series of search questions:

Table 1*Database and Keywords Searched*

Psych Info	<p>“Productivity” and “Internal Communication and Counseling” Employee Engagement and Employee as Stakeholder and Stakeholder Engagement and KPI and Private Practice “Counselor supervision or counseling supervision” AND “job satisfaction or work satisfaction or Employment Performance” “burnout” and “novice counselor” Counselor retention in private practice</p>
EBSCO	<p>“Productivity” and “Internal Communication and Counseling” “leadership style” and “mental health” “leadership style” and “clinical supervision “counselor supervision” and “burnout”</p>
Emerald Insight	<p>Employee Engagement and Employee as Stakeholder and Stakeholder Engagement and KPI and Private Practice “Counselor supervision or counseling supervision” AND “job satisfaction or work satisfaction or Employment Performance” “employee motivation” AND “I/O psychology” “employee engagement”</p>
SAGE journals	<p>“transformational leadership” and Transactional leadership”</p>
Google Scholar	<p>“Productivity” and “Internal Communication and Counseling”</p>
Soc Index	<p>“leadership style” and “counselor training”</p>
APA Psych Articles	<p>“follower outcomes” and “Leadership behavior”</p>
ProQuest	<p>“Productivity” and “Internal Communication and Counseling” “job satisfaction” “clinicians”</p>
Social Work Abstracts	<p>“Productivity” and “Internal Communication and Counseling” Employee Engagement and Employee as Stakeholder and Stakeholder Engagement and KPI and Private Practice</p>
Business Source Complete	<p>Employee Engagement and Employee as Stakeholder and Stakeholder Engagement and KPI and Private Practice “Employee Motivation” and “work performance”</p>
Soc Index	<p>“Productivity” and “Internal Communication and Counseling” LMX theory and “clinician productivity or therapist job performance”</p>

Supporting Literature

Background on the Problem

According to a report from the U.S. Bureau of Labor Statistics (2024), in 2023, the United States employed 35,580 counselors, up from 31,970 in 2021. This suggests that an increasing number of graduates are entering the counseling profession. Among the various allied health fields, counseling positions are the most saturated in the industries of offices of other health practitioners, individual and family services, and outpatient care centers (Bureau of Labor Statistics, 2024). Of the 50 states, Illinois has the fourth-highest employment level of counselors, with the greater Chicagoland Region ranking as the third-largest metropolitan area and having the highest employment level (Bureau of Labor Statistics, 2024). Vital Statistics Surveys from the Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2023) suggest that the clinical mental health counseling workforce will continue to grow, with CMHC programs having the most graduates (13,648) among the various CACREP-accredited programs across the nation. Of the currently employed counselors, nearly 25% work in private practice settings (Bureau of Labor Statistics Data Viewer, 2021).

The growing human services field demands leaders employ innovative leadership approaches to ensure the organization's success (Pittman, 2020). Leadership style plays a direct role in shaping the organization's culture and the employees' experiences (Ratican, 2020). In the field of behavioral healthcare, new clinicians are entering the workforce and establishing private practices earlier in their careers. The training and supervision of novice clinicians were once at the forefront of the counseling discipline, and while

counseling education and supervision are popular educational tracks within the profession, more recent literature has not addressed the nuances of training novice clinicians. Newer clinicians require mentorship, guidance, and skill development to cultivate professional wisdom in treating patients in private practice counseling settings (Buckner, 1992).

Buckner (1992) cautions that private practice clinicians need knowledge of ethical decision making, state and federal law, and business operations. Newer clinicians face additional stressors in making daily decisions as they develop their practice styles (Buckner, 1992). Appropriate leadership styles and communication positively shape employees' experiences related to stress management, decision making, and overall stress levels, burnout, and job satisfaction (Chaturvedi et al., 2024).

Practice Problem

Imam et al. (2023) acknowledged that companies often focus on increasing employee productivity while overlooking the need for effective communication and engagement. In their study, Imam et al. (2023) analyzed the relationships between 249 middle-level employees and their supervisors. They found positive effects on employee performance among employees who felt supported by their supervisors. The findings further support the role of internal communication in developing perceived support from supervisors (Imam et al., 2023).

Results of the study suggest that internal communication and perceived leadership support should be built into employee satisfaction, retention, and OKR systems in private practice models. Imam et al. (2023) applied the social lens theory to note that when

employees felt supported by supervisors, they were more likely to invest in their work. Further, they noted that internal communication was the foundation for the strong positive perception of supervisor support and that the two worked in tandem to increase productivity measures (Imam et al., 2023). This provides direction for clinical supervision and training to move beyond the review of metrics and to develop strategies to engage and motivate employees across varying levels of performance.

Lack of Current Relevant Research Specific to Mental Health Clinicians

Although much research explores the lived experiences of school counselors, social workers, and helping professionals, there is a notable lack of literature and organizational practice knowledge regarding how specific leadership styles (transformational, transactional, servant) influence positive follower outcomes within a group private practice setting (Kjeldsen & Andersen, 2021). Societal stressors and increased demands for mental health support and compassion have increased the need for counselors and mental health workers (Hong et al., 2024). In their attempts to respond to demands, mental health workers experience increased levels of compassion fatigue (Hong et al., 2024; Kelly & Hearld, 2020). Research suggests that workplace conditions, including relationships with supervisors and coworkers, and workloads, have contributed to diminished health and job satisfaction among mental health counselors (Dose et al., 2019; Hong et al., 2024; Sing et al., 2020). Even less explored is the exploration of clinical supervisors regarding their experience of leadership style and professional burnout as they provide clinical supervision to novice clinicians.

The identified BHO has identified a disconnect between its leadership team and the newly developed team of novice clinicians. Some members of the leadership team have identified concerns regarding the organization's culture and climate. Leaders have observed a lack of communication, poor performance, increased burnout, and low job satisfaction, according to the marketing manager. The current leadership team seeks to implement effective leadership strategies to enhance the practice's sustainability by addressing communication, employee satisfaction, employee performance, and patient experience, according to the marketing manager.

Exploring supervisors' attitudes and understanding of their objectives and their ability to implement practical leadership skills will enable leaders to positively shape the culture and climate of the group private practice. By exploring their experiences aligning with the practice's mission and vision, this study may provide guidance on specific transformational and servant leadership interventions to improve work performance by addressing leadership and clinician burnout, increasing clinical productivity, and enhancing supervisees' job satisfaction.

Inference From Nursing

Given the gap in the literature, this study draws inferences from business management research to address the private practice component. Reliance on therapy professionals, such as occupational therapists, clinical and school psychologists, and school counselors and social workers, addresses the clinical aspects of the practice problem, highlighting a need for the study, given the limited application to group private practices. However, drawing inferences from nurses' lived experience grounds the study.

It explores relevant leadership strategies that may help leaders motivate, engage, increase job satisfaction, and enhance work performance among counselors, given the similar emotional burden and propensity for burnout, compassion fatigue, and disengagement among helping professionals, such as nurses and private practice counselors.

Burnout in Nursing and Implications for Private-Practice Therapy

Like counselors, nurses are susceptible to elevated stress levels, burnout, and concerns about workplace culture due to repeated exposure to emotionally intense settings, which increases the potential for job dissatisfaction and career instability (Dall’Ora et al., 2020; Molina-Mula & Gallo-Estrada, 2020). Therefore, applying the relevant and current literature regarding burnout, job satisfaction, leadership strategies, and nurse engagement increases insight into the lived experiences of clinical supervisors and clinicians in group private practice therapy. A review of town hall meetings held by the BHO suggests that a main reason clinicians sought employment at a group private practice was to have a connection and community. Given this, it is essential to address workplace culture.

Workplace Culture in Nursing and Implications for Private Practice Therapy

For the nursing profession, workplace culture is essential, as it facilitates increased psychosocial safety, which serves as a moderator for reducing burnout and enhancing employee engagement (Idris et al., 2024). Rupert et al. (2019) noted a similar relationship between workplace culture and psychosocial safety, burnout, and engagement in counseling settings. In the counseling setting, employees prioritize support, connection, and well-being (Rupert et al., 2019). In both nursing and private

practice counseling, leadership intervention is crucial in shaping and addressing workplace culture.

In nursing, transformational leadership has a positive impact on workplace culture, resulting in decreased burnout, increased job satisfaction, and improved employee retention (Bayati et al., 2025; Boamah et al., 2018). While recent research specific to private practice is sparse, studies on general mental health settings conclude that, similar to nursing, transformational supervision styles paired with servant leadership improve clinicians' engagement, decrease perceived stress and leader burnout, and establish growth-fostering workplace culture (Dayanti & Yulanti, 2023; Sabella et al., 2025).

Leadership Interventions for Nursing and Inference for Private-Practice Therapy

Similarities exist in effective leadership behaviors that reduce stress and burnout and foster a growth-oriented workplace culture, thereby promoting sustainability in nursing and private practice counseling. Nursing leadership interventions include establishing peer support cohorts, training in resilience to address burnout, and initiatives led by leadership to improve work-life balance, enhance employee satisfaction, and promote workforce longevity (Mills et al., 2022; Zhang et al., 2023). While the research primarily focuses on community mental health, general mental health, or school mental health professionals, current literature suggests similar strategies, including reflective supervision, employee wellness programs to address burnout, and increase satisfaction for counseling professionals (Johnson et al., 2020).

Given that both private practice counselors and nurses experience field and organizational stressors, engage in emotionally taxing work, and navigate intense relationships, drawing on the transformational and servant leadership interventions proven effective in nursing will allow the BHO to create a growth-fostering workplace culture to address the identified practice problem.

Employee Performance, Productivity, and Motivation

Franco (2016) reviewed productivity standards for therapists and noted their use in evaluating therapist performance, job satisfaction, and decisions regarding employment termination. Franco (2016) defines productivity to include face-to-face interactions with clients. Therapists often struggle to manage high caseload demands while providing quality care, which can lead to professional stress, decreased job satisfaction, and reduced productivity. Franco (2016) references a clinician who failed to meet the 60% productivity metric, who was verbally reprimanded, noting the impact that this expectation and unwanted experience had on the clinician's job satisfaction and performance. While it varies from state to state, clinicians are expected to meet productivity metrics varying from 40% on the low end to 70% of their time on the high end (Franco, 2016).

Turnbull and Rhodes (2021) conducted a phenomenological study exploring the lived experiences of seventeen psychologists practicing as therapists. Turnbull and Rhodes (2021) noted the limited research on the lived experience of psychologists regarding burnout and stress. The study aimed at exploring the growth that therapists experience in response to perceived job stress and burnout. Results of the study found

that they grew as a result of burnout when they focused on self-care, accepting their limits, and moderating high work demands (Turnbull & Rhodes, 2021). An analysis of the data showed that psychologists believed that there is not enough focus on the emotional experience of clinicians (Turnbull & Rhodes, 2021). These results suggest that practices should focus less on productivity and more on the emotional needs of clinicians, as well as on identifying and understanding professional limits (Turnbull & Rhodes, 2021).

In their study, Awada et al. (2024) conducted a study on 48 professionals across varying disciplines to explore perceived stress, mood, and productivity. Consistent with the Yerkes-Dodson law, the study found that low stress arousal is associated with boredom, a lack of motivation, and a diminished interest. In contrast, moderate perceived stress has positive impacts on alertness and attention, which can lead to improved performance (Awada et al., 2024). Awada et al. (2024) noted that high stress arousal led to decreased productivity in employees. The study's implications suggest that promoting a supportive work environment and developing policies to identify and address workplace stress can increase employee productivity.

Amina et al. (2021) conducted a study with 231 clinical professionals to explore the role of LMX and innovative organizational culture on employee performance. The results of the study indicated a positive relationship between leader mindfulness and employee performance, as well as between leader mindfulness and LMX and employee performance (Amina et al., 2021). Additionally, the research found that an innovative

organizational culture positively influenced the relationship between LMX and employee performance (Amina et al., 2021).

Kay and Tumwet (2015) investigated how counseling programs improved productivity in university professionals. Kay and Tumwet (2015) assumed that staff could reduce burnout through increased engagement and greater commitment to their positions. Results of their mixed-methods study concluded that staff counselor engagement improved productivity and that employees had high commitment and low intent to leave their positions (Kay & Tumwet, 2015). The study's results could benefit group private practice clinician productivity by increasing engagement and supervision with leadership, improving internal communication, and enhancing clinician's sense of existential fulfillment, thereby addressing burnout before it leads to decreased productivity and poor job satisfaction (Kay & Tumwet, 2015).

Li et al. (2025) explored daily motivational demands and employee perceptions. The study's results concluded that work demands viewed as challenges could motivate employees and increase task performance, whereas perceiving work demands as threats led to conditions of burnout, including exhaustion, and had adverse outcomes for task performance. Leadership styles, such as transformational leadership, emphasize employee empowerment. Leadership styles that prioritize support, encouragement, and autonomy empower staff to navigate daily work demands, leading to improved task performance (Li et al., 2025). Li et al. (2025) applied transactional stress theory to make connections between appraisals and job outcomes. Findings of the study can be applied to address the role that supervisors have on engaging counselors in private practice. By

transitioning productivity standards to challenges and making the shift from micromanaging to supporting, inspiring, and empowering, supervisors can change the mindset clinicians hold regarding productivity metrics and support them in increasing their productivity.

Joo and Grable (2000) conducted a survey-based study that focused on exploring financial behaviors, stress levels, and job productivity to understand how workplace financial training and education could increase the wellness and productivity of employees. This study is important to the BHO's goal of increasing productivity while engaging, developing, and satisfying employees; Joo and Grable (2000) concluded that financial stress impacts work performance. In the private practice setting, leadership may conclude that financial stress at home impacts work by decreasing the clinician's ability to stay present, eroding confidence, and compromising client care. Applying theories of industrial/organizational psychology, such as self-determination theory, leadership can focus on increasing autonomy, competence, and relatedness to improve productivity. Financial education would increase autonomy, by helping clinicians understand the fair compensation model, give them more control in knowing how many client hours and at what rate they need to bill to gain their financial autonomy, which will motivate productivity, increase competence by helping them feel like they have found a system that works and increase a culture of care and clinician well-being through empathy and support from leadership.

Internal Communication and Employee Engagement

Mbhele and DeBeer (2022) conducted a qualitative study using semistructured interviews with 300 participants, focusing on the role of internal communication in shaping employees' emotional, cognitive, and behavioral engagement. The study found that employee performance and engagement are enhanced when employees feel heard and believe their opinions matter (Mbhele & DeBeer, 2022). Additional findings indicated that employees valued transparent, clear communication, as well as routine, open communication that built trust and increased engagement.

The findings of this study are important to increasing productivity at the PP as it can inform leadership internal communication strategies by combining components of Hershey & Blanchard's situational leadership to develop a tiered communication plan for new clinicians and interns through directing, to clinicians with limited experience, those underperforming and identified as overwhelmed through coaching, for clinicians with inconsistent performance and productivity through supporting and for high achieving, consistent clinicians through delegating and promoting the need for trust and autonomy.

In their study, Rubel et al. (2021) conducted a quantitative analysis of 218 medical doctors in private hospitals, determining that HPWPs improved performance, perception of organizational support, and decreased turnover. Rubel et al. (2021) suggest that social exchange theory can be applied to increase the productivity of clinicians by leveraging the relationship between the employer and the organization, which may be better explained through LMX, reflecting the importance of the supervisee-supervisor relationship. Employee performance can be understood as the combined impact of

employees' direct activities and less visible behavioral contributions that advance organizational outcomes (Rubel et al., 2021).

Chui et al. (2020) conducted qualitative research at 12 locations amongst 254 sports and leisure employees to explore internal marketing, organizational commitment and performance. The study's results indicated that participants reported a greater sense of commitment and ultimately performed better in their roles when treated as internal customers (Chiu et al., 2020). Internal marketing refers to a process in which companies prioritize training and communication with employees to enhance job performance and satisfaction. Chui et al. (2020) found that high internal support was associated with high employee commitment, increased productivity, effectiveness, motivation, and clarity of internal communication. Applying this to PP, leadership can combine servant leadership with industrial/organizational psychology strategies to develop internal systems focused on empowering clinicians, promoting professional growth, supporting and serving their needs. In doing so, leaders should focus on a two-way model of communication that highlights consistency and empathy in the employee-leader relationship (Mbehle & Debeer, 2022) and highlights the company's commitment, which will increase employee buy-in and willingness to achieve the 100 sessions/month quota for productivity (Chui et al., 2020).

Dose et al. (2019) studied 224 psychologists and counselors to explore the extent to which psychological needs served as a mediator between self-esteem and well-being, as well as between LMX and well-being. Interpretations of the collected surveys found that the achievement of psychological needs served as mediators for the links between

self-esteem and LMX, as well as well-being (Dose et al., 2019). The study's findings can be applied to counselor productivity and private practice leadership, as they substantiate the importance of LMX, psychological needs attainment, and well-being in relation to counselor satisfaction (Dose et al., 2019).

Burnout, Clinical Supervision, Leadership Style and Work Performance

The most prevalent consequence of burnout is a decline in work performance quality (Sanchez-Gomez & Bresó, 2020). There is a negative correlation between employee burnout and work performance, such that employees who experience burnout tend to exhibit decreased productivity, lower job commitment, and increased mistakes during work (Corbeanu et al., 2023; Farhady et al., 2009; Sanchez-Gomez & Bresó, 2020). The BHO studied in this paper currently uses a multitiered leadership style, in which clinical mental health professionals of varying education levels serve as middle and upper management for a group of novice counselors working within the same group private practice.

The practice is primarily comprised of new graduates or provisionally licensed clinicians with less than 5 years of clinical experience. Furthermore, the organization's leadership team is comprised primarily of novice clinical leaders, or those who have not previously served in executive leadership positions before accepting their current roles. This presents specific barriers to developing high-performance teams capable of meeting the complex requirements of a growing, group private practice. The Baldrige Framework extensively examines leadership, particularly communication and organizational performance (Rangsungruen et al., 2024). The current leadership structure exhibits

discrepancies in the supervision style used to promote work performance, motivate clinicians, and address burnout, according to the clinical director. Current literature addressing burnout within the counseling profession often overlooks the burnout and supervision needs of novice clinicians working in private practice (Dermirtzdou & Tragantzopoulou, 2025).

The discrepancy regarding leadership interventions and perceptions of clinicians highlights the need for an evaluation and strategic planning revision of the organization's workforce and leadership sections. LMX and self-determination theory can be combined with theories of leadership, such as shared, transformational, and transactional leadership interventions, to increase supervisory knowledge of follower performance (productivity), engagement, and motivation (Han et al., 2021; Kjeldsen & Andersen, 2021; Young et al., 2020).

LMX posits that leaders can assume various roles and relationships with their supervisees, which can create advantages and opportunities for employees (Huang et al., 2010). Furthermore, leaders are responsible for acquiring knowledge and creating an appropriate clinical supervision environment that enables clinicians to grow, develop skills, and gain insights to enhance work performance and mitigate the impacts of burnout (Landon et al., 2021; Lei et al., 2024). This study explored the leadership styles and experiences of clinical leadership within group private practice settings.

Leadership Strategies and Engagement

Park et al. (2018) conducted a quantitative study on 320 participants to explore the impact of supervisor relationships on employee training and job performance. The

study's results indicated that the primary benefits of supervisor support include high employee motivation, competence, and practical training, which, in turn, increase employee performance. Park et al. (2018) explain the relationship between training transfer and work performance as being best depicted by the experience of support the employee receives in their work environment while utilizing the newly learned information and skillset, drawing on the previous works of Noe and Wilk (1993), Noe (2008), and Joo et al. (2013) to describe the motivational influence and importance of an employee's developmental awareness. "Developmental needs awareness refers to identifying developmental needs and searching for the developmental opportunities (Joo et al., 2014, p. 4, as cited in Park et al., 2018). This supports the need for the BHO to develop a comprehensive leadership strategy that addresses employee engagement and development processes, with an emphasis on two-way communication and employee well-being within the employee-supervisor relationship, to enhance work performance.

Kajonius et al. (2024) investigated the relationship between individual personality traits in supervisors and the degree of employee engagement and job performance improvement. Leaders with elevated levels of extraversion and conscientiousness were positively correlated with improved work engagement and increased job performance among supervisees (Kajonius et al., 2024). However, a negative correlation was found between supervisor neuroticism and engagement strategies, suggesting that PP may benefit from incorporating personality assessments into leadership engagement strategies to enhance supervisee task performance (Kajonius et al., 2024). For group PP, leaders can implement engagement strategies that prioritize extraversion and conscientiousness. The

leader with extraversion will motivate counselors and increase a sense of connectedness, while the leader with high conscientiousness will enhance external communication by providing clear and concise information (Kajonius et al., 2024).

Abduraimi et al. (2024) note the significant inconsistency and contradictory findings in the literature exploring the impact of organizational communication on employee engagement. Therefore, they examined the extent to which employee engagement in organizational processes moderates the impact of internal organizational culture dimensions on various dimensions of employee engagement. Abduraimi et al. (2024) explore the importance of employee motivation and stakeholder engagement. Abduraimi et al. (2024) reference a Gallup poll (2017), which notes an increase in dissatisfied workers within the current workforce compared to previous decades. A review of the literature suggests that employee engagement is widely recognized as vital to developing an organization's competitive edge (Abduraimi et al., 2024).

Given the current difficulties faced by private practices, including productivity issues, financial sustainability challenges, insurance billing difficulties, and evolving business models, PP owners and leaders must employ employee engagement strategies to motivate employees and establish effective Mechanisms, Opportunities and Boundaries (MOB) frameworks, as outlined by Islam et al. (2018). The evaluation of an organization's performance is heavily reliant on the efficacy of IOC" (Bourne et al., 2013; Mmutle, 2022; Otieno et al., 2015, as cited in Abduraimi et al., 2024).

Franchise owners and leadership at the BHO identified employee engagement and satisfaction as a key problem. A review of employee satisfaction suggested that

employees did not feel they receive adequate training, continuing education, and development opportunities. Cahyati et al. (2023) explored how training and development programs can positively impact the work performance of civil service employees. Based on the findings of Cahyati et al. (2023), emphasis should be placed on training materials and informal training opportunities, among other areas for growth and development. The study's findings suggest that regular, targeted training enhances performance among civil service employees. This suggests that for PP, informal training, such as peer consultation groups, should be paired with didactic training, supervision, case presentations, and even shadowing opportunities to enhance employee knowledge, engagement, and improve performance and productivity.

In their study, Rubel et al. (2021) conducted a quantitative analysis of 218 medical doctors in private hospitals, determining that HPWPs improved performance, perception of organizational support, and decreased turnover. Rubel et al. (2021) suggest that social exchange theory can be applied to increase the productivity of clinicians by leveraging the relationship between the employer and the organization, which may be better explained through LMX, reflecting the importance of the supervisor-supervisee relationship. "Employee performance is defined as the sum of all direct and indirect employee behaviors contributing to organizational achievement" (Rubel et al., 2021).

Crane (2020) illustrates the importance of relationships with stakeholders. In PP, clinicians are a key subcategory of internal stakeholders, serving as primary employees. The relationships with these stakeholders are crucial in ensuring employee performance and the organization's sustainability. Crane (2020) emphasizes the interconnectedness of

stakeholder relationships within stakeholder engagement, noting that interactions with one stakeholder or stakeholder group have a direct impact on the relationship with and performance of another stakeholder group. The findings of this study are significant, as they outline Crane's model for stakeholder connectedness, which highlights the need for leadership to understand the impact of fostering trust, as well as the adverse effects of neglecting a stakeholder group and how it can impact effectiveness. "Rather than categorizing, prioritizing, and making trade-offs, it may be useful to view the connectedness of stakeholders and explore how connectedness among stakeholders can increase trust across the stakeholder ecosystem" (Crane, 2020, p.2).

Islam et al. (2018) explores the importance of employee appraisal systems, noting its ability to impact performance positively, communication expectations, identify potential achievement capabilities and identify areas of support and growth. A key aspect of the contribution made by Islam et al. (2018) is the precise definition of management by objectives, which was initially coined in 1954. A results-oriented use of MBO emphasizes costs and manpower, value assessment, feedback, and improvement, and has a positive impact on the organization by clearly establishing performance metrics (Alberts, 1982; Senya, 1986, as cited in Islam et al., 2018). Use of MBO that focuses on results prioritizes costs, manpower, value assessment, feedback, and improvement, and establishes clear performance metrics for the organization (Alberts, 1982; Senya, 1986, as cited in Islam et al., 2018).

Transformational Leadership

Much of the literature on transformational leadership in the outpatient setting focuses on studies in nursing, physical therapy, and school counseling. Ulrich & Reis (2025) employed a semistructured interview design to gather insights from eight outpatient physical therapists regarding their experiences with transformational leadership. An analysis of the data revealed three primary themes: how therapists lead, the competency requirements for leadership, and the rewards of leadership (Ulrich & Reis, 2025). Participants placed high value on modeling best-practice care, promoting collaboration, and promoting patient-centered care (Ulrich & Reis, 2025). Furthermore, participants prioritized effective communication, adaptability, empathy, and an inspirational and motivational leadership style (Ulrich & Reis, 2025). The study by Ulrich & Reis illustrates the effectiveness of transformational leadership in outpatient physical therapy (Ulrich & Reis, 2025). Given the strong patient care aspect and similarity in productivity, work demands, and leadership structure in outpatient mental health therapy, the three key themes identified by Ulrich & Reis (2025) may be applicable in exploring the lived experiences of outpatient therapists.

While implementing transformational leadership methods in the outpatient counseling environment may have positive implications, it may require adjustment at the organizational and individual levels for leaders and supervisees. Ratnandi et al. (2020) explored the experiences of hospital workers during the implementation of transformational leadership. The study highlights the positive implications of

transformational leadership, including leadership style, motivation, and finances, and did not identify any negatives or drawbacks to its implementation (Ratnandi et al., 2020).

The study found that transformational leadership positively impacted employee commitment to the hospital, improved performance related to revenue, patient satisfaction, and employee growth, and increased employee motivation (Ratnandi et al., 2020). Although these findings are specific to the hospital setting, they can be applied to provide insight into the effectiveness of addressing the identified practice problem at the research site. An understanding of leadership theory, specifically transformational leadership theory, can help researchers better capture the experiences of outpatient clinicians and supervisors related to engagement, motivation, and productivity.

Clinical Supervisor Burnout and Transformational Leadership. Clinical supervision can best be described as “the main means of instilling ethical knowledge, skills, and attitudes in a supervisee during the training process” (Falender, 2018, p. 43) and is viewed as one of the most crucial processes for counselor development. A review of the current literature suggests that, due to the nature of their work, clinical supervisors are at a significant risk of burnout and compassion fatigue (Cook, Fye, Jones et al., 2021; Dreison, Luther et al., 2018; Shell et al., 2021). Because transformational leadership involves inspiration, motivation, engagement, and resilience, it can prevent clinical supervisors from experiencing burnout (Bass & Riggio, 2006).

Transformational leaders often experience increased professional efficacy as they motivate and empower others, which can lead to a decrease in burnout experiences (Orruño-López et al., 2021). Increased feelings of connection to their work and their

colleagues leads to decreased experiences of burnout for transformational leaders (Kanste, 2020). The need for continuous growth and development allows transformational leaders to continue excel by controlling their perceived work stress related to clinical competence and sense of autonomy (Zhang et al., 2020). As such, clinical supervisors may utilize transformational leadership styles to ensure personal and professional alignment with the organization's mission and vision, which increases their resilience and increases emotional connections as they empower those they supervise (Zhang et al., 2020).

Servant Leadership

Current literature acknowledges the essential role that servant leadership plays in improving organizational culture, specifically in enhancing organizational commitment and the training and retention of novice clinicians. Bennett (2025) studied 100 Gen Z employees within a service-based organization and explored the relationship between the younger employees' organizational commitment and experiences of servant leadership. the study utilized online surveying and convenience sampling to examine perceptions of servant leadership and organizational commitment (Bennett, 2025). The results of the survey suggest that servant leadership can foster a culture of organizational commitment among novice clinicians entering the behavioral health workforce (Bennett, 2025). The identified BHO has a workforce comprised of novice clinicians who identify as millennials and Gen Z.

Bennett (2025) asserts that perceived servant leadership experiences of empathy, support, and growth-fostering lead to increased willingness for loyalty and organizational

commitment in the Gen Z workforce. Similarly, Mistry et al. (2025) noted that in millennials, servant leadership had a positive impact on desires to remain with the company, but not on creativity. Synthesis of the two studies suggests that servant leadership can positively influence attachment to the practice, but the results may vary based on age, culture, specific interventions of the leader, and values (Bennett, 2025; Mistry et al., 2025). For the identified BHO, it will be important to implement servant leadership styles and supportive services based on the needs of novice clinicians identifying as both Gen Z and millennials.

Dayanti and Yulianti (2023) studied 120 millennial employees in a start-up company utilizing a quantitative design to explore the effects of servant leadership and knowledge sharing on innovative work behaviors. Results of the study demonstrate a positive relationship between servant leadership and knowledge sharing on innovative work behavior (Dayanti & Yulianti, 2023). Servant leadership and knowledge sharing lead to creative self-efficacy and increased innovation (Dayanti & Yulianti, 2023). The identified BHO has been in operation for 3 years and has expanded to a multisite practice within the last year. Subsequently, the organization has hired several novice clinicians and needs clinicians to operate effectively and innovatively. Leadership within the organization acknowledged its limited capacity as a training facility and prioritized serving as a practice where good clinicians come to grow, according to the marketing manager. Given the limited capacity for training and development, this article suggests that the servant leadership style and informal information sharing may continue to foster the necessary innovation among novice clinicians.

Transactional Leadership

Despite the widespread use of transactional leadership in practice, the literature offers little insight into the connection between transactional leadership and leader outcomes (Young et al., 2020). Young et al. (2020) conducted a meta-analysis of 108 prior studies examining the relationship between the use of transactional leadership interventions and follower outcomes. Researchers employed social exchange theory and self-determination theory to investigate the role of LMX in examining how leadership interventions impact follower performance (Young et al., 2020).

Young et al. (2020) found a dual impact of transactional leadership, noting that transactional leadership behaviors, such as contingent rewards, positively affect leader-member exchange and increase productivity, but can also reduce self-empowerment and perceived autonomy, thereby negatively affecting follower performance. Results of the meta-analysis suggest that Transactional leadership behaviors must find a balance between having intense member-leader exchanges while preserving employee autonomy (Young et al., 2020). These findings are beneficial to this study as they attempt to explore the lived experiences of both leaders and followers. Behavioral health leaders at the identified private practice may benefit from applying theoretical frameworks to better understand the experiences of their followers, which can inform their leadership interventions related to engagement, motivation, and increasing follower productivity. Young et al. (2020) conducted a meta-analysis of 108 studies examining the impact of transactional leadership interventions on follower outcomes.

Leadership style positively influences goal achievement when supervisees interpret the behaviors in a positive light (Kjeldsen & Andersen, 2021). By examining the perceptions and experiences of dual role behavioral health leaders regarding their leadership interactions, engagement strategies, and internal communication, this study can investigate the identified disconnect between the intentions of leaders and the interpretations and impacts on clinicians, which is consistent with the practice problem identified by the leadership team during the early consultation portion of this study. Kjeldsen & Andersen (2021) utilized a randomized field experiment involving 130 leaders and their 4,800 employees to determine the impact of leadership training on the alignment of leadership behaviors and employee perceptions of the leadership interventions.

Kjeldsen & Andersen (2021) reviewed the data and determined that transactional leadership-based training decreased the disconnect between leaders' and employees' interpretation of verbal transactional leadership interventions, increased the presence of leaders as reported by employees, and created more collaborative engagement. The study's findings are significant to this research, as they may help guide the intervention plan at both the organizational and individual levels in addressing not only leadership style but also internal communication and employee engagement.

Transactional Leadership in Therapy Adjacent Allied Health. Lloka et al. (2023) conducted a quantitative cross-sectional study of 385 employees to explore the impact of laissez-faire, transformational, and transactional leadership styles on psychological well-being, with mindfulness serving as a mediator. The study's results

indicated that transactional leadership had a direct, positive impact on the mental well-being of employees (Lloka et al., 2023). In the study, mindful employees experienced more favorable leadership interactions, resulting in a more positive impact of the transactional leadership style on their overall mental health.

Nursing falls under the category of allied health, and while nursing is often therapy adjacent, psychiatric nurses and nurse practitioners often address the overlap between medical and mental health. Bellali (2024) employed a cross-sectional survey to investigate the impact of transactional and transformational leadership on job satisfaction and empowerment among nurses. The results of the study suggest that combining transactional leadership with empowerment components from transformational leadership leads to increased job satisfaction when the leadership intervention is tailored to each employee (Bellali, 2024). As the BHO grows, it could add more levels to its leadership structure for tailored supervision, while ensuring leaders consistently empower and motivate staff.

Like Bellali (2024), Al-Rjoub (2024) explored both transformational and transactional leadership styles in nursing. Al-Rjoub sampled 60 nurses and 300 patients in standard healthcare and critical care settings, administering the Multifactor Leadership Questionnaire and conducting patient chart reviews and surveys. In the study, transactional leadership was primarily utilized in the critical care unit, and transformational leadership was the primary leadership in the standard unit (Al-Rjoub, 2024). Nurses whose supervisors employed transactional leadership interventions were more compliant with SOPs, and a negative correlation was found between patient

readmission and these interventions (Al-Rjoub, 2024). This suggests that while transactional leadership alone can improve work performance related to standard operating procedures, it may not yield positive long-term patient outcomes (Rjoub, 2024). The identified BHO took pride in transforming the culture of mental health and deeply embedding itself in its community. The results of this study imply a need for multifaceted leadership interventions rather than relying solely on one

Sources of Evidence

This study will utilize both primary and secondary data collection methods. Primary data will include semistructured interviews with five members of the clinical leadership team and the franchise owner. The Baldrige Framework will be referenced to develop an interview guide which outlines main questions, secondary questions and probes utilized throughout the interview process. Interview questions will align recommendations to address the practice problem in the areas of workforce, leadership, and operations (Baldrige Performance Excellence Program, 2023). Secondary data will include employee engagement surveys conducted within the last year, patient satisfaction surveys, weekly and quarterly caseload reports within the last year, compliance reports, productivity standards, job descriptions, business plans, marketing plans within the last 2 years, employee evaluations, supervision notes, and staff support group meeting notes.

Given the limited years of operation, the small size of the private practice, and the limited leadership team, readily available access to these documents may be questionable. Given the previously outlined components of workplace culture (engagement, motivation, productivity, etc.), a review of these documents alongside an analysis of the

semistructured interviews will answer research questions related to the lived experiences of clinical supervisors attempting to address workplace culture. Reviewing archival data highlights the current situation and adversities that leadership must overcome, while the interviews create space for the voices of those leaders to share their experiences and make meaning of them in motivating, empowering, growing, and building a connected, safe space for the novice clinicians they supervise.

Leadership Strategy and Assessment

The identified BHO employed a dual governance structure that combined clinical and administrative leadership and utilized a shared leadership council governance model, commonly referred to as a hybrid model. Within this hybrid structure, the governing board for the BHO was less traditional and more closely aligned with the owner and partner. The owner served as the franchise owner and financial guarantor for the organization, while the partner served as the director of business operations and held the license required for the clinical practice to operate.

The dual governance model is comprised of the governing board of the owner, the director of business operations, the clinical director, and the marketing manager. The second level is more administrative and day-to-day, comprising the clinical supervisors, assistant marketing manager, and senior clinicians. Leach et al. (2021) acknowledged the dyad's clinical and administrative governance dynamic as a distributed governance, with benefits such as addressing hierarchy-based communication barriers and improving care coordination. While the BHO employed a two-tiered leadership structure, there was some

overlap due to the iterative nature of the organization's structure. Positions have been adjusted, added, and revised in response to the practice's changing needs.

The unofficial growth track of senior staff marked the shared leadership aspect of the organization. Identified staff members were assigned roles and responsibilities to support engagement and satisfaction, while inspiring others and investing in the organization. These duties included overseeing intakes and billing, establishing the organization's herd hall (town hall) meetings, and promoting workplace culture and collaboration within the clinical workforce. The identified senior clinician held a dual role by advising leadership as a consultant on workplace culture concerns relevant to the workforce and articulating clinicians' perspectives.

Alignment with the Baldrige Framework

Category 1

This model of governance allowed for adherence to several categories of the Baldrige Framework. This model ensured that leadership remained ethical and as transparent as possible about the organization's operations. The governing alignment and leadership team impacted the strategy category and prioritized aligning with the organization's mission to transform the culture of mental health. The leadership team has undergone many changes, including the termination of one of the clinical supervisors, since the start of this study. Additionally, leaders had less delineated roles as the clinical director is on parental leave. This had a direct impact on leadership strategies and the intentionality of governing decisions. In personal communication, the marketing manager

suggested that the organization's leadership structure and reporting flow may be adjusted shortly after the return of the organization's clinical director.

Category 2

However, the organization could improve its strategy component by more widely sharing the strategy, including the business development vision for the organization, each location, individual teams, and programs, with clinicians. The organization has a strategic plan that included expansion; however, the uncertainty surrounding these plans prevents leadership and the owner from being clearer with staff regarding their plans. This also translated into transparent conversations about strategies for clinician growth and development, including funding for continuing education credits. This was highlighted in a review of the organization's 2024 employee engagement surveys.

Category 3

For the identified BHO, client needs, and community needs guided a large portion of the governing decisions. The organization continually assessed alignment with the needs of the two offices, located in two distinct communities within the same county. The organization appeared aware of the differing needs of location 2, noting that it had significant diversity but lacked executive coaching, consulting, couples counseling, and executive functioning specialists, and sought to hire clinicians to fill that gap, according to the marketing manager. Given the scale of the practice, rather than focusing on providing training and development opportunities to build clinicians' expertise in those areas, they aim to attract and retain premier clinicians who provide services the community needs, according to the marketing manager.

The BHO was aware that the community and patients need flexibility with scheduling, clinician consistency, and weekend availability. The organization launched online scheduling, which allowed patients to self-schedule, and is directing efforts to find clinicians with weekend and evening availability and documented consistent private-practice performance, according to the director of business operations.

Category 4

The workforce category is one of the most important categories to address governance within the BHO. Over the past 90 days, the workforce has become a higher priority, and the leadership team has observed cascading effects from some of the areas for improvement identified in the employee engagement survey. Individual clinicians have been identified as needing additional supervision and as potentially misaligned with the organization's mission and vision, which has led to the termination and voluntary resignation of employees and leaders. Leadership has identified the positive and negative impacts this has had on the workforce. It has collectively prioritized communicating that the leadership team is committed to the safety of clients and clinicians, upholds ethical best practices, and will promote clinician behaviors that align with the organization's mission and vision, according to the director of business operations.

To address concerns about workplace culture, the leadership team appointed a senior clinician to facilitate monthly town hall meetings. The purpose of these meetings was to bridge the communication gap between leadership and clinicians and to create a positive, growth-oriented, and nonjudgmental space in which clinicians can build community and feel supported beyond individual and group supervision.

Workforce Challenges for Strategic Planning. Leadership struggled to implement strategic planning and supervision to motivate novice clinicians, who often do not engage in the reflexive process and do not meet the required level of preparation for private practice, according to the BHO's clinical supervisor. Novice clinicians presented with a sense of entitlement and lack of understanding regarding the hard work and level of competence required to feel successful in private practice, according to the clinical supervisor. Similarly, members of the leadership team face additional barriers due to a lack of communication from clinicians regarding their needs, a lack of understanding, or concerns, according to the director of business operations. In a communication, the director of business operations noted that they were frustrated because they could not assist a clinician who does not let them know they require help.

Category 6 and 7

The identified barriers in the workforce drastically impacted the BHO's operations and results. As it relates to ensuring efficiency, the leadership team constantly reevaluated strategic planning related to operations; however, it is difficult to do so when the workforce is asked for input and engagement, and clinicians do not share their thoughts or do not complete tasks on time, according to the director of business operations. In a conversation, the director of business operations noted that, while developing SOPs, they requested input from clinicians but received no responses, which made it difficult to prioritize the SOPs and determine how members of the workforce preferred to be trained on the material.

The director of business operations then took the ideas to the leadership team, who advised an alternative teaching method. The organization relied on the senior clinician and town hall meetings to provide recommendations that addressed diverse learning styles and interests. The director of business operations then implemented these strategies and received positive feedback from the workforce for the in-service training on the new SOPs.

The director of business operations effectively tracked and prioritized intentional strategic planning related to workforce, leadership, growth, development, and community outreach. Marketing efforts were tracked by the number of inquiries generated by marketing events. At the same time, leadership is measured by my progress toward OKRs, and the workforce is evaluated based on KPIs and client retention, according to the marketing manager. The organization recently implemented client satisfaction surveys, which yielded minimal results because many clients did not respond. This initiative, alongside the employee engagement surveys, is currently spearheaded by the clinical director, who is on leave. Therefore, information regarding the next steps for these two evaluations is not readily available. The leadership team openly reports on their OKRs. In addition to annual reviews, the practice plans to roll out additional reviews to highlight clinicians' strengths, led by the current clinical supervisor, according to the director of business operations.

Clients/Population Served

The identified BHO typically served patients from 4 years of age through the lifespan with various mental health diagnoses. A large majority of patients had diagnoses

related to mood and anxiety, trauma, adjustment, neurodivergence, and Cluster B personality disorders. While the organization did not specialize in treating patients in active crisis, it has recently expanded its training to ensure that all clinicians employed by the organization can complete the initial crisis screening, triage, and interventions required to appropriately refer a client in active crisis.

Within the two locations, the offices saw clients with varying socioeconomic statuses. Patients had a variety of funding sources, including private and commercial insurance, state-funded plans, and self-pay/privately paid. The first location served patients seeking family services, primarily school-aged children and working professionals. Many clients at this location seemed to fall into working-class, middle-class, and upper-middle-class status. The second location, located deeper within the county's Northshore, has seen an influx of upper-class clients, many of whom are seeking more specialized, individualized services, including EMDR, executive coaching, and manualized treatment for specific diagnoses.

At time of study, the BHO was entering its third operating year. During FY2025, the clinic's newest clinical director implemented client satisfaction surveys. The surveys assessed the client's overall satisfaction with their therapist, the extent to which clients felt supported, heard, and safe in their sessions, their perceptions of progress made toward treatment goals, experience with the billing process, and an open-ended response for clients to share what has been the most helpful in their experiences with their therapist. The satisfaction surveys were piloted this year, and the organization intends to further strengthen this aspect of its assessment and improvement programs.

Workforce and Operations

Staffing

The identified organization, BHO, had a workforce comprised of prelicensed, associate-licensed, and fully licensed counselors and social workers, as well as board-certified clinical psychologists. The organization emphasized flexibility and autonomy for clinicians. The franchise owner believed that clinicians were the practice and, as a leader, provided the clinical leadership team and clinicians with the autonomy to operate in accordance with ethical best practices within the industry and their personal practice ideals, according to the franchise owner. As such, the practice allowed individual clinicians to create their own schedules and determine the types of clients they worked with. In a review of operations, efficiency, and productivity, leadership adjusted workforce operations to provide increased guidance and motivation for individuals whose performance did not align with organizational standards.

Hiring

The practice recognized the importance of providing evidence-based treatment and hiring competent, licensed staff who were viewed as credible and capable of treating clients with mental health conditions. The practice's marketing manager emphasized the importance of employing clinically sound clinicians and acknowledged that the practice was reviewing expectations for licensure and developing standard operating procedures in preparation for hiring prelicensed clinicians.

The organization continued to experience turnover; however, leadership reported progress in hiring key talent aligned with the organization's mission and vision. In

multiple, separate interviews, members of the leadership team shared their experiences with barriers to attracting and retaining premier talent. In his interview, the franchise owner discussed the financial implications of hiring competent clinicians while maintaining profitability and offering benefits and incentives intended to enhance workplace culture, according to the franchise owner. Similarly, the marketing manager acknowledged the implications for the practice when hiring prelicensed clinicians, who were often quicker and easier hires but may have lacked the experience and expertise necessary to establish the practice as a premier private practice, according to the marketing manager.

Compensation

Compensation models vary by state, credential, and level of experience. Current compensation models are heavily based on reimbursement rates from state-funded and private insurance plans (CMS, 2025; U.S. Bureau of Labor Statistics, 2025; Illinois Department of Employment Security, 2024). In Illinois, novice licensed counselors averaged annual earnings of \$45,124, moderately experienced counselors earned \$61,118, while experienced licensed counselors earned an average of \$83,571 (IDES, 2025). Similarly, entry-level licensed social workers earn an average annual salary of \$49,130, while experienced social workers earn an average \$78,713/annually (IDES, 2025). Pathman et al. (2025) acknowledged the shortage of mental health professionals and examined clinician retention and job satisfaction in regions experiencing shortages. In the study, about one-third of participants reported feeling well and fairly compensated (Pathman et al., 2025). The study highlighted the importance of perceptions regarding

fair compensation and its impact on job satisfaction, independent of work-life balance, leadership support, and the ability to practice effectively.

Clinical and administrative leadership at the identified BHO utilized the strategic plan to identify an appropriate compensation model to attract and retain clinicians. The organization focused on identifying a “middle ground” that allowed clinicians to receive adequate and competitive compensation while also receiving valued nonmonetary benefits, including health insurance, paid time off, and complimentary clinical supervision toward licensure requirements, according to the franchise owner.

The organization’s compensation model involved an hourly-based rate for client-facing hours, commensurate with licensure level and experience, alongside a commission split based on prevailing insurance reimbursement rates. A review of the patient financial agreement form provided the fee schedule for sessions, including both insurance-covered and self-pay options, as well as the starting rate for sliding-scale services. These reimbursement rates largely governed the practice’s compensation schedule for clinicians.

Parvin and Anderson (2000) evaluated the attitudes and fee schedules of private practice psychologists regarding compensation. The results of their study indicated ambivalence among psychologists about discussing fees, a decreased willingness to engage in pro bono and sliding-scale work, and an increased preference for providing services to self-pay and private-pay clients (Parvin & Anderson, 2000). These findings demonstrated the importance of compensation in supporting workforce stability and organizational productivity. The literature also reflected a longstanding issue for

counselors related to morality, ethics, and the ability to advocate for adequate wages (Gans, 2021).

In a more recent examination of this issue, Gans (2021) stated, “Raising fees stirs up competing self-interest, transference-countertransference reverberations, financial fantasies and realities, ethical concerns, and uncomfortable as well as satisfied self-reflection” (p. 532). Therapists were required to contend with the desire for fair compensation while recognizing broader systemic challenges related to access and affordability of mental health services. Gans (2021) further noted, “Therapists remain hesitant to raise fees in part because of a fear of losing patients—the move feels like doing something to the patient rather than for the patient, stirring anxieties of power and abandonment” (p. 536). Consistent with this concern, more recent literature indicated that counselors continued to express hesitancy in accepting sliding-scale and pro bono cases due to inadequate supervision and boundaries, sustainability concerns, burnout risk, and financial feasibility (Winter et al., 2024).

Analytical Strategy

The following section outlined the qualitative research design. This study employed a qualitative single-case design informed by principles of IPA. This approach supported the examination of how leaders make sense of their experiences, situating those interpretations within broader organizational systems and processes. IPA, first proposed by Jonathan Smith, is a qualitative approach that emphasizes detailed exploration of participants’ meaning making. While the present study is not a pure IPA design, it draws from IPA’s interpretative and idiographic principles to enhance

understanding of leaders' sense-making within an organizational context (Tuffour, 2017; Smith et al., 2022). Within this case-study framework, IPA principles guided the interpretative layer of analysis by focusing on leaders' perceptions and experiences of supervision, communication, and engagement while maintaining an applied emphasis on organizational systems. Given the identified goals of interpretive phenomenological research, it was well-suited to support this study's goal of understanding the lived experience of clinical behavioral health leaders in dual roles as they engage and motivate their clinical teams.

Data Collection and Storage

This capstone project relied on both primary and secondary data collection. Primary data collection consisted of semistructured individual interviews with members of the clinical and administrative leadership team. Data collection took place over a 2-month period, with initial interviews lasting 30 to 90 minutes and follow-up interviews scheduled as needed. The interviews were conducted via Zoom and recorded with audio. The use of recording was included in the informed consent process, and participants were reminded of the recording in their confirmation email, which included the meeting link. I analyzed interview transcripts and Zoom recordings during interpretative analysis and thematic coding. Interview data were stored securely in the cloud via Zoom to ensure confidentiality and data security.

Participants and Recruitment

This study included two clinical supervisor leaders, a marketing manager, a clinical director, a director of business operations, and the franchise owner. The study

employed purposive sampling to ensure that appropriate organizational members were interviewed in a manner that enabled the research questions to be addressed. Purposive sampling was appropriate, as it rested on the premise that certain organizational members possessed specific experiences and that recruiting these participants provided suitable alignment with and capacity to address the research questions (Campbell et al., 2020). Within purposive sampling, stratified purposive sampling enabled the selection of specific participant types or groups for the study, followed by stratification based on participant characteristics (Campbell et al., 2025).

The use of purposive sampling enabled the selection of organizational leaders who had the capacity to serve as change agents in addressing the practice problem. Given the nature of this study, stratified purposive sampling allowed for the inclusion of the most qualified participants—members of the leadership team—who were interviewed in depth. Interviewing behavioral health leaders in dual roles enabled in-depth case analysis of the leadership team as a whole.

Archival Data

The secondary data utilized in this study primarily consisted of archival data. These data were historical, with some documents spanning the 3 years during which the practice had existed. Employee and client satisfaction surveys were used to further explore the practice problem and to provide insight into supervisors' meaning-making processes and lived experiences. The clinical and administrative leaders interviewed in the semistructured interviews were responsible for service delivery, which was closely tied to work performance and employee satisfaction. Additionally, reviewing strategic

goals, performance metrics, and job descriptions, as well as participating in group supervision and town hall meetings, enhanced the interpretive understanding of leadership experiences within the organization.

Use of Triangulation

Triangulation served as a valuable strategy to enhance the validity of qualitative research (Natow, 2020). The primary goals of triangulation in the analysis phase of qualitative research were to enhance the study's comprehensiveness and to increase its validity (Jonsen & Jhen, 2009). In the doctoral study, interviewees were considered elite participants, as they held positions of power and authority within the practice due to their membership on the leadership team. When research relied on elite data and interviews, it was susceptible to power dynamics and potential biases (Natow, 2020). To mitigate these concerns, the study used data source triangulation, combining semistructured interviews with archival data to more fully explore the practice problem and engage interviewees in meaning making related to their lived experiences (Natow, 2020).

Additional triangulation utilized in the study included methodological triangulation. When analyzing and interpreting data to identify themes, altering and combining methods led to increased openness to possibility, more refined discoveries of participants' perspectives, increased analytic creativity, and stronger alignment with objective reality (Locke, 2001; Graebner, 2007; Gioia et al., 1994, as cited in Jonsen & Jhen, 2009). Triangulation, understood as the convergence of methods, was described as "the combination of methodologies in the study of the same phenomenon" (Denzin, 1978, pp. 294–307, as cited in Jonsen & Jhen, 2009).

Rigor and Trustworthiness

Member checking, documentation of analytic decisions throughout data collection and analysis, addressing researcher bias through a reflexive process, and ensuring transferability increased the rigor and trustworthiness of the IPA study (Noon, 2018; Nowell et al., 2018; Robinson, 2021; Pietkiewicz & Smith, 2019). This study prioritized exploring the meaning-making processes of private practice clinical supervisors related to their experiences of empowering and motivating staff to improve treatment outcomes and job satisfaction. While the study focused on lived experiences and individual perceptions, ensuring trustworthiness and rigor remained central elements of the research design.

Measures to support rigor included the principal researcher engaging in a reflexive process and identifying and addressing potential researcher bias at the beginning, throughout, and conclusion of the study. Because I was an employee of the organization, I engaged in ongoing self-reflection to ensure that personal bias did not impede the validity, accuracy, or integrity of the research. Although I shared similar experiences with participants, I ensured that the meaning-making processes remained grounded in the participants' lived experiences rather than my own interpretations.

Cypress (2017) noted that while reliability and accuracy were essential, rigor and trustworthiness were fundamental to qualitative research designs informed by IPA principles. Because qualitative research relied heavily on questioning and interpretation, the concept of qualitative rigor was often challenging to operationalize. By applying the principles outlined by Nizza et al. (2021), I ensured the methodological integrity of the study. This approach involved focusing on narrative, emphasizing the rigor of detailed

participant accounts, attending to nuances such as syntax, metaphors, pauses, and language choices within interview content, and addressing both convergence and divergence in the data (Nizza et al., 2021).

By attending to both central themes and variations in participants' experiences, the research design enhanced trustworthiness by capturing individual lived experiences and highlighting each participant's unique contribution to empowering and engaging novice clinicians within the practice. As Nizza et al. (2021) observed, "Idiographic depth and systematic comparison between participants create a dynamic interweaving of patterns of similarity and individual idiosyncrasy" (p. 376). Each member of the leadership team demonstrated a unique leader-member exchange with the clinical workforce and identified with a distinct leadership style. By addressing both divergence and convergence, I enriched the analysis and accurately represented the leadership team's collective experiences. Additionally, participant debriefing and processing of the interview experience ensured that the study remained ethical, minimized potential harm, and aligned the data collection process with the intent to thoroughly explore the practice problem identified during the consultation process with the leadership team.

Interpretative Data Analysis Process

Smith et al. (2022) noted that while the goal of inductive phenomenological designs is to remain rooted in participants' voices, this study applied those interpretative principles within a case-study framework to ensure that findings reflect both individual meaning and organizational context. The primary steps in this form of data analysis include reading and rereading transcripts, the use of descriptive, linguistic, and

conceptual comments being noted, inductively identifying themes based on researcher notes, exploring the convergent themes from the various interviews, bracketing themes, and identifying patterns amongst the interviews (Smith et al., 2022).

Step 1

I began the reflexive process at the outset of the research experience. I maintained a reflexive journal documenting the experience of conducting each interview. This process ensured immersion in exploring participants' lived experiences while minimizing bias and acknowledging that "researchers should develop explicit awareness of themselves in research" (Cena et al., 2024, p. 19).

Step 2

IPA prioritized "close analytic reading of participants' words. Thorough analysis and interpretation of quoted material... helps give meaning to the data and the experience it describes" (Nizza, Farr, & Smith, 2021, p. 3). I listened to the audio recordings and read and reread each Zoom interview transcript multiple times, line by line. Line-by-line analysis ensured that the findings remained closely aligned with each participant's lived experience (Rajasinghe et al., 2024). This step aligned with Categories 1 (Leadership) and 5 (Workforce) of the Baldrige Framework, as remaining close to the lived experiences of the leadership team reflected the principles of visionary leadership. Participants' experiences were examined in relation to their alignment with the organization's mission and vision and to the application of leadership skills. Interview questions generated insight into communication strategies and participants' perceptions of how communication empowered and engaged members of the clinical team.

Step 3

IPA required me to “focus on personal meaning and sense-making in a particular context” (Cena et al., 2024, p. 19). Accordingly, the research design utilized analytic tables to process and explore transcripts through systematic exploratory notetaking. Short analytic statements were developed to capture the meaning embedded in direct participant quotations. This step drew on Category 5.2 (Workforce Engagement) of the Baldrige Framework, as it provided insight into engagement drivers such as trust, recognition, and empowerment, which were subsequently analyzed into subcategories or themes.

Step 4

Clustering the data was essential for identifying themes and making sense of shared leadership experiences. By independently completing the first three analytic steps for each interview, I examined each participant’s unique experience, attending to what participants said, meant, and enacted during the interviews. This process reflected the idiographic sequence (Ranasinghe et al., 2024; Cena et al., 2024). During this phase, the data were coded based on my formulation of experiential statements (Cena et al., 2024). Cena et al. (2024) emphasized the importance of personal experiential themes at this stage, which involved labeling themes, providing clear definitions, incorporating illustrative quotations, and adding interpretive commentary. This clustering aligned with Category 4 (measurement, analysis, and knowledge management) of the Baldrige Framework, as organizing themes related to communication and supervisory awareness

highlighted how leaders interpreted supervisee behaviors, gathered feedback, and made meaning of the dual supervisory role.

Step 5

“Good IPA writing involves a dual attention to commonality and to particularity” (Nizza et al., 2021, p. 383, as cited in Rajasinghe et al., 2024, p. 313). By reviewing themes related to leadership style, engagement, empowerment, job satisfaction, and work performance, I clustered personal experiential themes (PETs) across interviews and cross-referenced them to identify shared patterns. This process led to the development of initial group-level themes, which were subsequently interpreted.

Step 6

Drawing on individual interview findings, group experiential themes (GETs) were developed to form smaller subgroups that captured the phenomenon of leadership experiences across cases. This process enabled me to derive meaning from each participant’s experience and informed the recommendations presented in the final consultation regarding the practice problem.

Step 7

Refining, testing, and renaming themes were critical to ensuring the study’s validity. This step enabled me to compare themes, identify outliers or contradictory cases, and explore these experiences while strengthening overlapping themes that emerged across participants (Nizza et al., 2021; Rajasinghe et al., 2024; Cena et al., 2024).

Step 8

“Constructing a compelling, unfolding narrative; developing a vigorous experiential account; close analytic reading of participants’ words; and attending to convergence and divergence” characterized the final analytic process (Nizza et al., 2021, p. 369, as cited in Rajasinghe et al., 2024, p. 314). During the write-up phase, I presented GETs and PETs with individual interpretations interwoven into the findings through hermeneutic transparency.

Step 9

The use of an audit trail enabled me to ensure the study’s quality and rigor. This step involved ongoing methodological and ideological checks to confirm alignment with IPA’s central aim: maintaining a close connection to participants’ lived experiences (Nizza et al., 2021; Rajasinghe et al., 2024; Cena et al., 2024).

Significance to Study

The phenomenological approach, first proposed by Husserl (1931) to focus on the meaning-making process of a participant’s lived experience, has since been revised by theorists and researchers (Alas, 2017). The strong ability to make sense of an experience, coupled with a hermeneutic approach that highlights both the phenomenon and the interpretive process, enables the widespread use of IPA in qualitative research. The interpretative and phenomenological orientation of this study aligns with its purpose. This study aims to explore how behavioral health leaders understand and apply leadership practices, highlighting their perceptions and experiences while situating those within organizational systems

Summary

It is essential to align the research method with the study's research goal. Proper alignment aids in my ability to adequately answer the primary and secondary research questions. For this study, it is essential to utilize elements of IPA, including purposive sampling, a small sample size, and semistructured interview questions, to highlight the experiences and interpretative meaning-making processes of behavioral health clinician-leaders (Alas, 2017; Campbell et al., 2020).

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

Introduction

The identified behavioral health workforce was primarily composed of clinicians with novice private practice experience. The majority of the organization's frontline clinicians either had no prior experience in private practice or had fewer than 5 years of experience. Similarly, the leadership team was newly developed and expanding during this study. For most members of the leadership team, their positions within the BHO were their highest or first-level leadership roles. Understanding the workforce composition, specifically its capability and capacity, enhances the meaning-making process of interpreting the lived experiences of members of the leadership team. In this study, leaders of the BHO shared their experiences and perceptions regarding their efforts to positively impact the workforce through increased satisfaction, effective engagement and communication, and enhanced productivity.

This study examined the lived experiences of leaders in private practice as they apply leadership skills to engage and motivate a novice team of clinicians within a group private practice setting. Leaders within the identified BHO had professional goals that aligned with the organization's mission and vision of transforming the culture of mental health. As such, they sought to motivate and empower clinicians within practice by enhancing communication, promoting job satisfaction, reducing burnout, and improving productivity/work performance.

Chapter 3 analyzed the behavioral organization, with a focus on the organization's workforce. Specifically, Chapter 3 examines the leadership team's efforts to ensure efficient operations and to address workforce issues, including productivity and organizational workplace culture. The application of LMX, in conjunction with an interpretive analysis of participants' interviews, may yield valuable findings and recommendations regarding each member of the leadership team's observations and experiences. These observations may highlight areas of ongoing growth and development in strengthening the workforce, whereby optimizing work performance and ensuring organizational sustainability

Analysis of the Organization

Building a Successful Work Environment

The BHO studied focused on aligning with a corporate mission to transform the culture of mental health. Semistructured interviews with members of the franchise's leadership team highlighted a commitment to effecting this transformation not only for the clients served but also for the helping professionals providing mental health services. As such, the leadership team must build a sustainable organization that extends beyond clinical excellence in competence and is grounded in an intentional leadership structure, ethical decision-making, the importance of relationships, and personal resilience (Ossege & Ossege, 2017).

The leadership team developed a business plan that emphasizes sustainability in its two current locations and prioritizes growth, including opening a third location within the following year. To ensure a group practice's sustainability and capacity to withstand

expansion demands, the organization's leadership must navigate integrity, business acumen, and resilience across the operational, ethical, and relational dimensions of workforce development (Ossege & Ossege, 2017). The identified BHO was in its third year of operation and employed an iterative strategic planning approach to continually revising its workforce development to meet the practice's changing needs. As a part of this iterative process, the organization's leadership team can prioritize ensuring workplace health, security, and accessibility for its workforce. While the organization has not always prioritized this, it has shifted its focus to this area after identifying substantial concerns regarding workplace culture among its front-line workforce. As such, they have focused on revising their interview process to focus on hiring the best fit candidate, identifying possible staffing problems sooner, and ensuring that clinicians are engaged, committed to the mission and vision, growing professionally, and optimizing work performance.

Staff Engagement

Since identifying the practice problem, the BHO has placed an emphasis on engaging its workforce by increasing communication, building connections, enhancing accountability, and fostering a resilient workforce. Ossege & Ossege (2017) noted that a resilient group practice moves beyond highlighting individuality to focus on the relational aspects of the workforce and prioritizes developing a supportive workplace culture through supervision, leadership, and communication. Examples of these strategies include routine staff meetings, peer consultation groups, clear, concise written policy and performance expectations, and recognizing growth and performance.

The identified BHO held biweekly group supervisions, with quarterly all-staff meetings. These meetings were facilitated by the clinical leadership team, with executive-level engagement at quarterly meetings to review business plan items and promote administrative transparency. Through their iterative process, the leadership team has reviewed its all-staff and team meeting structure and made necessary intentional revisions. One member of the leadership team expressed their sentiments regarding this, stating, “We felt that topics centered around numbers or quarterly performance haven’t been very effective, they often create unnecessary stress and don’t help everyone feel united (despite our efforts!). Instead, focusing on areas that strengthen clinical skills and confidence across the team could be really helpful”.

In addition to shifting the focus of staff meetings, the leadership team intentionally developed a case- review schedule that allowed clinicians to consult with one another regarding treatment planning, intervention, and best practices for cases they have struggled with. Not only does this highlight the emphasis on high-quality care, but it further emphasizes the importance of collaboration and the relational aspects of the workforce.

A review of archival data suggests that the organization experienced increased turnover rates within the last fiscal year. Additionally, the organization recently implemented employee satisfaction surveys. In the initial survey, fourteen employees responded. The organization’s average satisfaction score was 4/5. Satisfaction with the work environment averaged 3.7/5, while feeling supported by colleagues scored 4.1/5, and feeling acknowledged by leadership averaged 3.5/5. These results are significant in

exploring the extent to which the leadership team's perception of the workforce experience aligns with the perceptions of employees comprising the workforce. Analysis of these metrics in conjunction with interpretive analysis of the semistructured interviews with the leadership team may aid the meaning-making experience and provide richer recommendations for addressing the identified practice problem.

Workforce Capability and Capacity

When building a private practice, it is essential to consider employees as assets. Carney & Grenato (2000) provide guidance on private practice hiring strategies, including conceptualizing recruitment as both a clinical and a business strategy. This involves considerate selection processes that do not include hiring too quickly based on immediate need, prioritizing a candidate's fit, culture, and utilizing a shared purpose and fairness to retain clinicians. The identified BHO has adjusted its hiring and retention interventions to increase workforce capability and capacity. The identified BHO has previously prioritized rapid hiring to meet community needs, a practice that is growing. However, leadership notes a shift in focus.

This shift in focus prioritizes greater intentionality in hiring, particularly when aiming for quantity and swift returns, by selecting established clinicians with caseloads who have demonstrated clinical skills, according to the marketing manager. Shifting the focus of hiring ensures that the workforce is comprised of competent clinicians who can ensure practice sustainability. Subsequently, this enabled leadership to prioritize relationship-building and culture development through supervision rather than training, thereby strengthening core competence. Clinicians with established caseloads may

exhibit greater engagement due to their relationships with existing clients and their commitment to mental health, as evidenced by their longevity. Additionally, focusing interview questions on assessing fit with the existing culture, long-term workplace culture goals, and alignment with the mission and vision enhances workforce capability and capacity.

Furthermore, it will help provide practical solutions to address the challenges of employee engagement and motivation. Employees with a vested interest in increasing their caseloads while maintaining the well-being of their current clients may be more easily engaged, communicate more efficiently, and focus more on treatment outcomes and productivity. This could eliminate several obstacles leaders face in solving the practice problem.

Improving Organizational Services, Processes, and Operations Management

The identified BHO is still developing several services, processes, and operational management strategies. While iterative processes can be beneficial for overall development and sustainability, the lack of structure regarding this has increased difficulties with practice problems related to communication and work performance. Effective leadership communication and organizational structures within the practice are crucial for ensuring staff retention. In relation to job satisfaction and intent to quit, adequate communication from leadership, growth-fostering supervision, and perceptions of fair and equitable decision-making and resource allocation are instrumental in clinicians' decisions to remain committed or transition employment within a private practice (Murphy, 2022).

Additionally, perceptions of operational stress and workplace pressures, such as increased administrative tasks, excessive paperwork, and high-acuity caseloads, contribute to clinician stress and overall dissatisfaction (Murphy, 2022). Due to limited communication and unclear expectations regarding non-client-facing measures of work performance and processes, many clinicians reported feeling that they were measured solely on their performance metrics for recorded appointments.

A review of archival data, including administrative notes from the organization's herd hall staff meetings, suggests that staff members felt overwhelmed by administrative tasks for which they are not compensated and that leadership does not provide sufficient support in addressing their difficulties in meeting service processes and productivity expectations. Staff have raised concerns about the onboarding process and the expected ramp-up to full-time status within 3 months, as well as the requirement to remain eligible for benefits until they maintain consistent full-time status.

Internal Improvements

As the company is new and still developing, policies are revised, and new SOPs (standard operating procedures) are developed in response to identified needs. While this allows for the practice to meet the needs of the unique staffing culture and community, it can provide unclear expectations that appear to be constantly changing for clinicians.

Currently, many of its operations were developed reactively, rather than proactively, after clinician errors have been made, rather than establishing a standard of care and performance. An example of this can be found in the development of a SOP for crisis intervention in sessions and staff training, which was developed only after a

clinician received an emotionally exhausting threat from a client with active psychosis. Once the issue was addressed through the herd hall staff meetings and brought to leadership's attention by the senior clinician in a hybrid leadership position, the director of business operations developed a staff training, with a competency evaluation and formalized SOP.

Murphy (2022) prioritizes the impact of emotional exhaustion on performance and the decision to quit for clinicians in private practice. More transparent communication is needed from leadership, along with more streamlined policies, to enhance the organization's design, performance, and treatment outcomes. This anecdote aligns with the results of the employee satisfaction survey and the lack of awareness regarding the severity of the individual line items associated with the practice problem.

Client Specific Service Improvement

The organization has implemented one client satisfaction survey. A review of archival data suggests low client engagement with surveys. Additionally, there was limited individual supervision provided regarding the findings of the satisfaction survey. Overall practice satisfaction was discussed in an all-staff meeting, while clinicians received emailed copies of their client responses from the clinical director. While this is a relatively new initiative, it is also an iterative process, and leadership will revise the structure, frequency, and utilization of satisfaction surveys to ensure high-quality care.

Additional interventions used to enhance service offerings included interpreting Google reviews left by clinicians. The marketing manager primarily monitors this. The clinical team has not strongly promoted evidence-based care as a way to improve service

offerings. Currently, the use of client inventories is strongly recommended, but not a requirement during the intake, evaluation, and diagnostic process. Further, there is no uniform SOP for treatment planning. Clinicians are free to utilize any format for treatment plans, and the training manual does not clearly state that all treatment plans must be measurable. Use of evidence-based practices helps ensure service implementation and treatment outcomes; however, this must be paired with optimal supervision and organizational structures that emphasize support and growth-fostering relationships to improve the quality of care (Seegan et al., 2023).

Knowledge Management

This study relied on the perceptions of leaders regarding current operations, specifically standard operating procedures, to improve the organization's performance. The organization had limited strategies in place to enable the measurement, analysis, and improvement of its performance. The owner operated in the capacity of director of business operations. They were responsible not only for supervising the leadership team but also for setting the standards and expectations for business performance and analysis, and they serve in a human resources management capacity for practice. As such, they have delegated tasks related to the analysis and measurement of operations to the clinical director. The clinical director has been in the position for less than a year and has been on leave for the last 2 months. This study reviewed archival data, including employee performance evaluation templates, employee satisfaction surveys, client satisfaction surveys, and the organization's employee handbook. However, most surveys have only had one iteration, and the employee evaluation process is currently under revision.

TQM to Measure Analyze and Improve Organizational Performance

Organizational design encompasses intentional choices of organizational leaders regarding structure, governance, operational procedures, labor structure, incentives, and the flow of information between the various levels of the organization (George et al., 2024). Total Quality Management (TQM) and Knowledge Management (KM) work in tandem to positively impact an organization's performance (Abbas & Kumari, 2023). TQM efforts encompass leadership, continuous improvement, client emphasis, employee engagement, and process management, while knowledge management involves the intentional acquisition of knowledge, the knowledge sharing process, and the application of knowledge. Leadership commitment is at the heart of TQM; as it focuses heavily on leadership's accountability of culture, employee training and development of quality systems as aligned with leadership, strategy and results components of the Baldrige Framework (Abbas & Kumari, 2023). This directly aligns with the organizational design as outlined by George et al. (2024) as leaders make decisions and set operational goals that lays the foundation for the practice's performance. Leaders must balance coordination and autonomy, control and flexibility, and goals alongside stakeholder and community demands (George et al., 2023).

Employee Engagement and Client Focused TQM

Abbas & Kumari (2023) highlight the importance of employee involvement in TQM. When clinics develop an advisory group, they can remain engaged in the organization's operations and effectively influence performance. Similarly, client-focused operations would include prioritizing data received from client satisfaction

surveys (Abbas & Kumari, 2023). Knowledge management and operations could be enhanced at the practice by administering these surveys quarterly and emphasizing both positive results and opportunities for improvement in practice-wide strategic plans and individual plans for each clinician. Although clinicians generally perform well in terms of retention rates, prioritizing this may benefit newer clinicians and those who struggle with retention metrics (Abbas & Kumari, 2023).

Continuous Improvement and Process Management TQM

Jarihi (2025) urges the use of shared decision making amongst staff and leadership as an aspect of TQM staff engagement, noting that shared decision-making increases organizational culture, which in turn enhances organizational intimacy directly and through TQM, given the relational structure of healthcare organizations.

Continuous improvement, specifically the use of the PDCA (plan, do, check, act) cycle, enables iterative processes to enhance work performance (Abbas & Kumari, 2023). The practice operates on a fee-for-service model, where revenue is generated only from confirmed therapy sessions. As such, the PDCA cycle can reduce missed sessions, increase rescheduling efforts, and ultimately increase efficiency and decrease lost revenue. Applying this process may lead to viable solutions, such as scheduling shorter sessions for makeup or parenting sessions for adolescents that might otherwise be missed opportunities to reschedule. The current operating model allows for sole decision-making regarding this to be at the clinician's discretion, while most clinicians are not meeting their benchmark of 100 recorded sessions per month.

Process management and standardization allow for increased effectiveness as organizations are able to label and refine operational processes in alignment with operations and knowledge management portions of the Baldrige Framework (Abbas & Kumari,2023). The BHO is already prioritizing developing SOPs and checklists, however implementing TQM strategies could enhance efficiency by doing this proactively rather than reactively once the fidelity of services has been impacted. The director of business operations is working in conjunction with the rest of the leadership team to consider staff preferences and learning styles when rolling out training and workflows for newly developed SOPs, according to the director of business operations.

Knowledge Management Integration and Performance Measurement, Results TQM

Effective practices may utilize knowledge management to enhance TQM efforts, ensuring that all members of the organization have access to information and can apply it (Abbas & Kumari, 2023). The identified BHO utilizes SharePoint for a centralized knowledge system. A review of the archival data in SharePoint provides current copies of the handbook, pertinent SOPs, caseload reports, clinical resources such as treatment plan intervention banks, and shared clinical trainings. Additionally, leadership sends regular emails with daily operations resources and directions regarding billing and administrative aspects of private practice. In further alignment with the knowledge management, measurement, and analysis tenets of the Baldrige framework, the BHO supports peer consultations during biweekly group supervision sessions. The organization could enhance its efforts to highlight learned lessons based on clinical and operational issues that may be similar among individual clinical supervisions.

Measurable objectives ensure that TQM and KM are aligned (Abbas & Kumari,2023). In alignment with the results category of the Baldrige Framework, the identified BHO utilizes quantitative and qualitative indicators to ensure alignment. These indicators include client outcomes, confirmed appointment tracks, and patient aging spreadsheets. While the organization uses qualitative indicators through employee satisfaction surveys, it could strengthen other qualitative indicators, such as burnout risk and the effectiveness of supervision (Abbas & Kumari, 2023). The use of data-driven decision-making, as outlined by Abbas & Kumari (2023), is enhanced by the practice's use of OKRs. From a quantitative lens, the organization relies on data from OKRs and KPIs. For many clinicians, implementing OKRs with or in place of KPIs is a new concept (review of internal communications). OKRs and KPIs are complementary: KPIs prioritize stability, control, and observation, whereas OKRs focus on motivation and on addressing dynamics by encouraging innovation (Cunha et al., 2025).

Technology and Knowledge Management

The identified BHO utilized an electronic health record platform, Valant IO for storage of data as well as to host telehealth sessions. It used a cloud platform, Nutshell, to store referral information for marketing partnerships, collaborations, and patient referrals to therapy-adjacent services. While the shift to integrated care models and the use of EHRs enable continuity of care across disciplines, outpatient counseling faces challenges in balancing the benefits of EHRs against potential risks, including privacy and confidentiality, professional identity, and accurate patient information sharing (Polychronis, 2020).

The identified BHO had safeguards in place to address confidentiality. Their health records had tiered access for patients, financial guarantors, and clinicians within the practice. While literature notes the opportunity for records to be shared without the client's awareness and consent, the BHO has consents regarding use of EHR, telehealth and has a standard operating procedure which requires release of information before any information is shared electronically, in writing or verbally.

Effective knowledge management with EHR begins by ensuring clean, relevant data, then applying data capture methods and explicit knowledge (Rhem, 2022). Knowledge management for the private practice must extend beyond IT implementation and focus on the culture, benefits, leadership, organizational design, and implementation of knowledge (Rhem, 2022). The identified BHO prioritized knowledge management at both the individual and organizational level through the use of technology, access to technology, and HIPAA-compliant sharing of information on a need-to-know basis with internal and external members of each patient's treatment team.

Summary

Upon reviewing archival data and semistructured interviews, it is evident that the identified BHO had begun to prioritize the organizational workforce. Although the organization had been in operation for a short period, it had established a foundation for iterative planning and continuous improvement across engagement, TQM, knowledge management, and overall operations. The organization demonstrated a commitment to improving staff engagement by effectively implementing findings from employee engagement surveys and by addressing current hiring, onboarding, and retention

practices. Its use of standard operating procedures has improved with time. While it still has room for improvement, it exhibits a strong iterative element that enabled leadership to continually align with servant leadership practices and meet the ever-changing needs of a growing practice. The practice effectively utilized knowledge management strategies, leveraging IT, dissemination, and information access.

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

Introduction

This qualitative study examined the experiences of the dual-role clinical leadership team within a startup BHO during expansion. The study examined how leadership strategy can be enhanced to improve the organization's performance across the workforce, operations, results, and leadership dimensions, in relation to the Baldrige Framework. The leadership team sought to establish a sustainable business model that would enable the practice to scale over time while aligning with the organization's mission to transform the culture of mental health. In doing so, the practice must address current deficits in clinical performance, including inconsistent productivity, low engagement and job satisfaction, and workplace culture concerns related to communication and the potential for burnout among novice clinicians.

In Section 4, I analyzed the data collected throughout the study to address three research questions regarding the leadership interventions and the performance of the identified BHO. I primarily utilized a qualitative case-study design, with data analysis influenced by interpretive phenomenological design, and identified three consistent findings related to the research questions.

The results were analyzed using multiple data sources, including semistructured interviews with members of the clinical leadership team and a review of internal secondary data (productivity reports, staff meeting minutes, employee and patient satisfaction surveys, business plans). In doing so, I analyzed current processes that affect the prevalence of the practice problem and the organization's capacity to adequately

mitigate the identified concerns. The findings outlined in Section 4 served as the basis for the recommendations presented in Section 5.

Analysis, Results, and Implications

IPA informed Qualitative Coding

I selected IPA-informed qualitative coding as the methodological framework because it focused on understanding how dual-role leaders make sense of their experiences and the meaning structures that guide their actions, as well as on establishing workplace culture and expectations. Because this study explored workplace culture as a combination of tangible and intangible factors that shape the work environment, operating procedures, and outcomes, it was necessary to examine how those who shape and develop it make sense of the experience and evaluate their effectiveness in addressing the practice problem.

Section 4 identified and interpreted the findings from semistructured interviews with five dual role leaders who participated in the study. The series of interviews with the 5 participants initially revealed 46 themes. These themes were then clustered into 14 thematic clusters, including emotional experiences of leadership, communication inconsistencies, desire for clearer expectations, need for clinician voice, burnout and role strain, mission alignment concerns, supportive supervisory relationships, productivity pressures, cultural disconnects, and leadership visibility. When triangulated with secondary data and interpreted by me, I then interpreted the analysis, further by engaging in a meaning-making process that led to 3 Primary themes of: leadership identity and sense making, supervision and leadership as primary influencers to organizational culture

(engagement and performance), and systemic misalignment and sustainability strain.

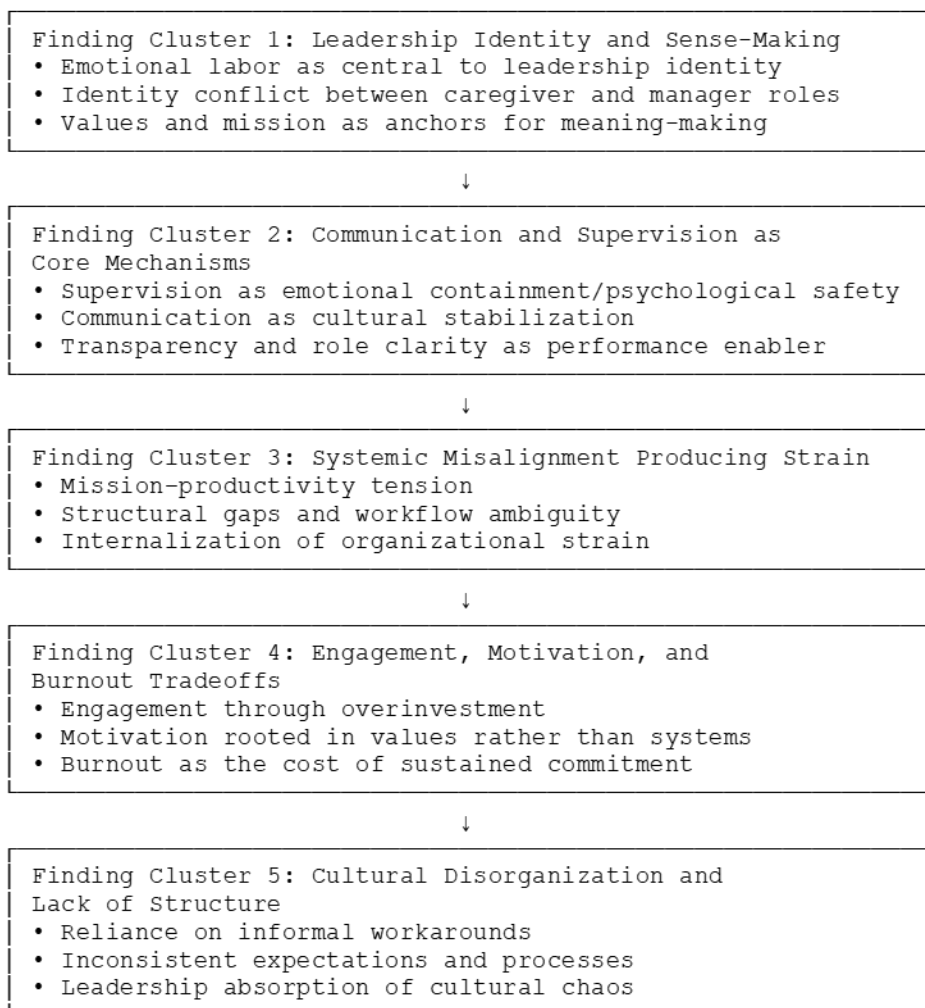
Based on these themes and interpretations, the data were reclustered into five significant findings, supported by verbatim reports from study participants. The five identified findings are as follows:

- Finding 1: Dual leadership identity and sense making
- Finding 2: Communication and supervision as core mechanisms of engagement and performance
- Finding 3: Systemic misalignment producing strain, burnout, and sustainability challenges
- Finding 4: Engagement, motivation, and burnout tradeoffs
- Finding 5: Cultural disorganization creates a lack of structure

Figure 1 depicts the five distinct finding clusters and their associated subthemes (proofs) derived from the thematic analysis. The subsequent detailed presentation of each cluster includes a comprehensive description of the findings, an interpretation of their underlying meaning, explicit connections to the guiding research questions, and logical transitions between thematic areas. Furthermore, the analysis utilizes the Baldrige Framework for Excellence as a primary interpretive lens to contextualize these findings. This framework situates the leaders' lived experiences within the specific dimensions of leadership and workforce performance, highlighting the systemic interplay between individual identity and organizational mechanisms.

Figure 1

Thematic Finding Clusters and Proofs



Each of the five clusters included a description of the findings, an interpretation of the meaning, explicit connections to the research questions, and transitions. I used the Baldrige Framework for Excellence as an interpretive lens to situate leaders' lived experiences within the dimensions of leadership and workforce performance. These findings provided the foundation for the recommendations presented in Section 5. In this study, workplace culture is understood not as a discrete construct, but as the lived

environment shaped by leadership behavior, communication practices, and organizational systems. Accordingly, cultural dynamics are reflected across all three themes rather than isolated within a single category.

IPA Informed Interpretation by Cluster

Finding Cluster 1: Dual Leadership Identity and Sense-Making

Description of Findings. Cluster 1 was characterized by finding 1: Leadership Identity and Sense-Making. Across interviews, this was characterized by role dualism, defined as the ongoing negotiation between participants' identities as clinicians and their responsibilities as behavioral health leaders. Leaders described having a multifaceted role in which they were expected to simultaneously uphold high-fidelity clinical values and managerial accountability, often without adequate structural guidance to integrate these roles effectively. Clinical leaders primarily understood and enacted leadership through their professional identity as clinicians, resulting in role strain and uncertainty when navigating supervisory and organizational responsibilities.

Interpretation of Meaning. Consistent with finding one, participants identified emotional labor as being central to their leadership identity, a conflict between their clinical roles and managerial roles and the experience of using values and the mission as anchors for the meaning making regarding leadership. Throughout the interviews, leaders described their leadership responsibilities as having been assumed out of necessity rather than through formal preparation. I interpreted interview transcripts to depict an inherent role strain and identity conflict as foundational to leadership experience within the organization. Leaders within the BHO struggle to reconcile their professional clinical

identities with administrative and performance focused leadership responsibilities. This creates an internal tension that leads to uncertainty in their decision-making process. On this, the sense-making of leaders suggested internal turmoil navigating duality as evidenced by the participants' statements. Participant 1 said, "It's hard not to feel torn between being a therapist and being a supervisor." Participant 4 said, "I want to help my clinicians, but I'm also supposed to enforce policies that don't always fit our values." Participant 1 added, "It's hard to separate being a therapist from being a leader. I'm always holding both roles at the same time."

Similarly, leaders' meaning making about their professional and leadership identities revealed an overreliance on values, mission, and vision to make sense of their experiences and expectations, given the lack of leadership development and an organizational culture that supports such reflection. On this, participants shared their experience navigating this. Participant 3 said, "When systems fail, I go back to our mission, that's how I make decisions."

Analysis of interviews suggested that leaders struggled to reconcile their clinical identity with their administrative responsibilities. For the leadership team, values become psychological anchors that guide leaders in maintaining purpose when operating in ambiguity. RQ 1 explored how leaders interpret the leadership strategies they use and how those strategies shape workplace culture and influence clinician engagement. The IPA revealed that participants made sense of leadership as a relational, emotionally grounded, and values-driven endeavor.

Values alignment empowered clinicians to use their values and the mission as a stabilizing anchor, highlighting the leadership team's potential to align with values and positively address the practice problem. Leaders consistently sought to anchor decisions in compassion, service, and mission, even under pressure from the workforce and operational demands. While leaders could leverage values constructively, their difficulty in understanding the dualism of their roles does not substitute for necessary leadership training and structural support.

A synthesis of findings in Cluster 1 highlighted dual- role leaders' struggles to honor their commitments to subordinates, align their personal values with those of their subordinates, and meet organizational needs. Private practice leaders face barriers, including negative attitudes toward evidence-based practices, supervisory needs, and structural barriers to implementation that impede quality and scalability (Frank et al., 2023). This is exacerbated by the practice's startup status and the internal conflict that leaders face regarding role duality. This gap will directly affect decision-making and the ability to positively influence organizational culture and climate. Finding one addressed the dualism of leadership role and meaning-making processes, which directly connect to the leadership, strategy, and workforce categories of the Baldrige Framework.

Leaders often assume multiple roles, including supervisor, mentor, and employee; however, they also serve as clinicians. When leadership identity is ambiguous, communication becomes inconsistent. Leadership identity can shape the purpose of communication by determining why the leader is communicating, not just how. If leaders communicate primarily from their managerial identity, communication can become

transactional. This communication style focuses on issuing directives and evaluating productivity, resulting in supervision experiences rooted in productivity, compliance, role oversight, and accountability. When focusing on clinical identity, leadership communication becomes educational and reflective. Leaders may use language that conveys curiosity and reflection, leading to growth. However, when balance is achieved in leadership identity, leaders may communicate bidirectionally, with a focus on meaning making and support.

Finding Cluster 2: Communication and Supervision as Core Mechanisms of Engagement and Performance

Description of Findings. Leaders' supervisory and communication practices functioned as the primary mechanisms through which expectations, support, and performance standards were conveyed, directly shaping clinician engagement and work experience. Across interviews, participants experienced leadership not as an abstract organizational construct, but as something lived, relational, and portrayed through everyday supervisory and communication practices with supervisees. Across participants, leadership behaviors regarding how they communicated expectations, supported clinicians, and expressed KPIs were experienced as the primary mechanisms for making sense of roles, values, and position within the organization. This directly influences organizational culture.

Interpretation of Meaning. For participants, communication and supervision were the primary relational mechanisms for engagement, motivation, and the maintenance of high performance. Leaders conceptualized these communications as

necessary for stabilizing the clinician workforce and addressing organizational gaps, rather than as solely administrative tasks. IPA interpretation suggests that supervision functions as a holding environment that supports clinician engagement and resilience. Leaders described supervision as a space for emotional grounding, trust building, and psychological safety. Participant 4 said, “Supervision becomes a safe place to talk about what’s really going on, not just cases.” Participant 2 said, “They didn’t really have anyone before. I wanted to make sure they had me.” Additionally, Participant 4 added, “Supervision is where people actually feel supported—it is not just about cases,” and Participant 2 said, “Communication fills in the gaps when systems are not there.”

IPA findings suggested that inconsistent systems elevated the importance and necessity of communication. Leaders viewed frequent, transparent communication as essential to maintaining coherence amongst the workforce and reducing clinician anxiety. Participants made assertions demonstrating the need for supervisor communication as a stabilizing agent. Participant 3 said, “There’s no real training, so communication becomes everything.” Participant 2 said, “I update them as soon as I know something so they’re not blindsided.”

Similarly, Leaders drew on their own experiences and linked clear communication to motivation, accountability, and performance; all of which shape the organization’s culture through work performance, job satisfaction, and the mitigation of burnout. This was best illustrated by participants’ statements, which described how transparency reduces emotional and cognitive overload by allowing clinicians to focus on clinical work. Participant 5 said, “Clarity motivates me. Ambiguity shuts me down.”

Participant 2 said, “When leadership is upfront, it makes me feel included. ... I always try to be real with them... I talk about when I’m struggling too.”

Due to the variability in leadership identity and style, communication often seems contradictory, confusing, and unclear. Leaders appeared conflicted about what message to convey and how to deliver it. The review of secondary data supported this, as members of the leadership team reported uncertainty about productivity and day-to-day organizational operations, including PTO and leave requests. This further illustrated the discrepancy between the leadership team’s intentions and clinicians’ interpretations of their communication. Leaders may have intended to remove uncertainty and provide clarity; however, their communications have not been received that way. They describe frustration when clinicians respond by limiting communication and failing to take advantage of the open-door policy they intend to create.

Interpretations of leaders’ statements indicated that transparency positively influenced organizational culture. Leaders relied not only on transparency but also on vulnerability and on preserving the relational, human element of their communication with supervisees. Except for the clinical director, whose primary leadership style was transactional and secondary was servant leadership, the leadership team reported primarily using servant and transformational leadership styles. Leaders identified these styles in response to the conflict between their clinical roles and their plight yet found themselves in managerial decision-making roles. Leadership was intended to convey understanding and compassion, but frustration was expressed that this is not always reflected in how the team initiates or receives communication. Participant 3 said, “My

strength is being present with my team—showing them I care.” Participant 5 stated, “People come to me because they trust me, not because of my title.”

Leaders’ perceptions of how and why people come to them were rooted in the belief that their actions aligned with their intentions. However, this did not always land as intended with clinicians. A review of employee satisfaction surveys highlighted a need to improve perceived support from clinical leaders during supervision. Finding cluster 2 addresses RQ by outlining the challenges faced by leadership, and the extent to which their ability to interpret and navigate these challenges influences organizational culture. This aligns with Category 1 of Leadership, Category 5 of Workforce, and Category 6 of Operations within the Baldrige Framework by demonstrating the connection between leaders and workplace culture and how that culture influences workforce functioning and outcomes.

A close analysis of cluster 2 demonstrated a direct connection to cluster 3, which focuses on strain, burnout, and sustainability threats arising from organizational misalignment. Correcting misalignment will be pivotal to sustaining the two current locations and aligning them with the current expansion plan. The finding of cluster two indicated a disconnect between leaders’ intentions and clinicians’ interpretations; this is further illustrated by cluster three, which shows how this disconnect and overall misalignment negatively affected organizational culture by reducing performance and satisfaction.

Finding Cluster 3: Systemic Misalignment Producing Strain, Burnout, and Sustainability challenges

Description of Findings. The finding of Cluster three indicated that misalignment among organizational mission, structural support, and leadership capacity contributed to sustained strain, burnout, and concerns about long-term organizational sustainability. Leaders reported that organizational systems did not align with mission-based care or workforce needs. Leaders consistently internalized systemic shortcomings, thereby increasing emotional strain and burnout risk.

Interpretation of Meaning. IPA interpretations highlighted persistent conflict between values-based care and productivity demands specific to the startup phase of the organization and the lack of consistency. Leaders reported unclear processes and inconsistent workflows. This led leaders to make sense of their experiences and, in their attempts to gain control, to attribute organizational shortcomings to an internal locus of control. Participants frequently assumed personal responsibility for systemic failures. This internalization intensified the risk of burnout among clinical leaders. Both Participants 1 and 5 were clinical leaders who presented with an elevated risk of burnout and expressed a shared sentiment regarding internalization. Participant 5 said, “If they’re overwhelmed, I wonder what I missed.” Participant 1 said, “It feels like building the plane while flying it.”

Clinical leaders acknowledged the misalignment between efforts to transform the culture of mental health and the imposition of productivity standards and performance metrics on the workforce to sustain the business. During the interview process, dual-role

leaders shared statements that mirrored sentiments captured in staff meeting minutes, in which members of the clinical team expressed feeling that leadership was disingenuous and that the focus of their supervision and interactions was on reducing them to a number and motivating them to meet unattainable productivity metrics.

A review of productivity report data revealed trends indicating that, over the past year, only one nonsalaried employee has consistently met or exceeded the productivity requirement. Dual-role leaders are best able to relate to clinicians, as a review of leadership productivity reports indicates that the majority of clinical supervisors with full-time productivity expectations are not meeting their metrics. In contrast, director-level leaders have significantly lower metrics and salaried reimbursement. On this topic, Participants 2 and 3, the director of business operations and the marketing and outreach manager, shared similar views. Participant 3 said, “We say we’re mission-driven, but productivity becomes the real priority. ... We talk about mission, but the pressure is really on numbers.” Participant 2 said, “It feels like I’m choosing between supporting clinicians and meeting numbers. ... It feels like I’m choosing between people and productivity.”

Synthesis of the leadership team’s experiences with organizational misalignment revealed consistent themes related to risk of burnout and internalization across interviews. This is further supported by anecdotal evidence from meeting minutes and transcripts, which suggest that, despite best efforts, clinical staff do not feel connected to supervisors when they perceive interactions as rooted in KPIs and organizational operational requirements. By influencing engagement, motivation, and performance,

leadership experiences of communication practices and supervision begin to answer RQ 2 regarding the impact on organizational culture through job satisfaction, engagement, and communication. Leaders who navigate the barriers can positively influence the culture around communication and engagement. However, the leadership team faced significant barriers, including disconnects and burnout (which will be explored in the identification of Cluster 4). Cluster 3 best aligns with Categories 2, 6, and 7; strategy, operations, and results. In short, leadership must create a culture of communication that warrants high employee engagement, satisfaction, and sustainable work models.

When leaders perceive their roles as conflicting, it fosters a culture of unrealistic, unsustainable work practices and attitudes among clinicians. This frequently leads to burnout among the workforce and lower performance outcomes, as the team feels disconnected from leadership expectations and disengages from the organization. The steady decline in employee participation in social outings, holiday celebrations, and community marketing initiatives supported this. Cluster 4 connects RQ 2 and 3 by examining trade-offs in burnout.

Finding Cluster 4: Engagement, Motivation, and Burnout Tradeoffs

Description of Findings. Engagement and motivation are sustained through overextension and values-based commitment, creating trade-offs that favor burnout over disengagement. Leaders shared their experiences of building a paradox in which burnout coexists with high engagement, which is normalized as commitment rather than recognized as an organizational risk. While leaders reported remaining deeply engaged

and motivated, they noted that their engagement was sustained through overextension rather than support, resulting in trade-offs toward burnout.

Interpretation of Meaning. IPA analyses found that leaders attempted to overcompensate for organizational lapses, creating a culture of unrealistic expectations and burnout stemming from their personal overinvestment. Leaders described burnout as a cost of their commitment to the organization. Leaders described staying engaged by giving more of themselves. Participant 1 said, “I stay engaged because I care, but that caring is what’s burning me out. ... I don’t disengage; I just give more.” Participant 2 said, “I don’t disengage, I just keep giving more.” Participant 5 said, “Burnout comes from caring too much without support.” Participant 3 shared, “We aren’t given the tools to meet the expectations placed on us.”

Finding Cluster 4 aligns with the workforce and results categories of the Baldrige Framework. Within the Baldrige Excellence Framework, the Workforce category highlights the organization’s responsibility to build and sustain a capable, engaged, and healthy workforce capable of executing strategy and delivering consistent performance over time. The findings on engagement and burnout from this study aligned closely with Baldrige’s core premise that workforce well-being is not ancillary to performance but foundational to it.

Finding Cluster 5: Cultural Disorganization creates a lack of structure

Description of Findings. Leaders shared their lived experiences of cultural disorganization and a lack of organizational structure. This shared lived experience highlights that Organizational culture is fragmented and relies on informal workarounds,

thereby increasing leaders' cognitive and emotional overload. Leaders positively interpreted the organization's mission and vision and aligned them with core values, including authenticity. Leaders prioritized personal alignment with the organization's core values. Authenticity served as both a coping mechanism and a strategic leadership stance, which allowed leaders to navigate ambiguity while maintaining relational trust.

However, when I interpreted these data, I relied on prior conversations in which members of the leadership team highlighted authenticity as a personal, practice-wide, and organizational value. Authenticity is a featured "den" within the office suite. Each room depicted one of the franchise group's selected core values, including authenticity, humor, and acceptance. Despite alignment with these values, leaders felt that they do not always come across first in clinician interactions, due to a culture rooted in the necessity of consistent revenue and a bottom line to establish and maintain the franchise group.

For leaders, culture was experienced through how they communicated expectations, how quickly support was offered when clinicians were overwhelmed, and how performance pressures were framed. This aligned with an emphasis on servant and transformational leadership. Participants interpreted culture through questions such as: "Am I supported when I struggle? Are expectations clear and fair? Is well-being genuinely prioritized or secondary to output?" When operational systems were aligned with relational support and provided consistent supervision, transparent productivity benchmarks, and flexibility during high-stress periods, participants described a culture characterized by psychological safety, trust, and mutual respect. This leads to lower burnout, higher engagement, job satisfaction and performance.

On the reverse, when operational demands intensified without adequate increases in support, culture was experienced as performance-driven and emotionally taxing, regardless of espoused values. In these instances, day-to-day operations conveyed implicit norms of endurance, self-sacrifice, and individual responsibility for managing systemic strain. Subsequently, culture was not experienced as what the organization claimed to value, but as what it rewarded, tolerated, or overlooked in daily practice.

Interpretation of Meaning. IPA interpretations are broken and require individual commitments. Leaders expressed reliance on informal workarounds. As a result of the implications of findings 1-4, the culture within the organization was plagued by inconsistency and unclear expectations. In attempts to reconcile, members of leadership are forced to absorb cultural chaos. The culture of disorganization fosters an unspoken culture of unhelpful thoughts and heightened burnout. Participant 3 said, “Things work because people step in, not because there’s a system.” Participant 1 stated, “When something falls apart, I assume it’s my responsibility.” Participant 4 said, “There isn’t one clear way things are done—it depends on who you ask.”

Overall, the findings of Cluster 5 indicated that organizational culture was experienced through micro-level operational practices rather than through macro-level value statements. Variability between intended culture and lived experience emerged as a critical factor shaping clinician engagement, burnout, and perceptions of organizational integrity. These findings suggest that sustaining a healthy workforce culture requires not only clear cultural intent but systematic alignment between leadership messaging, workforce practices, and daily operational realities. The findings of Cluster 5 were further

substantiated by reviews of employee retention statistics, anecdotal shared knowledge about the reasons clinicians provided for leaving the practice, and employee engagement survey results.

Findings Cluster five aligned with the Leadership category, given its emphasis on how dual-role leaders model values and reinforce organizational culture through behavior. Participants evaluated culture based on leadership consistency rather than intent. When leaders' day-to-day actions align with values, they prioritize transparency, advocacy, and relational supervision. When that occurs, culture is experienced as authentic and supportive. When misalignment occurs, culture is perceived as performative.

Through day-to-day cultural encounters, finding Cluster 5 aligned with the operations category of the Baldrige framework. Procedural operations such as patient scheduling, caseload/workload expectations, and productivity tracking are the primary mechanisms by which culture is enacted. When this occurs, high-priority values are overridden because operational systems convey contradictory priorities. Lastly, finding Cluster 5 aligns with the results category, as engagement, burnout, and retention patterns emerged as downstream cultural results. Variability in lived culture produced uneven workforce outcomes, threatening consistency and sustainability for the scaling private practice.

Summary of Findings and Implications

Across Findings Clusters 1 through 5, leadership identity, communication practices, workforce engagement, and organizational culture emerged as an

interdependent system shaping experiences of day-to-day workplace interactions. Leadership identity functioned as the foundational influence, setting expectations for how support, accountability, and performance were defined and implemented. Given these leadership orientations, leaders enacted strategically through communication practices that either promoted clarity, psychological safety, and trust or contributed to ambiguity and strain. Engagement and burnout did not arise in isolation but reflected the degree to which leadership identity and communication were coherently aligned with workforce realities.

Collectively, the findings demonstrated that clinician engagement was strongest when leadership behaviors consistently reinforced stated values through transparent communication, relational supervision, and responsiveness to workload demands. In these situations, dual-role leaders described a culture rooted in support, mutual respect, and sustainability. However, when leadership messaging emphasized well-being while operational systems prioritized productivity without adequate structure, dual-role leaders experienced internal identity role conflict, increasing their risk of disengagement and burnout. Therefore, the organization's culture became less of an aspirational construct and more of the cumulative outcome of leadership actions and system design.

When interpreted through the Baldrige Excellence Framework, the findings underscored that sustainable organizational performance depends on intentional alignment between leadership practices and workforce systems. Leadership and workforce processes operated as primary drivers of engagement, culture, and performance reliability, with misalignment introducing organizational risk. While

positive drivers led to increased authentic communication, engagement, and optimized work performance, organizational misalignment led to increased organizational risk, including burnout, disengagement, job dissatisfaction, and poor sustainability. These findings provide the foundation for the recommendations presented in Section 5. The interventions within the strategic plan presented in section 5 are derived directly from the patterns identified across all five clusters.

Strengths and Limitations of the Study

Strengths of the Study

Methodological Alignment and Depth of Inquiry

The qualitative single-case design informed by interpretive phenomenological principles is a primary strength of this study. The methodological alignment enabled an in-depth exploration of the lived experiences of BHO's leadership team within a two-location group private practice. IPA's emphasis on meaning making was well-suited to the study's goals of understanding how clinical supervisors interpret and apply leadership strategies in real time to address organizational culture. The use of semistructured interviews, in conjunction with preliminary consultation with the leadership team and a review of secondary data, yielded rich, nuanced first-person accounts that enabled both superordinate and subordinate thematic patterns to emerge.

Organizational Relevance

The study examined a well-defined case, which strengthened internal coherence and contextual validity. The BHO is undergoing significant operational and cultural shifts, making it an ideal site for studying the influence of supervision, leadership style,

and workforce engagement on workplace culture and climate. Because the participants held dual clinical and supervisory roles, they offered unique perspectives on how leadership style interacts with clinician engagement, burnout, work performance, and organizational culture.

Application of Multiple Theoretical Frameworks

The integration of the Baldrige Framework for Excellence, Leader–Member Exchange theory, and values-based and relational leadership theories (transformational, transactional, and servant leadership) elevated the study’s conceptual rigor. Combining these theoretical frameworks empowered me to interpret the findings through interpersonal, organizational, and systems-level lenses. The theoretical triangulation enhanced interpretive depth and supported the development of practical, evidence-informed implications for leadership that would directly impact workplace culture within the BHO.

Addressing Gaps

A significant strength is the study’s contribution to the limited body of literature addressing leadership, supervision, burnout, and workplace culture in group private practice settings. Most existing research focused on hospitals, schools, and private-practice settings in community mental health. This study contributed to the scholarly literature by examining an underrepresented subgroup within the field: multisite franchises staffed with novice clinicians, which remain understudied. The current study directly addressed this gap and provided needed insights with direct applicability for

similar organizations across the United States that operate within productivity-driven business models.

Limitations of the Study

Single-Case Design and Limited Transferability

Although the single-case, IPA-informed design produced rich, detailed data, the findings could not be generalized to all BHOs. The organizational culture, leadership structure, and workforce characteristics of this specific group's private practice were unique to the practice's status as a) a startup organization, b) part of a franchise group, c.) having dual role leaders, and d.) employing primarily novice clinicians who are new to private practice. The unique characteristics of the BHO limited the transferability of findings, and the robust descriptions increased the potential for analytic (rather than statistical) generalization.

Limited Sample Size

The study involved five behavioral health leaders from the same organization. While consistent with IPA and qualitative case study methods, the small and homogeneous sample may restrict the range of perspectives captured. All participants served in dual clinical and supervisory roles. However, they operated under different productivity metrics depending on their management level within the leadership team. Analysis of the interviews found both similarities and differences among participants' perceptions of organizational stressors across the leadership hierarchy. Perspectives from the organization's clinicians could have expanded both the range of variation and the interpretive complexity. However, I sought to address this limitation by closely analyzing

meeting minutes and other secondary data that reflected the workforce's viewpoints and experiences.

Potential for Researcher Positionality Influence

Given that I conducted preliminary consultations with the leadership team and had access to organizational documents, my positionality and interpretive lens may have influenced interactions, data interpretation, and thematic development. Although reflexive practices were employed, complete elimination of interpretive bias was not possible within IPA or qualitative inquiry. While the strength of IPA is that it enables researchers to engage in active meaning making and interpretation, some may question the extent to which my influence affects the findings.

Organizational Dynamics During Data Collection

Semistructured interviews were conducted, and secondary data were collected during a period of organizational transition, including new marketing initiatives, expansion planning, leadership and staff transitions, and the implementation of new productivity expectations. These contextual dynamics may have heightened participants' sensitivity to workplace cultural concerns such as burnout, communication challenges, and perceived misalignment with organizational values. Although this context provided rich insight, it may also have shaped responses in ways that are not reflective of more stable operational periods.

Lack of Longitudinal Data

The study captured and analyzed a single moment in time, despite the practice undergoing transition. The absence of longitudinal data makes it difficult to determine

how leadership perceptions or workforce engagement shift as new initiatives, supervision practices, and communication structures are implemented. Future research could explore changes across multiple phases of organizational development.

Reliance on Self-Report Data

The primary data source was self-reported perceptions obtained through semistructured interviews. Self-report is susceptible to social desirability bias, particularly because participants held leadership roles and may have been motivated to portray their efforts or the organization in a positive light. Triangulating interviews with direct observations or additional document analysis was a valiant effort to mitigate this limitation.

Section 5: Recommendations and Conclusion

The purpose of this applied qualitative case study was to explore how behavioral health leaders within a group private practice (the BHO) interpreted and applied leadership strategies to influence workplace culture, clinician engagement, supervision quality, burnout, and performance expectations. The data collected through semistructured interviews with five BHO dual-role leaders were analyzed using a qualitative case study design, with IPA as the analytical lens, in Section 4. I explored my interpretation of interview findings in conjunction with a review of secondary data provided by the BHO. In Section 4, the analysis focused on the challenges leaders faced in addressing workplace culture as it related to employee engagement, job satisfaction, burnout reduction, and communication.

Section 5 provided a practical list of recommendations, along with a comprehensive 2-year strategic plan designed to address the practice problem and support sustainable, value-driven growth as the BHO scales from two to four clinical locations. The strategic plan provided offered an issues-based strategic plan for year one, focusing on present to future planning due to the multiple issues identified in the practice problem, and a vision-based strategic plan for year two that can aggressively plan for future growth after initial practice problems have been stabilized and reduced in year one (McNamara, 2006). Additionally, Section 5 provided practical recommendations to strengthen the current leadership team. Based on these recommendations, Chapter 5 presented a 2-year strategic leadership growth plan that aligns with the workforce strategic plan and leadership pipeline, supporting expansion goals.

Recommendations

Recommendations for the Organization

Six organizational recommendations are presented numerically below. This format will allow for a concise presentation that the leadership team can review, assess, and disseminate throughout the organization as needed. A structured strategic plan is provided in accordance with the six recommendations. The recommendations are grounded in a strengths-based perspective, often drawing on existing organizational efforts and offering subtle yet effective revisions or expansions of existing ideas and frameworks. The recommendations presented below directly address the five primary findings: leadership identity; supervisory communication practices; systemic misalignment affecting sustainability, engagement, and burnout; and cultural disorganization and lack of structure.

Implement a Tiered Internal Communication Framework

Transitioning to a structured communication system increases transparency and strengthens leader–clinician relationships. This includes implementing a more streamlined communication of leadership updates, promoting increased use of unified communication streams, and scheduled feedback loops. While the BHO has a shared drive and uses as-needed director email updates and internal office communication via Microsoft Teams, additional efforts, such as routine updates, quarterly internal and external newsletters, or media blasts, may further improve communication. Supervisory communication is inconsistent and informal, and results in inconsistent engagement and performance. Increasing structural and organizational support will help to open lines of

communication and provide consistency across sites. This ensures that knowledge is disseminated equitably and that the quality of work performance is uniform across leadership and the workforce. By addressing shortcomings in workflows, support systems, and leadership capacity, the revised internal communication structure will reduce drivers of burnout and improve long-term organizational sustainability.

Standardize Supervision Using a Systemwide Framework

Prioritizing a cohesive supervision rubric with clearly defined expectations and reflective supervision practices will support novice clinicians and improve the overall quality of care. This will reduce the burden on leadership while still allowing individualized supervision for each clinician. It will ensure that the necessary information is shared consistently with supervisees across locations. The organization has implemented rubrics for supervision; however, these have not been heavily mandated or regulated. Additionally, Standardized supervision structures and communication practices the practice problem at the practice and process level. This recommendation develops clearer expectations, improves consistency in supervision, and strengthens communication as a deliberate leadership practice rather than an informal coping mechanism. In essence, this helps to positively shape the workplace culture's transition from reactive coping and compensating to proactive engagement and problem-solving.

Launch a 6-Month Mentorship Program for All New Hires

Mentorship accelerates onboarding, increases clinician confidence, and establishes early cultural cohesion. A review of internal documents suggests that clinicians do not feel connected across locations, or even across hallways. Implementing

a mentorship program enables clinicians to become stakeholders and co-owners in one another's success. Introducing clinician involvement during the onboarding process, rather than relying solely on leadership, promotes shared leadership values.

Introduce an Employee Wellness Program with Incentives Beyond Productivity

Introducing wellness stipends, mental health days, recognition awards, and restorative time can offset burnout and enhance retention. The BHO already offers a productivity-based quarterly bonus of \$20 for each additional session beyond 300. However, this does not promote clinician wellness or work-life balance, nor does it recognize clinicians for intangible work performance that is not tied to productivity. Making necessary changes here will drastically improve the spoken and unspoken elements of workplace culture.

Reframe Productivity Expectations Through Challenge-Based Coaching

Supervisors should support clinicians in understanding productivity expectations through collaborative goal setting, autonomy-supportive communication, and skill-building. While the BHO has already transitioned from KPIs to OKRs, a review of internal secondary data suggests that clinicians view this as a new way to convey the same message rather than as a workplace cultural shift away from financial metrics. Finding language and philosophy for a middle path that acknowledges the financial need for a baseline productivity, while shifting conversations to recognize and honor the experiences of clinicians, especially their perceived lack of control regarding fiscal performance will positively shift the workplace culture.

Strengthen Organizational Cohesion Across Locations

Shifting the organization's focus to developing a culture of Integration, including cross-site supervision rotations, and structured onboarding, will ensure shared norms and values as the BHO expands to four locations. By building in a position that focuses on prioritizing the workplace cultural needs, and strengthening clinician ownership within the practice, the organization can standardize operating procedures and embed an emphasis on high-quality care across locations as the franchise continues to scale.

Specific Recommendations to the Leadership Team

Based on the study's findings on inconsistent communication, variability in supervision quality, leadership burnout, unclear expectations, and insufficient organizational structure, the following leadership-specific recommendations support implementing a more structured and cohesive leadership framework as the franchise continues to expand.

Establish a Standardized Leadership Competency Framework

The BHO should define behavioral, relational, and operational competencies for all leadership roles. These competencies should align with the organization's values and expansion goals, its goal of transforming the culture of mental health, and the needs of the current workforce. The BHO should prioritize increasing communication and transparency, improving the effectiveness of supervision, enhancing problem-solving and decision-making, developing cultural leadership, and modeling value-based care and performance. In doing so, the organization will create uniform leadership expectation and establish a clear framework for evaluating progress.

Implement a Leadership Development Program With Quarterly Training

The BHO should invest in engaging an external organization or consulting firm to provide training and guidance on leadership interventions, structure, and guidance for a multisite private practice. While the franchise owner has recommended books, and leaders at the director level are seeking their own training through reading, this does not replace high-quality training in the implementation of industrial-organizational psychology. Supervisors and directors would benefit from structured leadership training, not only clinical training. These training sessions may include topics such as transformational, servant, and situational leadership; implementing coaching and feedback models; high-accountability vs. autonomy-supportive communication; workforce well-being-centered leadership; conflict management; and difficult conversations.

Create a Leadership Feedback and Evaluation System

By creating a leadership feedback and evaluation system, the leadership team can support members' professional development and help them feel they are growing in their supervisory roles. This builds mastery while improving not only the quality of supervision they provide but also the quality of supervision they receive and the rate at which they continue to grow as emerging supervisors. The new leadership evaluation system could include quarterly 360-degree feedback, an annual leadership review, anonymous supervisee-completed quality evaluations, and leadership improvement goals for identified areas of growth. In doing so, the BHO will increase accountability, improve

the leadership team's ability to transfer skills, and ensure high fidelity programming continues.

Build a Leadership Succession and Pipeline Pathway

The BHO has a healthy, iterative growth plan, which will require forward planning. The BHO needs newly defined roles (outlined later) and a formal development pipeline for future leaders. Within the pipeline, there should be processes to identify high-potential clinicians within 6 months, to create a leadership-in-training track, to develop mentorship pairings with current leadership members, including shadowing opportunities, and to conduct a formal readiness evaluation. This ensures that clinicians can visualize a future within the practice, develop their careers with the organization based on their interests and performance, and feel a sense of equality in promotions and earning opportunities.

Strengthen Leadership Well-Being and Burnout Prevention

High turnover within the leadership team may destabilize the organization's structure. Further, poor leadership and inadequate supervision add to clinician burnout and stress. To strengthen the leadership team, it may be critical to reduce the caseloads of non-director-level leaders, ensure administrative time is protected, implement quarterly leadership retreats, and develop leadership coaching and consulting resource as the team grows. In turn, the BHO may observe increased leadership retention, a trickle-down effect on the clinical team, reduced burnout, and a more cohesive organizational culture.

Table 2*Two-Year BHO Strategic Plan*

Phase	Description of Strategic	Timeline	Evaluation and Measurement
Year 1 – Phase 1: Organizational Diagnosis & Infrastructure	Conduct communication audit; Pilot communication plan w/ newsblasts and weekly media standardize supervision framework; establish baseline for levels of burnout, engagement, and productivity metrics Pilot CE program	Months 1–3	Completion of audit; staff survey results; baseline metrics documented
Year 1 – Phase 2: Leadership & Supervision Implementation	Launch leadership development workshops; implement standardized supervision agendas; establish quarterly reporting from team leads	Months 3–6	Supervisor training attendance; supervision documentation audits; clinician satisfaction scores
Year 1 – Phase 3: Workforce Engagement, Wellness, and Mentorship	Introduce challenge-based productivity coaching; launch employee wellness program with incentives beyond productivity bonuses; implement 6-month mentorship program for all new hires	Months 6–9	Burnout scale reduction; mentor–mentee feedback surveys; retention of new hires
Year 1 – Phase 4: Expansion & Cross- Site Integration	Establish Culture Integration Lead Staff; standardize onboarding across sites; implement cross-site team lead rotations; open third clinical location	Months 9–12	Successful site launch; onboarding completion rates; cross-site cohesion survey results
Year 2 – Phase 1: Values Integration & Leadership Identity	Conduct values-based leadership retreat; revise leadership expectations and job descriptions; launch values-in-action recognition initiatives	Months 13–16	Leadership self-assessment; participation in recognition program; alignment survey
Year 2 – Phase 2: Cross-Site Cohesion & Expansion	Implement quarterly clinician led cross-site team-building; launch specialty consultation groups; open fourth clinical location with standardized culture training	Months 16–20	Attendance rates; inter-site collaboration feedback; successful site launch
Year 2 – Phase 3: Workforce Development & Sustainability	Establish wellness committee; implement advanced clinical training tracks; conduct annual culture audit and quality assurance review	Months 20–24	Training completion rates; burnout trends; culture audit findings

Table 3*Two-Year Leadership Development Strategic Plan*

Phase	Leadership Activities	Timeline	Evaluation and Measurement	Baldrige Framework Alignment
Year 1 – Phase 1: Leadership Foundation & Assessment	Develop leadership competency framework; conduct baseline 360-degree leadership evaluations; assess supervision quality and communication patterns	Months 1–3	Competency framework completion; 360 feedback summaries; supervision quality ratings	Leadership (1); Measurement, Analysis, and Knowledge Management (4)
Year 1 – Phase 2: Leadership Development & Alignment	Pilot quarterly leadership training; implement weekly leadership operating rhythm; train leaders in autonomy-supportive supervision and productivity coaching	Months 3–6	Training attendance; consistency of leadership meetings; clinician supervision feedback	Leadership (1); Workforce (5); Operations (6)
Year 1 – Phase 3: Leadership Pipeline Activation	Identify high-potential clinicians; Pilot Leadership-in-Training pods; implement mentorship and leadership shadowing experiences specific to leadership tasks & interests	Months 6–9	Leadership readiness assessments; mentor feedback; pipeline progression	Leadership (1); Workforce (5); Strategy (2)
Year 1 – Phase 4: Expansion Readiness	Assign leadership roles for third location; conduct cross-site leadership integration	Months 9–12	Successful leadership placement; dashboard utilization;	Leadership (1); Strategy (2); Results (7)

Phase	Leadership Activities	Timeline	Evaluation and Measurement	Baldrige Framework Alignment
Year 2 – Phase 1: Values-Based Leadership Activation	Continue annual values-based leadership retreat; revise leadership job descriptions; implement values-based leadership performance evaluations	Months 13–16	Retreat outputs; updated job descriptions; evaluation alignment	Leadership (1); Strategy (2)
Year 2 – Phase 2: Cross-Site Leadership Integration	Establish cross-site leadership teams; implement shared decision-making structures; rotate team leads across sites	Months 16–20	Collaboration metrics; leader engagement surveys; consistency across sites	Leadership (1); Workforce (5); Operations (6)
Year 2 – Phase 3: Leadership Sustainability & Succession	Launch advanced leadership development; implement leadership KPI dashboards; formalize succession planning and future leadership pipeline	Months 20–24	Leadership retention rates; KPI trends; succession plan documentation	Leadership (1); Measurement, Analysis, and Knowledge Management (4); Results (7)

Review of Strategic Plan Implementation and Knowledge Dissemination

Dissemination

A well-thought-out dissemination plan is a key component of a strong strategic plan (McNamara, 2005). The purpose of this study was to develop a client-centered, specific set of recommendations ready for implementation. The study's researcher

planned to apply the knowledge gained as an internal consultant at BHO. The information will be delivered via a PowerPoint slide deck highlighting findings, deliverables, and outcomes for the leadership team's consideration. Using a logic model grounded in theories of change, the dissemination plan will streamline information and focus it on clinical outcomes, workforce sustainability, and leadership empowerment to address the practice problem. It will be important to align the presentation with the organization's mission and vision, while recognizing that it is a startup and needs to keep costs low while delivering high-level results.

It is recommended that information be disseminated to the organization in a direct, streamlined format. Based on a review of internal documents, it can be suggested that clinicians prefer to hear information relevant to them. Therefore, information should focus on the direct impact of changes on clinicians, highlighting changes to their productivity standards, caseloads, burnout, and administrative workload. This will also demonstrate that the leadership team acknowledges them not merely by hearing them, but by seeing them and actively making shifts in the organization's culture. By focusing on immediate outcomes and sharing long-term outcomes and goals in phases as the strategic plan is implemented, iteratively evaluated, and revised, the leadership team can build greater cohesion and increase buy-in.

Implementation

The two identified strategic plans should be implemented simultaneously as a two-pronged approach to address deficits in both the leadership and clinical teams. In doing so, the identified BHO will address the identified organizational concerns related to

engagement, burnout, job satisfaction, and communication. The plan begins by addressing immediate concerns across the two prongs, then transitions to a second-year implementation plan that outlines future planning and supports longevity and expansion.

Year 1

Year one is divided into 4 phases of implementation. In the first phase, priority is placed on diagnosing organizational problems related to functioning and laying the foundation for leaders to implement effective changes in subsequent phases. Phase 2 focuses on developing leadership and assessing how changes in leadership affect the workforce. In phases 3 and 4, the focus is on sustainable change that offers stability and structure to the organization.

Year 2

Year two should focus on prioritizing support for the organization's efforts and expansion. In phases one and two, emphasis is placed on integrating leadership and the workforce and ensuring the organization's values are embedded across every aspect of the employee experience. In phase three, the focus is on ensuring the cultural and operational changes are sustainable and yielding returns on the organization's investment.

Conclusion

This study addresses the current gap in scholarly literature on private workplace culture. The issues explored in relation to the practice problem provide insight into the day-to-day experiences of dual-role clinical leaders and the challenges they face in engaging novice clinicians to ensure work performance, job satisfaction, and the prevention of burnout. Communication plays a pivotal role in building values-based

relationships between supervisors and clinicians. The quality of supervisory relationships predicts clinicians' professional development, and a relational connection fosters a working alliance that enhances competence and promotes greater professional growth (Ronnestad et al., 2025). For this to occur, clinical leaders must be supported, have opportunities for continued growth, and be willing to adopt a collaborative approach.

By exploring the experiences of leaders who also serve as clinicians, this study has supported the leadership team's meaning-making process. By highlighting areas of strength and misalignment relative to the Baldrige framework of excellence, in conjunction with semistructured interviews and a review of secondary data, this study has developed a tailored strategic plan that identifies the organization's strengths and opportunities for growth. The dissemination plan has been thoughtfully aligned with the organization's commitment to honoring its corporate mission and vision, as well as the franchise's identified values, including authenticity, accountability, humor, and integrity.

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