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Employee Resistance to Change During the Implementation of Trauma-Informed Care

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Walden University
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Abstract

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Doctoral Study Submitted in Partial Fulfillment

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Abstract

Employee resistance to change can impede organizational success. Resistance can occur when the proposed change is beneficial. Trauma-informed care requires a complete paradigm shift within a behavioral health organization to be executed successfully. This single-case study explored the leadership experience of employee resistance to change during the implementation of trauma-informed care in a large nonprofit behavioral health organization. Data were collected through semistructured interviews with 4 organizational leaders, and a thematic analysis was conducted on internal documents, including staff satisfaction surveys, exit interviews, meeting minutes, strategic plans, manuals, the organizational website, and information from the employee portal. Findings were validated through data triangulation and member checking. Results indicated that a change management process, effective use of available staff satisfaction data, and improved communication can lessen the experience of resistance. Trauma-informed care is seen as a positive change that enhances the workplace. Thus, its implementation is an opportunity for leadership to engage the workforce and the organization's clients. This study has the potential to create positive social change by providing behavioral health leaders with insights to effectively address employee resistance to change when implementing a trauma-informed framework.

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Dedication

The study is dedicated to all women who have ever felt that they were not enough or that their dreams were too big.

You are enough.

Dreams do come true.

Acknowledgments

I would like to thank my husband, Paul, who makes me feel that I can accomplish anything. Without your unconditional love, support, countless dinners, and tolerance for an absentee wife, I could not have come this far. I am because you are. God bless you.

To my beautiful children, Izzy and Victor, who graciously took a backseat to my schoolwork on so many occasions. Thank you for being my cheerleaders and Number 1 fans. You are the loves of my life. I hope you know how very proud I am of you both.

I am grateful to my mother, my first and most important teacher in this life. I am so thankful for all that we have been through because it brought me here. Without the rocks, the stream would lose its song. I love you.

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Last, but certainly not least, I am eternally grateful for the "Fab Four." Angie, Cynthia, and Lorrie, you three ladies offered me humor, guidance, and immeasurable support throughout this process. I am so thankful to have been on this journey with you. We did it!

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Section 1a: The Behavioral Health Organization

Introduction

ABC Behavioral Health (pseudonym) is a large nonprofit behavioral health organization in the northeastern United States. According to the corporate website, the organization offers comprehensive mental health services spanning from prevention to day treatment programs to residential group homes. The organization has over 70 programs in 11 locations for children, adolescents, and adults across the lifespan. ABC's services are divided into three divisions: adult mental health, substance use services, and mental health services for youth and families. Each division has a respective vice president (VP) who reports to the chief executive officer (CEO). Executive leadership consists of an executive board of trustees, CEO, chief financial officer (CFO), chief administrative officer (CAO), chief development officer (CDO), and a part-time chief medical officer (CMO). According to the director of human resources (HR), ABC employs approximately 500 staff in various disciplines. The majority possess a bachelor's degree at minimum, but key employees are master's-level licensed clinicians, as most of the organization's programs provide direct clinical services.

A review of agency documents indicated that the organization was founded in 1978 by two licensed clinical social workers in private practice. Due to generous grant funding in the 1980s and 90s, which resulted from a lack of mental health services in that geographical area, ABC grew beyond the founders' expectations. In 2013, the president/founding partner retired and was replaced with a new CEO, a revered state politician with a long career in prevention services. From 2013 to 2017, ABC continued

to reorganize, change job titles, and replace key positions such as the CFO, VPs, and chief operating officers to adapt to the changing landscape of mental health services.

After a review of board meeting minutes in 2016, the agency began preparations for substantial changes in funding that would eliminate existing grants and move to a fee-for-service (FFS) delivery system. These preparations included becoming affiliated with a much larger behavioral health organization and facilitating internal restructuring that eliminated key senior administrators and several ancillary staff. Additionally, board meeting minutes revealed that the four individual corporations that had previously made up the organization merged. Billing practices and reimbursement also changed at ABC in response to FFS.

A significant culture change occurred at ABC because FFS programs no longer employed salaried staff with paid time off and benefits. Historically, mental health employees in community-based agencies have been salaried and compensated whether a client attends a session or not (Hatchett & Coaston, 2018). In an FFS culture, however, the financial consequences of no-shows and a high demand for productivity can negatively impact staff members' emotional well-being (Hatchett & Coaston, 2018).

Organizational culture includes both people's behavior and activities (Wyrwicka & Chuda, 2019). Gauging employees' readiness for organizational change is often dependent upon their satisfaction with the current culture (Wyrwicka & Chuda, 2019). The way change is announced and communicated also has a significant influence on how readily culture change is embraced (Broillet, Barchilon, & Kampf, 2013). Although ABC

adapted to funding changes successfully, as evidenced by a surplus budget, tenured staff members' emotional status and morale were called into question.

ABC Behavioral Health has an operating budget of approximately $27 million per year. Assets include cash on hand, real estate, a fleet of approximately 80 vehicles, and a sizeable amount of office equipment, furniture, and miscellaneous items. The organization is licensed by the state's Division of Mental Health and Addiction Services and the Department of Children and Families. In addition to licensure, ABC must adhere to regulatory requirements set forth by Medicare and Medicaid. The organization has chosen to be accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF), ensuring its adherence to a higher standard of service delivery and quality to ensure optimal outcomes.

In 2018, ABC Behavioral Health's website stated that the organization's mission was to deliver quality and compassionate behavioral health services to individuals and families. The organization equips individuals, communities, and families with the supports needed to live improved lives, embrace healthy lifestyles, and enjoy a higher quality of mental, psychological, and physical health. ABC Behavioral Health's vision is to be the preferred provider of behavioral health services through a commitment to innovative treatment and excellent outcomes. ABC's organizational values are compassion, honesty, accountability, integrity, respect, and cultural competence. The organization identifies its pillars as quality, service, people, and community.

These values have permitted ABC to weather many changes with positive results. As competitors were forced to close their doors in the FFS climate, the organization

maintained a surplus budget in Year 1, which afforded a 4% across-the-board retention incentive at the close of the 2018 fiscal year. Despite exceptional care delivery and a pristine reputation in the community, a reported internal resistance to change continued to be an impediment to complete organizational success. The CEO identified resistance as the greatest obstacle within the organization, which was evident in staff members' attitudes and unwillingness to embrace change.

The prevalence of value-based reimbursement is a growing reality in ABC's home state. ABC Behavioral Health is prepared to adapt to the changing landscape of healthcare. Healthcare providers in the United States are moving from FFS to strictly value-based purchasing, which mandates that organizations have high patient satisfaction scores, quality scores, and adherence to processes (Ryan & Brown, 2018). Over 70% of Horizon Blue Cross Blue Shield providers are involved in some form of value-based reimbursement (Caffrey, 2018). It is yet another anticipated change for ABC that will affect future reimbursement processes and funding. Knowing that more change is inevitable, the organization must determine how to be innovative and set itself apart from competitors while maintaining fidelity to its mission, vision, and values. The organization's home state is focused on awarding potential funding, especially for children's services, to agencies that implement trauma-informed care (TIC). Therefore, introducing TIC throughout the organization is an ideal approach to innovation in an environment that has become highly competitive due to FFS.

The organization's leadership hoped internal restructuring to accommodate FFS would help ABC achieve financial sustainability while enhancing its mission and vision.

The organization's core values include compassion, respect, integrity, cultural

competence, and honesty, all of which encompass a trauma-informed approach. The

organization embarked on active implementation of TIC in late 2018. A TIC framework

requires a complete paradigm shift and culture change to be successful. Despite the added

value of being a trauma-informed agency, it was yet another change for an organization

that has endured significant changes to date. Recognizing this recent history of

organizational change and subsequent resistance to change was critical for ABC leaders'

successful transition to TIC.

In late 2018, ABC Behavioral Health adopted TIC agency-wide. TIC is a manner

of approaching staff and clients that promotes physical and emotional safety by reducing

the potential of retraumatization (Kuhn et al., 2018). Researchers have asserted that 90%

of persons with a mental health diagnosis have experienced trauma (Unick, Bassuk,

Richard, & Paquette, 2019). The Substance Abuse and Mental Health Services

Administration (SAMHSA; 2014) reported that in general, 61% of men and 51% of

women have witnessed or experienced a traumatic event in their lifetimes. A trauma-

informed environment promotes physical and emotional safety for both staff and clients

(Sundborg, 2018). The TIC approach asks, "What has happened to you?" instead of

"What is wrong with you?" This approach extends agency-wide to all staff, leadership,

and clients. Despite the necessity and importance of adopting TIC, at the time of this

study, there was no evidence that employees would embrace this paradigm shift at ABC.

Behavioral health organizations understand the importance of TIC, but

implementation has been slow (Sundborg, 2018). Currently, there is no prescribed model

for implementation, aside from high-level guidelines provided by large entities like

SAMHSA. ABC Behavioral Health recognizes the importance of implementing TIC;

however, the organization has experienced several major organizational transitions. Thus,

employee resistance could impede the implementation of a trauma-informed framework

at ABC. For TIC to be successful, all staff must understand what trauma is and how it

impacts psychological functioning (Unick et al, 2019). Leadership style is also a predictor

of commitment to change (Sundborg, 2018). Authentic leadership must demonstrate

consistency with beliefs and actions while also being accountable (Bakari, Hunjra, &

Niazi, 2017). Commitment to TIC is an agency-wide effort that demands the support of

leadership to respond to staff members' strong reactions (SAMHSA, 2014). Effective

implementation of TIC requires earning staff members' trust and understanding

resistance to change resulting from past agency practices (Bloom, 2007).

Practice Problem

ABC leaders reported that resistance was a pervasive problem when they

attempted to change processes, services, staff, or other systems. According to one leader,

this resistance was evidenced by frequent pushback and responses like, "That isn't the

way we've done things in the past." Resistance to change is a negative attitude that

encompasses employees' behavior, affect, and cognition (Battilana & Casciaro, 2013;

Bringselius, 2014; Rafferty & Jimmieson, 2017). TIC implementation promotes mental

health and a feeling of safety among organizational staff; this framework centers on the

recognition that profound biological, psychological, and neurological changes occur

when a person experiences trauma (Crisis Prevention Institute, 2018). However,

introducing organizational change can negatively influence employee well-being, which can also increase the risk of mental health disorders (Rafferty & Jimmieson, 2017). Improved communication and education, as well as enhanced intraorganizational networks, have been identified as potential influencers of reducing resistance (Battilana & Casciaro, 2013). Despite the benefits of implementing TIC, ABC leaders indicated that there was a substantial history of resistance within the organization. In this qualitative study, I examined the leaders' perspective of employee resistance during TIC implementation at ABC Behavioral Health.

The goal of this research was to obtain a deeper understanding of and ability to explain the phenomenon of resistance to change experienced by ABC's behavioral health leaders. The data can specifically inform behavioral health organizations attempting to adopt trauma-informed practices. They should be especially useful for organizations that have experienced significant culture change or restructuring in the past. There are limited data related to successful implementation of TIC (Unick et al., 2019). Additionally, data on strategies that influence employees' resistance to organizational change after significant reorganization and restructuring are largely inconclusive (Furst & Cable, 2008). Thus, there is a gap in research and available literature to assist behavioral health leaders through this process.

Purpose

The purpose of this qualitative study was to understand organizational resistance to change experienced by behavioral health leaders while implementing a TIC framework. The target of this study was a large nonprofit behavioral health organization

in the northeastern United States that serves over 30,000 individuals each year. The organization provides a broad spectrum of mental health services to individuals ages 0 to 100+, most of whom have experienced trauma. The organization has experienced several significant organizational changes in the last 5 years. Despite the new industry standard to become trauma-informed, which demonstrates benefits for both staff and clients, it is a culture change of great magnitude that requires fully committed participation from all stakeholders.

<div align="center">**Significance**</div>

To implement a TIC framework successfully, a complete paradigm shift must occur within a behavioral health organization. Sundborg (2018) posited that organizational commitment to executing TIC is difficult even when the impact of trauma is well-understood by human service organizations. Exposure to trauma among the general adult population ranges from 51 to 84% (Coyle et al., 2018). This research is intended to bring value to the targeted organization. An enhanced understanding of employee resistance to the proposed change informed leadership's efforts to successfully implement the change.

Additionally, the research may bring forth positive social change by increasing awareness of trauma in the workplace and creating a safe work environment. Trauma impacts physical health, quality of life, mental health, and substance use (SAMHSA, 2014). TIC implementation has positive benefits for employees, clients, and their families, the community, and behavioral health organizations, thereby increasing awareness about the effects of trauma. TIC lends itself to empowerment, investment in

the organization, and continued personal development (SAMHSA, 2014). Additionally,

organizational leadership can gain insight from employee resistance and recognize it as

useful feedback (Bringselius, 2014) that influences positive change.

ABC Behavioral Health received benefits from this research, primarily through an

analysis of how historical culture change had influenced staff resistance. The research

informed ABC of potential challenges as leadership introduced a paradigm shift with

TIC. Because of the substantial changes that had occurred within the organization in the

previous 5 years, coupled with proposed changes in value-based reimbursement and TIC

implementation, leaders needed to gain a deeper understanding of why resistance to

change was occurring among staff before they could move forward. Further, any

behavioral health organization seeking to enhance its leadership practices could benefit

from learning vicariously through ABC Behavioral Health's experiences. TIC

implementation has the potential to improve efficacy of services and provide meaningful

healing for all involved parties (Machtinger et al., 2019), but without the ability to

overcome resistance to organizational change, the benefits of TIC will not be optimal for

any of the organization's constituents.

Analytical Framework

The study was grounded by the Baldrige excellence framework, a systems

perspective for performance excellence in healthcare (Baldrige, 2017). The framework

was used to guide the selection of sources of evidence for the present study. Seven

criteria of organizational management were examined: leadership, strategic planning,

customer focus, measurement and improvement of organizational performance,

workforce focus, operations focus, and results (Baldrige, 2017). Each category informed the method of data collection, which included staff interviews, as well as a review of the current strategic plan, staff satisfaction surveys, exit interviews, consumer satisfaction surveys, and available supports for employees.

Summary and Transition

The frequency of organizational change affects employee perceptions of an agency's stability (Rafferty & Jimmieson, 2017). Employee resistance to change is most often based on emotions (Bringselius, 2014). Organizational change can be difficult for staff regardless of the magnitude (Michel, By, & Burnes, 2013). The influence of leadership is significant in understanding employees' resistance to change. Management behaviors and the relationship between employees and leadership are significant when introducing organizational change (Furst & Cable, 2008). Change leaders who have close relationships with resistors are more likely to influence the adoption of organizational change (Battilana & Casciaro, 2013).

ABC Behavioral Health embarked on a monumental organizational and culture change in TIC after years of internal reorganization and restructuring. The experience of previous organizational change was traumatic for staff. However, TIC takes this previous trauma into account and attempts to create a safe environment that empowers both staff and clients (Yatchmenoff, Sundborg, & Davis, 2017). In this research, I analyzed ABC Behavioral Health by interviewing key leaders, assessing staff satisfactions surveys, reviewing exit interviews, and evaluating other key pieces of information that addressed the identified impediment of resistance.

Section 1b offers a comprehensive look at ABC's organizational profile, including its background, key factors of strategic importance, environment, and organizational processes. Also included is further discussion of the practice problem and ABC's need for this study.

Section 1b: Organizational Profile

Introduction

The study of organizational relationships and organizational operations is a critical starting point for promoting performance excellence (Baldrige, 2017). ABC Behavioral Health has significant longevity in the provision of quality mental healthcare. To further understand resistance to change when implementing TIC, it is necessary to examine organizational structure, stakeholders, suppliers, and partners (Baldrige, 2017). The successful implementation of a TIC framework requires organization-wide support and participation (Hales, Nochajski, Green, Hitzel, & Woike-Ganga, 2017). Organizational history, especially in the 5 years just prior to the study, presented many significant changes to ABC's corporate culture. Further exploration of the organization's background, stakeholders, and suppliers offered a comprehensive understanding of the problem to help leaders overcome employee resistance.

Organizational Profile and Key Factors

ABC Behavioral Health is governed by a CEO that reports to a board of trustees, which currently has 19 members. As per the current bylaws, the board can have up to 21 members. The board has acquired four new members within the last 6 months and two other new members in the past 2 years, but its 13 other members have held their seats for varying periods, some spanning decades. When the reorganization occurred, existing members started new terms. The CEO reported that the board is comprised of local professionals that represent the legal, banking, mental health, and real estate industries. Additionally, the CEO of ABC's larger affiliate, XYZ (pseudonym), is a member. The

board meets every 2 months and reviews the status of programming, budgets, and operations. It has no mandated role for members' fundraising responsibilities or engagement levels. According to leadership meeting notes, the current board president intends to change the bylaws to require more board involvement and create more structured terms, as many members have held their seats for decades.

Per the organizational chart, the CMO is aligned with the CEO as an equal authority figure. The CFO and CAO report directly to the CEO and oversee all nonclinical operations, such as billing, HR, employee assistance, facilities, transportation, information technology, and Quality Improvement (QI). All clinical operations are overseen by VPs who also report directly to the CEO. The structure is decentralized and encourages shared initiatives and collaboration (Johnson, 2009). The organizational chart also includes a CDO who was hired in January 2018 and is responsible for fundraising and marketing activities; this person reports directly to the CEO. Senior leadership has significant history and tenure with the organization, equating to over 100 years of collective experience with ABC Behavioral Health.

Organizational Background and Context

ABC Behavioral Health provides mental health, substance use treatment, and nonclinical services to individuals across the lifespan. The corporate website and marketing materials report that services are offered for persons ages 4 to 104. However, child abuse prevention programs provide support to pregnant mothers and their newborn children up to the age of 3. Additionally, children's crisis response provides in-home services to children ages 0 to 21. ABC Behavioral Health offers intensive outpatient,

partial hospitalization, and traditional outpatient therapy and psychiatry for children, adolescents, and adults. Most programs are adult and mental health-centered, including substance use services, group homes and homelessness services, and supported employment and educational services.

According to a 2019 demographics report, clients comprise a diverse mixture of racial, ethnic, and religious affiliations. ABC's service hub is stationed in one of the largest Jewish Orthodox communities in the northeastern United States. Though most clients are White, ABC Behavioral Health also provides many services to undocumented immigrants of Hispanic descent. Approximately 70% of clients who access services are Medicaid recipients. In addition to mental health programming, ABC is an employee assistance program (EAP) provider for several local municipalities, police departments, and healthcare organizations. Other contracted services include fit-to-return assessments for local school districts, which provides prompt safety assessments for students who present as a threat to self and/or others in a school setting.

Stakeholders of ABC Behavioral Health include clients, employees, administrators, referral sources, schools, funding sources, and surrounding communities, all of whom benefit from the provision of mental health services, whether by receiving treatment, compensation, or enhanced community resources. Considering the practice problem of resistance to change during TIC implementation, identifying information about clients and stakeholders reinforces the need to be trauma-informed and culturally competent. Rikard, Hall, and Bullock (2015) asserted that it is necessary to understand the experience of trauma through a culturally competent framework. ABC's diverse

clientele validates the need to provide a safe space where all feel welcome and able to engage with the organization. Cultural competence removes barriers in accessing trauma-informed behavioral healthcare (Rikard et al., 2015).

In 2017, ABC Behavioral Health became an affiliate of XYZ Behavioral Health, an organization approximately three times its size. The end of grant funding for many services created a statewide ripple effect across agencies that led to proprietary demise. An increased need for infrastructure in areas such as marketing, billing, and access services presented additional costs that many agencies could not bear. ABC viewed these changes as an opportunity to align with a larger entity to provide supports and share resources. This strategic affiliation with XYZ created one of the largest nonprofit behavioral health organizations in the region. The combined assets offered more power at the state level and bargaining strength in negotiating with vendors.

The largest supplier to ABC Behavioral Health is Carelogic, a web-based electronic health record (EHR) tool used to house all clinical documentation and generate billing activities. The second largest supplier is Hunter Technologies, which provides telecommunication services. Both suppliers are used by ABC and XYZ. Comcast is the provider of high-speed Internet and Wi-Fi used at all locations. Other vendors providing necessary goods and services include Staples, Home Depot, Amazon, AT&T Wireless, a local business furniture vendor, a local auditing and accounting firm, a local insurance and investment firm, U.S. Lawns, local car dealerships, and a host of other smaller local partnerships that provide necessities to ensure proper and safe care delivery each day.

These suppliers and the materials and services they provide are included in annual budgets and distributed across all departments.

ABC has a long-term presence in the community, with over 41 years of providing quality behavioral health services. Prior to 2017, grant funding was provided to agencies for services in specific catchment areas. Mental health consumers could only receive treatment in the organization designated to their region. Therefore, cashflow and a steady influx of mental health consumers were guaranteed. When grant funding ceased in 2017, both nonprofit and for-profit behavioral health providers became direct competitors and catchment areas became obsolete. Not only did ABC Behavioral Health have to adapt to a new FFS reimbursement structure, but for the first time in almost 40 years, the organization had to incorporate marketing and development personnel into its budget. Though necessary, nonincome-generating marketing salaries were created at a precarious time for the agency.

The organization hired a consultant to perform a philanthropic assessment in 2017 to diagnose any lapses in development and analyze the competition. One recommendation was to hire a CDO to cultivate a more robust fundraising strategy. As a result, this position was designed and filled with the dual role of spearheading marketing activities. A social media consultant was also brought on board to create a digital presence and build brand awareness. At the time of this study, ABC had a competitive edge in the behavioral health industry due to its longevity, reputation, new trauma-informed approach, and variety of programs. However, ongoing program development

and needs assessments are critical to ensuring its continued success and longevity in a competitive market.

ABC Behavioral Health's QI department is led by the CAO. QI is responsible for maintaining and monitoring adherence to all regulatory, licensing, and accreditation standards. The organization is required to maintain regulatory standards set forth by state licensing bodies. There are three divisions with separate regulatory requirements established by the state's Division of Children and Families and Division of Mental Health and Addiction Services. In addition, the organization strictly adheres to regulatory standards for Medicare, Medicaid, private insurance, and grant funding by conducting quarterly chart audits and mandatory reporting requirements that range from monthly to annually depending upon the regulatory body.

The QI department also ensures all health and safety requirements are met, such as annual e-learning mandates and fire inspections. Historically, the QI department was responsible for credentialing clinicians with insurance panels, but this became too cumbersome and has since been redesignated to HR. The QI department consists of two staff members, both licensed social workers. Prior to FFS reimbursement, the department was comprised of six staff members, but this department was significantly impacted by downsizing and reorganization.

Summary and Transition

The opportunity to develop a deeper understanding of the organization, its history, and its stakeholders, not only reinforces the necessity of implementing TIC but also lends better insight to leadership's experience of resistance to change. The tenured staff at ABC

Behavioral Health have endured tremendous organizational change, including internal reorganization and changes in leadership. Though uncomfortable, change is inevitable if an organization wants to remain viable and competitive (Mathews & Linski, 2016). Resistance to organizational change is complex (Michel et al., 2013). In this study, I focused on the leadership perspective of resistance to organizational change specific to TIC's implementation. Further research regarding ABC's leadership was necessary to address the practice problem effectively.

Section 2 provides a brief review of literature relevant to the practice problem. The areas of organizational leadership and strategy are discussed in greater detail. The client population served by ABC is described. In addition, the study's analytical strategy is addressed.

Section 2: Background and Approach–Leadership Strategy and Assessment

Introduction

The purpose of this qualitative research study was to gain a firm understanding of leadership's experience of employee resistance to change during TIC implementation at a large nonprofit behavioral health organization. Change is necessary for organizational sustainability and viability in a competitive environment (Appelbaum, Degbe, MacDonald, & Nguyen-Quang, 2015). ABC Behavioral Health leaders identified the problem of resistance as the most significant impediment to organizational success since the organization acquired a new CEO in August of 2013. Interviews with key leaders demonstrated that resistance was a pervasive challenge within the organization, especially related to growth and change in leadership.

ABC Behavioral Health implemented a complete agency-wide paradigm shift by introducing TIC in late 2018 and throughout 2019. Although the adoption of a trauma-informed framework is favorable in the mental health services industry, the impact of this change is not well understood (Damian, Gallo, Leaf, & Mendelson, 2017). The available supportive literature offers substantial information regarding the benefits of a trauma-informed culture change. However, the literature lacks discussion of obstacles to implementing TIC, such as resistance to organizational change. Isobel (2016) purported that TIC requires an urgent integration of knowledge and articulation of trauma-informed principles for implementation to be supported by staff. Researchers have also asserted that behavioral health organizations have been sluggish in adopting trauma-informed frameworks (Beckett, Holmes, Phipps, Patton, & Molloy, 2017).

In this section, I give a greater level of consideration to the supporting literature and methods used for data searches. I review the existing literature in more depth as it relates to the practice problem. All sources of evidence are identified and related to ABC-specific organizational issues. Additionally, the leadership and governance of ABC Behavioral Health are considered. The way leaders addressed strategic challenges was a particular focus of this research. The client population and analytical strategies are also addressed in greater detail.

Supporting Literature

The preparation for this research required extensive searches in multiple databases for current peer-reviewed journal articles. The Thoreau search engine was used to locate scholarly data no older than 2014 when possible, using the following key terms: *employee resistance to change, leadership, trauma-informed care, implementation of trauma-informed care,* and *organizational change*. The literature most relevant to the practice problem in this study relates to resistance to organizational change, the importance of TIC, and the role of leadership in resistance. The EBSCO, ProQuest Central, and PsycArticles databases produced the most usable results.

The topic of resistance to organizational change is well researched and understood. However, the types of resistance ABC experienced in anticipation of TIC implementation is not specifically addressed in available literature. Michel et al. (2013) asserted that organizational change is necessary for any organization's growth, development, and survival. However, responses to change and behaviors vary among change recipients (Oreg, Bartunek, Lee, & Do, 2018). Three contributors to resistance to

change include employees' fear of the unknown, perceptions of faults with said change and anticipated problems, and fears about the personal impacts of poor outcomes (Mathews & Linski, 2016). Staff resistance can cause organizational change to be unsuccessful (Battilana & Casciaro, 2013; Hon, Bloom, & Crant, 2014). A working understanding of resistance can assist in the implementation of change.

Resistance can cause organizational change efforts to fail (Oreg et al., 2018). In fact, the failure rate of organizational progress due to resistance is approximately 70% (Michel et al., 2013). The prevalence of resistance is common, yet it continues to baffle employers who are expected to transform these attitudes (Mathews & Linski, 2016). Bringselius (2014) reminded leaders to use resistance as an opportunity to gain perspective rather than perceive it as a hindrance. Transformational leadership is focused on meeting organizational needs while satisfying individual needs, which creates significant shifts in employees' attitudes, assumptions, and commitment (Applebaum et al., 2015).

There is a growing need for organizations to offer trauma-informed support (Damian et al., 2017); however, there is ambiguity in how to approach this paradigm shift. Sundborg (2018) reported that behavioral health organizations must understand the impact of trauma on those they serve. Staff beliefs about trauma are a significant determinant in their levels of commitment to trauma-informed practices. A significant change in thinking, which presumes that all staff have been exposed to trauma, must occur in order to be trauma-informed (Kusmaul, Wilson, & Nochajski, 2015).

TIC is strengths-based and grounded in creating opportunities for choice, autonomy, trust, and safety (Unick et al., 2019). TIC is not a treatment modality; it is an approach that acknowledges the possibility of trauma in a person's life even when his or her history is unknown (Isobel, 2016). A history of past trauma can create barriers to therapeutic relationships in a healthcare setting (Beckett et al., 2017). This concept is also true for employer-employee relationships.

A culture change of this magnitude requires leadership's investment and ability to gain staff members' trust. TIC implementation demands extensive staff education and ongoing support from leadership (Van Dam, Oreg, & Schyns, 2008). Leading organizational change is one of modern leaders' most important tasks (Neves & Schyns, 2018). Bakari et al. (2017) described how authentic and supportive leadership can contribute to successful organizational change. TIC implementation requires transformational leadership, which focuses on organizational requirements to satisfy individual needs (Applebaum et al., 2015). Furst and Cable (2008) asserted that management style and tactics are not as important as the relationship between employees and leaders when organizational change is implemented.

This literature review supports the notion that resistance to change is an actual and expected phenomenon in organizations. I also assert that TIC implementation is required to fully meet the needs of behavioral health clients and staff. Research supports that leadership plays a critical role in successful TIC implementation. Supportive leadership increases employee engagement and decreases the likelihood of resistance.

Sources of Evidence

This qualitative case study consisted of four semistructured interviews with key leaders at ABC Behavioral Health. All the leaders had a minimum of 4 years tenure with the organization, which was relevant to the study and the experience of significant organizational change. Other sources of information included board meeting minutes, the organization's current strategic plan, leadership's meeting minutes, employee exit interviews, staff demographic information, staff satisfaction surveys, consumer satisfaction surveys, philanthropic assessments, trauma-informed organizational assessments, organizational policies and procedures, the employee portal, emails, the website, and social media. The collection and analysis of this evidence produced a more comprehensive understanding of the organizational culture and staff attitudes. It also offered deeper insight into leadership's experience of resistance to change.

Leadership Strategy and Assessment

ABC Behavioral Health is governed by a CEO who reports to a board of trustees bimonthly. The current organizational chart indicates that the CEO is the leader of the organization, followed by a CFO, CAO, and CDO who oversee nonclinical operations such as billing, HR, transportation, and marketing. The next tier of senior leadership consists of three VPs who oversee the respective clinical divisions of the organization: mental health services for adults, youth and family services, and substance use services. All corresponding VPs report directly to the CEO. However, the CEO does not provide clinical leadership because she does not have a clinical background. Adjacent to the CEO on the organizational chart is the CMO, who is a medical doctor of psychiatry and

supervises all psychiatrists and nurse practitioners. The current organizational chart is

displayed in Figure 1.

2019 Organizational Chart

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┌────────────────────┐              ┌─────────────────────────────┐
│ Chief Medical Officer │────────────│   Chief Executive Officer   │
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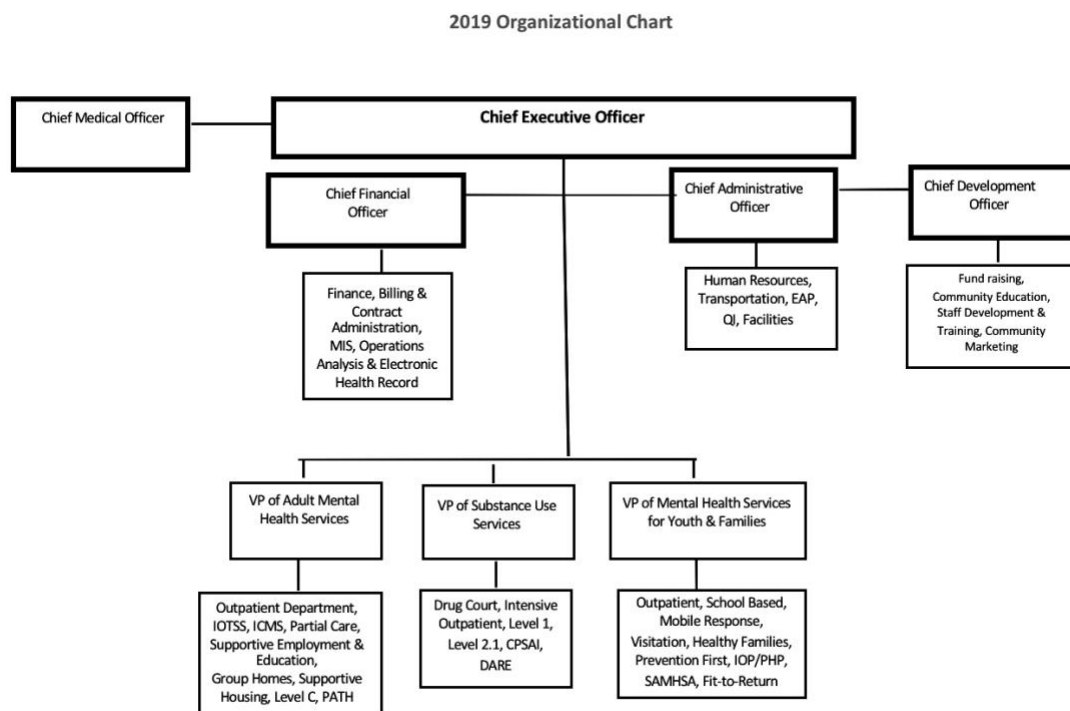
Figure 1. 2019 organizational chart.

The organization receives federal, state, county, and private funding for a variety

of programs. As a recipient of these various funds, there is a societal responsibility to

provide quality services and adhere to stringent contractual obligations. In addition, the

organization receives funding from Medicaid, Medicare, and most private insurances. All

funding sources mandate standards of care, as well as a duty to provide ethical,

compassionate, and culturally competent services. ABC Behavioral Health has elected to

be accredited by CARF, which ensures quality and optimal outcomes for ABC's clients by creating the highest standards of care.

The executive leadership team meets annually for a leadership retreat, at which the strategic plan is reviewed and goals are updated. At the time of this study, the most recent retreat was held on July 11, 2018. The organizational mission, vision, and values were reviewed and affirmed, and the following four areas were identified for potential growth and improvement and assigned to six key leaders as year-long projects:

- Customer service,

- Marketing,

- Measurable outcomes, and

- Innovation.

At that time, TIC implementation was identified as an organizational innovation. The campaign was launched in late 2018, and the roll-out was approximately 50% complete as of June 2019. The next leadership retreat was scheduled for August 1, 2019. No data were collected for this study beyond June 30, 2019, which was the end of ABC's fiscal year.

Clients/Population Served

ABC Behavioral Health's client population includes individuals across the entire lifespan. The organization has over 70 programs serving people ages 0 to 100+. Protected health information is obtained from clients in several ways. The organizational website provides a link for visitors to ask questions and initiate services. Clients and caregivers can also call each department directly. The organization does not offer one centralized

phone number for all services and locations. Once a client is referred for services by him or herself, a family member, or a community referral source, appropriate ABC staff obtain information. Information is entered into the agency wide EHR, Carelogic by Qualifacts. The EHR is used to house protected health information for most programs and is also used to generate billing.

ABC Behavioral Health is conscientious about creating and maintaining connections to the communities it serves. Relationship building through participation in community events is practiced as often as possible. For instance, ABC has strong ties to the county Mental Health Association as well as the National Alliance on Mental Illness and participates in local sponsored events. In addition, ABC maintains a presence at local community gatherings, wellness events, school events, and health fairs with resource tables and free information for participants

Analytical Strategy

Role of the Researcher

My role in the analysis of ABC Behavioral Health was as a doctoral research student-consultant. A qualitative researcher's objective is to understand the lived experience of persons who share time and space in the same culture (Frankel & Devers, 2000). The researcher is the primary instrument in the research process and must remain reflexive throughout the research process (Merriam & Tisdell, 2016; Ravitch & Carl, 2016). As an employee of ABC Behavioral Health, I was mindful of approaching the agency as an objective outsider, especially during the interview process where it could become tempting to be familiar with the participants.

I obtained Institutional Review Board approval from Walden University (approval number 03-07-19-0753041), which was necessary before interviews could be conducted. Written consent was obtained from all participants prior to engaging in interviews. Four leaders within the organization were interviewed. When information was requested for this study, it was made clear that the information was for the study and not my current employee role within the organization, as some of the information (i.e., board meeting minutes and exit interviews) would not normally be available to me outside the study. I was responsible for conducting an ethical qualitative research study.

I was solely responsible for manually coding all interviews and reviewing all other data collected. Collection of data, not including interviews, began in March 2019 and concluded in June 2019. All interviews were completed by June 2019. No further data were collected after this time.

Participants

The key research data included four semistructured interviews. The initial research interview is the foundation of a qualitative study and subsequently influences all future interviews (Castillo-Montoya, 2016). It is an opportunity to obtain information from participants based on their personal experiences (Harvard University, n.d.). In this case, ABC had experienced significant organizational transformations over the previous 5 years. I interviewed leadership staff who had worked with the organization for at least 4 years. Of particular interest was their feedback regarding their perceptions of leadership and resistance to change during the TIC implementation process.

The process of data collection begins with selecting interviewees who can best contribute to the research (see Merriam & Tisdell, 2016). The participants were identified based on their roles within the organization as well as their length of tenure with ABC Behavioral Health. It was important that all interviewees had been employed with the organization for at least 4 years. The participants' job titles were excluded in this study to ensure anonymity. I felt it was unnecessary to interview leaders with 18 months or less tenure, as they had not been present for previous organizational changes that may have contributed to employee resistance.

All participants were contacted through my Walden University email account after their signed consent to participate in research was obtained. Interview appointments were scheduled during regular business hours at each participant's convenience. Interview questions were carefully composed to elicit meaningful information pertinent to the practice problem. The following five standard questions were asked of each participant:

1. What is your role within the organization and length of tenure?

2. Have you experienced organizational changes here?

3. What is your personal experience of resistance within the organization?

4. In your opinion, how was resistance overcome?

5. What is your definition of trauma-informed care and how will it benefit the community and staff?

Two to four additional questions were asked from the Baldrige framework relative to each participant's role at ABC. Data from key leader interviews were acquired

through face-to-face interactions that were audio-recorded using two recording devices. The interviews ranged from 14 to 19 minutes in length. Once completed, interviews were transcribed using the application TRINT. I manually coded interviews and entered the data into the software Dedoose to ensure validity and objectivity.

Sampling

Purposive sampling was used because it aligned with the goal of understanding the selected group's experiences (see Devers & Frankel, 2000). I chose the four participants based on their roles with the organization, length of tenure with the organization, and ability to speak about relevant topics in the Baldrige excellence framework; additionally, none reported directly to me.

Qualitative studies typically work with a smaller sample size (Farrugia, 2019). However, there is no standard sample size in qualitative research (Merriam & Tisdell, 2016). Saturation occurs when there is no new information to be obtained and nothing new to be learned (Merriam & Tisdell, 2016; Ravitch & Carl, 2016). The sample selection is dependent upon the practice problem.

Ethical Research

I observed all ethical research standards set forth by Walden University. In this situation, I was cognizant of my dual role as both employee and doctoral research student-consultant. Therefore, high ethical standards were maintained in order to avoid conflicts of interest. No data were collected without obtaining prior consent. No incentives were provided to participants. Participants consented to participation via email and were made aware that their identities would be protected. Additionally, participants

had the option to withdraw at any time. In qualitative research, informed consent is the agreement to engage in a study before it begins (Ravitch & Carl, 2016). The nature of the study and participants' required level of commitment are discussed (Leedy & Ormrod, 2019). The researcher's intention is to do no harm during the study (Merriam & Tisdell, 2016).

I first met with all participants in person to discuss the study prior to emailing informed consents. It was important to lead the discussion as the doctoral research student-consultant to lay the foundation of the research relationship. It offered participants time for questions and further explanation of the study's details. Interviews were conducted in a quiet private office, and a white noise machine was used to ensure confidentiality. Participants were reminded that their identities and the content of their interviews would not be shared with anyone before identifying information was redacted. Electronic data were stored in a password-protected computer file and participants were de-identified. Hard copies of files were stored in a locked file cabinet and are to be shredded when no longer required.

Data Collection

Data collection began after IRB approval and written consent from ABC's leader and additional participants were obtained. Data collection and analysis occurred simultaneously, as the qualitative design was emergent (see Merriam & Tisdell, 2016). In addition to semistructured interviews, the following available secondary data sources were collected for review:

- Philanthropic assessment conducted in 2017 by a consultant;

- Client and family satisfaction surveys, which are collected on an ongoing

  basis and compiled quarterly;

- Staff satisfaction surveys;

- Staff exit interviews;

- Employee demographic reports;

- Board meeting minutes;

- Current and past strategic plans;

- Leadership meeting agendas and minutes;

- The website;

- Social media; and

- Email.

Information for the last 5 years was requested. However, all sources were not

available beyond the previous 2 to 3 years. Survey information for the organization is

typically collected through SurveyMonkey or by an identified staff member. Surveys are

compiled, analyzed, and distributed by the QI department. There is no formal protocol for

documenting leadership meeting minutes, and they are not recorded on a regular basis.

Exit interviews and employee demographics are obtained by HR. There was no indication

that all requested data from key leaders would not be furnished. The information was

reviewed for relevance to the practice problem, as it provided a comprehensive

understanding of the employees and their experiences with and perceptions of the

organization.

During the research process, the cooperation of the QI and HR departments was required to access results of staff satisfaction surveys, client satisfaction surveys, exit interview notes, and other relevant data. Input from both departments was critical in gaining a deeper understanding of leadership's perspective regarding resistance to implementing organizational change. A primary strategy in the study was to interview individuals in key leadership positions, and with the QI and HR departments' involvement and support, access was gained to the required documents without difficulty.

Reliability and Validity

Validity and reliability influence the extent to which something can be learned from the research study (Leedy & Ormrod, 2019). The terms are often used to reflect a quantitative measurement of meaningful significance. However, in the present study, there were no other instruments used aside from myself. The terms *trustworthiness*, *quality*, and *rigor* applied to this qualitative research study (see Ravitch & Carl, 2016).

Triangulation was used to ensure trustworthiness. Multiple data sources were cross-checked at different times and compared with interviews to ensure credibility (see Merriam & Tisdell, 2016). As themes were identified in surveys and exit interviews, they were compared to other collected data sources. Internal validity was also completed through member checking. All participants were emailed transcripts of their interviews to review and clarify if needed. Member checking rules out the potential of misinterpretation and helps avoid interviewer bias (Merriam & Tisdell, 2016).

Summary and Transition

Data and source collection were critical in gleaning an objective and focused perspective of the practice problem. To understand fully the phenomenon of employee resistance to change as it pertained to ABC Behavioral Health during TIC implementation, the information obtained had to be relevant. Scholarly data support understanding the phenomenon of resistance as well as the benefit of implementing TIC. However, those data suggest TIC is beneficial. The available literature does not address TIC implementation in an organization like ABC, which has endured tremendous culture change in recent years.

The internal data acquired from client and staff surveys, policies, and various handbooks were anonymous and objective. Meeting minutes and research interviews had the potential to be less reliable, as the notetaker(s) and interviewees had the potential to be subjective. As the researcher of this study, I was the sole collector of primary data and independently completed all analyses.

In Section 3, I examine workforce engagement and operational management. Additionally, knowledge management and information technology infrastructure are discussed as they relate to the organization and the practice problem.

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

Organization

Introduction

I examined the leadership experience of resistance to change during TIC

implementation in this qualitative study. The Baldrige excellence framework was the

standard used to evaluate ABC Behavioral Health, a large nonprofit behavioral health

organization in the northeastern United States. The organization has had a long,

successful presence in its community and serves over 30,000 individuals annually. The

organization employs close to 500 staff, most of whom are clinical (i.e., counselors,

social workers, addictions counselors). To further explore employee resistance to change,

the organization's workforce operations and knowledge management are addressed in

this section. Information was acquired from interviews with leaders, as well as a review

of policies and procedures, surveys, meeting minutes, and the employee portal. These

data were important because they related to the practice problem of resistance to change.

An engaged workforce is readily able to embrace change (Matthysen & Harris, 2018).

The level at which ABC engages employees is also discussed in Section 3.

Analysis of the Organization

Workforce Engagement

According to documentation reviewed for this study, ABC Behavioral Health has

built an effective, supportive workforce by providing training, offering benefits, and

establishing relationships with institutions of higher learning. The organization has

relationships with many colleges and universities, which has created a steady influx of

interns from various disciplines year-round. Many interns are offered positions within the agency and remain on staff postgraduation. Internships are a cost-effective and efficient way to recruit staff (Zhao & Liden, 2001). Additionally, ABC has recently entered an affiliation with a local teaching hospital and medical school. This affiliation provides the clinical rotation sites for medical residents of psychiatry.

Aside from providing a rich learning experience, ABC's goal is to recruit psychiatrists once their residencies are completed. The organization also recruits new staff by using Indeed.com, the organizational website, and email blasts to local stakeholders to advertise vacant positions. Internet recruitment increases visibility to potential employees and targets specific skillsets (Campos, Arrazola, & de Hevia, 2018). The organization offers a $500 referral bonus to staff who refer a new employee with a bachelor's degree or higher. Referrals for employees without a college degree are $150, and referrals for FFS staff are $100. The newly hired staff must complete 6 months of employment for the referring staff to receive the bonus. Referral bonuses are offered by 63% of employers and often lead to successful hires with higher retention rates (Pieper, Greenwald, & Schlacter, 2018).

ABC's HR manual suggests that program directors (PDs) are responsible for determining the ongoing need for additional staff according to their programs' demands. Once approval is received from the finance department to hire, HR and marketing staff are notified, and the position is advertised. The PDs then interview staff and independently make the decision to hire. Some departments also conduct additional team interviews to ensure the candidate is a good fit. Once the position is offered and accepted,

the PD is tasked with collecting and completing all new-hire paperwork and obtaining references. Once completed, all documents are sent to HR, an offer letter is sent to the applicant, and the new hire is scheduled to attend orientation.

Once hired, staff members' day-to-day activities are managed by their respective supervisors. All C-suite leadership and VPs report to the CEO. All clinical and nonclinical PDs report to the VP of their respective divisions. All psychiatrists and nurse practitioners report to the CMO. The finance and managed information systems (MIS) departments report to the CFO. All clinical and nonclinical support staff report to a PD. Other departments, such as facilities, HR, transportation, and EAP, report to the CAO or supervisor assigned (see Figure 1).

The HR department is responsible for managing workforce benefits, such as paid time off, health insurance, and retirement plans. The department also tracks clinical license expiration and renewal dates. The QI department works with HR in credentialing clinical staff with health insurance plans, issuing annual staff satisfaction surveys, and creating employee policies and handbooks. ABC Behavioral Health offers paid time off; medical, dental, and vision benefits; annual retention incentives (when financially possible); a 403(b) plan with employer match; cell phone discounts; an EAP; and an annual employee recognition breakfast. The biweekly digital staff newsletter is dedicated to highlighting staff members' noteworthy activities, both in house and in the community. Client testimonials and photos of staff participating in community events are often included as well.

According to the HR manual, ABC Behavioral Health conducts organizational orientations for new hires, including interns, every other Monday year-round. This event is the first formal engagement employees have with the behavioral health organization. Thorough orientation contributes greatly to an employee's long-term success (Kim, Chai, Kim, & Park, 2015). The orientation consists of an overview and history of the organization and a review of its mission, values, and structure. If an employee is full-time, he or she is oriented to benefits and pertinent information related to insurance plans and retirement accounts. There is additional EHR orientation if necessary, for a specific employee's role. A group photo of all new hires is taken and posted in the agency's biweekly e-newsletter along with their names and departments. In addition, all new staff are introduced at all-agency staff meetings, which are held quarterly. These are small but meaningful gestures when incorporating new staff into the agency culture.

The organization assesses staff capability and capacity by performing 60-day evaluations during the 90-day probationary period. Staff are then evaluated annually on six domains: teamwork, technology use, initiative, communication, job knowledge, and work quality. Leadership staff are evaluated on two additional domains: leadership skills and coaching/motivation. ABC Behavioral Health does not use an evaluation with measurable outcomes that drives merit-based pay increases. This possibility, as well as a bonus structure to reward staff, has been discussed at leadership meetings, but neither has been established to date. If an employee is not meeting the expectations of his or her role, progressive discipline is used. Initially, a documented supervision discussion is

conducted. If dissatisfactory performance continues, a three-tiered process is executed, which consists of a verbal warning, written warning, and final warning. Progressive discipline is widely used in the United States but can be a negative and discouraging process (Miller, 2014). Although ABC is established in an at-will state and can terminate an employee at any time for any reason, the organization continues to use progressive discipline to deter litigation from disgruntled former employees.

According to the 2018 employee handbook, ABC Behavioral Health offers a compensation package to employees consisting of wages and the following additional benefits:

- Six paid holidays;

- Multiple health, dental, and vision insurance options;

- Paid time off;

- 403(b) with employer contribution;

- Life insurance;

- Mobile phone discounts;

- Auto and home insurance discounts;

- Annual retention incentive at end of fiscal year (when financially possible); and

- EAP for the employee and immediate family.

In addition, ABC offers a peer driven "Go for the Gold" recognition program. An electronic form accessible via the employee portal allows anyone to nominate staff who are "caught" going above and beyond. The annual employee recognition breakfast,

hosted at a local hotel, celebrates years of service and recognizes all staff contributions from the previous calendar year.

Workplace Environment

Workplace health, security, and accessibility are managed in a few ways at ABC. According to the environment of care manual, the organization has a health and safety committee that meets monthly to stay abreast of any potential safety concerns throughout the agency and ensure that compliance is maintained. The QI department also monitors adherence to safety standards set forth by local municipalities, as well as regulatory and licensing bodies. Policies, procedures, and handbooks address appropriate protocols to follow in every program and in specific instances such as natural disasters. Additionally, all staff are required to complete mandatory online learning upon hire and annually that reinforces safety and monitors the review of policies and procedures.

Staff engagement is assessed primarily by annual staff satisfaction surveys administered agency-wide by the QI department. Employee satisfaction surveys offer insight to staff attitudes and perception of the organization (Hills, 2018). Surveys are anonymous. However, qualifying information is acquired pertaining to department, location, years of service, and so on to better assess and implement change if warranted. Results are analyzed for the entire organization and then broken down by department. All C-suite and senior leadership review the results.

ABC Behavioral Health fosters a culture of engagement and communication by hosting quarterly all-staff meetings. The dates and times are announced for the entire calendar year on the employee portal. Due to programmatic schedules, all employees are

not able to attend, although staff are required to attend at least two per year. Senior leadership are expected to attend every meeting and offer updates specific to their divisions. The biweekly newsletter is a hub for current agency information, as well as "feel good" stories about staff and clients in the community. With close to 500 employees and several locations, these efforts facilitate engagement and cohesion throughout the organization. Disengaged employees are not as productive, which ultimately has a negative impact on financial performance (Purcell, 2014).

The organization does not have a formal method for determining key drivers of engagement, high performance, and career progression. ABC has a system of online learning that supports the organization's needs and enhances employee, supervisor, and leader development. Relias Learning is an online platform that houses all trainings for staff required by regulatory and accreditation bodies. The platform also houses all policies and program manuals. Staff complete required trainings and handbook acknowledgements on an annual basis. After each module, staff complete a posttest to demonstrate the effectiveness of the training. Some modules offer continuing education credits for licensed clinicians, which is also a benefit of employment.

The organization manages and improves key services and processes by monitoring productivity and compliance. The QI department is tasked with most of the oversight for all programmatic services and processes to ensure that standards of care requirements are met as set by regulatory bodies. Compliance is measured through weekly and monthly reports that are generated by QI with the support of the MIS department. The number of active clients, weekly revenue, 24-hour documentation

compliance, and signature compliance are analyzed. In addition, quarterly chart audits are completed by PDs to ensure staff are including required elements in clinical documentation.

Effective management of operations is the responsibility of the CAO who oversees QI and nonclinical services, such as facilities, transportation, medical records, and risk management. Numerous policies and procedures are accessible to all staff on the employee portal to ensure effective operations. In addition, the organizational health and safety committee meets monthly to discuss all operations that affect the organization, including ongoing standards and new or potential threats (i.e., measles outbreaks, flu, bed bug infestations).

According to Outlook Calendars reviewed for this study, the senior leadership team meets the fourth Wednesday of each month. The agenda is created collaboratively in advance by all participants, including C-suite leadership and VPs. Formal minutes are not kept. However, all available meeting notes and agendas were made available for review for this study. Employee engagement, work processes, operations, and many other topics pertinent to the agency's success are discussed and evaluated, and ongoing strategies are reviewed during senior leadership meetings. In addition, discussions about programs and services that are not currently offered may occur at leadership meetings. Innovation is discussed at every annual leadership retreat and incorporated into the strategic plan. The organization is dedicated to adapting to community and client needs. A significant challenge in being innovative is the lack of cash reserves to fund new

initiatives. Any new programming typically is the result of grant funding or FFS

contracts.

Customer service is also a key element of the strategic planning process.

Customer satisfaction surveys are collected on an ongoing basis and reported quarterly.

The organization has an ombudsperson who is available to address any significant client

complaints that could not be resolved within a department. Key processes are reviewed

annually and as needed to ensure client expectations are being met. For instance, at the

time of this study, the organization was in the process of revamping its access services

because it was outsourced. Not only is it costly to contract with an outside entity, but it

lends to poor customer service, as there is no means of monitoring what callers are being

told. Additionally, the contractors are not familiar with ABC's continuum of services.

The experience is not personalized, and it does not provide exceptional customer service.

ABC planned to implement a customer service training for all staff to enhance their

skillsets and reduce the variability of frontline staff, who are the clients' initial contact

with the organization.

<div align="center">**Knowledge Management**</div>

The QI department is responsible for synthesizing information that measures and

improves organizational performance. ABC has voluntarily elected to be accredited by

CARF. The next triennial accreditation visit with CARF surveyors after this study was

conducted was scheduled for July 24-26, 2019. This visit would be the second CARF

survey for ABC Behavioral Health after its initial accreditation in 2016. TIC

implementation complements CARF's commitment to the organization's mission within the treatment environment.

According to the information management manual, the MIS department is responsible for managing organizational assets, information, and information technology infrastructure. The MIS department falls under the CFO's leadership. The organization briefly employed a chief information officer from 2015 to 2016. However, this individual was not replaced. MIS manages the organization's data server, security firewalls, and all technological equipment. The organization has established strict policies regarding what can be included in an email and how information is stored and shared to protect private health information. The ability to save information on external storage drives is disabled on all agency computers to ensure that private information does not leave the organization. However, it is not understood how the organization ensures the reliability of information systems, as this information was not directly related to the study.

The MIS department manages a secure server that stores all agency data. There are several storage drives. Some are accessible to all staff and others are accessible only to administration. The S-drive is the centralized hub for documents and forms for ABC's workforce. All outgoing email is encrypted at ABC Behavioral Health to ensure the protection of clients' private health information. Alerts are triggered when staff attempt to send an unencrypted email. All computers, email accounts, and the EHR are password protected. Access to several websites that are either unsecure or deemed inappropriate is blocked. Partners, collaborators, patients, and other customers access information through the organization's website. There has been discussion, per leadership meeting notes,

about creating a patient portal to access medical records and registration forms. However, no concrete plan to do so had been executed as of the conclusion of this study.

The organization controls overall costs with the oversight of the finance department. The billing and finance manual indicated that the CFO is responsible for managing the operating budget and submitting bimonthly reports to the board of trustees. The CFO sends weekly reports to the CEO, all VPs, and PDs on a weekly basis via email. The CFO also facilitates a revenue cycle meeting on a monthly basis, which includes all VPs, PDs, and billing staff. The goal is to identify gaps in the billing process, so claims are processed in a timely fashion. There are also subgroups that specifically focus on failed activities (not yet billed), copay collection, and failed claims (submitted but unpaid). This information suggests ABC is proactive in identifying and correcting actual or potential deficiencies in performance and billing.

The involvement of programmatic leadership in managing individual budgets is encouraged and is standard practice at ABC Behavioral Health, per CFOs' weekly emails. All C-suite leaders, VPs, and finance department staff participate in a biweekly phone conference to discuss trends in FFS programming. The finance department meets with program leaders individually one to two times per year to discuss budgets and over or underspending. No purchases or spending of any kind is done without approval from the finance department and a respective VP. The way ABC manages its work with third-party vendors, or its supply chain is not known and was not assessed because it was not pertinent to the research. However, it may be something the organization should explore to increase efficiencies in its fiscal operations.

Summary and Transition

Section 3 offered a deeper exploration of how ABC Behavioral Health engages its workforce, improves key services, and manages data. Workforce engagement is a significant element in effectively introducing organizational change and limiting resistance to change. ABC offers orientation, benefits, and ongoing training to staff, which contribute to engagement. The organization also conducts all-staff meetings every quarter, sends a biweekly newsletter, and posts on social media regularly to keep staff updated on current events.

ABC ensures a safe workplace by having policies and procedures in place and conducting health and safety committee meetings bimonthly. Physical safety in the workplace is an important element of TIC and contributes to feelings of security and elevated staff satisfaction.

Lastly, knowledge management was explored. The QI department ensures standards are met for licensure, third-party payors, and accreditation. The MIS department manages how information is collected, stored, and shared. The Baldrige excellence framework was used to analyze ABC Behavioral Health. The research focused on leadership's experience of employee resistance to change during TIC implementation.

In Section 4, I present the results of this case study. An analysis of client-focused, workforce, leadership, and financial results are reviewed. The strengths and limitations of this qualitative research case study are discussed in detail. Finally, the potential implications for social change are considered.

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

Introduction

The purpose of this qualitative study was to gain a deeper understanding of

resistance to organizational change experienced by behavioral health leaders during TIC

implementation at ABC Behavioral Health. This organization was of specific interest

because it has experienced significant internal restructuring and changes in leadership

during the 5 years prior to this study. ABC leadership has identified resistance as an

impediment to organizational progress. The organization has been providing community-

based behavioral health services for over 4 decades and has a positive reputation for

being a leader in behavioral health in its geographical area. ABC provided services to

over 30,000 individuals in 2018. Adults diagnosed with a mental illness are 90% more

likely to have experienced a trauma (Da Silva et al., 2019). The organization recognized

that incorporating a trauma-informed framework was necessary to maintain alignment

with its mission, vision, and values. However, TIC implementation requires an intensive

paradigm shift throughout the organization, which can be difficult when staff are resistant

to organizational change.

To conduct this research, I reviewed current relevant literature. The topics

identified were specific to employee resistance to change, leadership, and TIC

implementation. In addition, semistructured interviews with key leaders possessing more

than 4 years tenure with ABC Behavioral Health were conducted. Staff satisfaction

surveys, client satisfaction surveys, exit interviews, board meeting minutes, the e-learning

employee portal, policies and procedures, the organizational website, and other relevant

internal data were also analyzed. In Section 4, I offer a review and analysis of the

findings and present implications for the organization, community, and future research.

Analysis, Results, and Implications

ABC Behavioral Health offers over 70 behavioral health programs for infants,

children, adolescents, adults, and seniors at 15 locations in 11 counties in one state in the

northeastern United States. The clinical programs provide direct therapeutic behavioral

healthcare in a variety of settings. Nonclinical programs include prevention services,

residential programs, and case management in the community. ABC offers every level of

clinical care on the behavioral health continuum except inpatient services (see Table 1 for

current services). The organization also provides services such as an EAP to various

municipalities and corporations on a contractual basis, in addition to grant-funded

programs that provide various trainings and community supports (i.e., Mental Health

First Aid).

Table 1

Current Services Offered by ABC Behavioral Health

Adult mental health services	Youth and family mental health services	Substance use services

• Outpatient	• Outpatient	• Peer recovery supports
• Partial care	• Partial care	• Outpatient
• Supported employment and education	• Intensive outpatient	• Intensive outpatient
• Integrated case management	• Children's mobile crisis response	• Substance use evaluations and referrals for Division of Children and Families
• Senior guidance	• Life skills	• Collaborative projects with local law enforcement
• Justice-involved services	• Child abuse prevention	
• Residential services/group homes	• Therapeutic and supervised family visitation	
• Homelessness services	• School-based programs	
	• Prevention programs	
	• Intensive in-home therapy	
	• Return-to-school assessments	

Client-Focused Results

ABC Behavioral Health places high value on customer service processes. The organization uses social media platforms such as Facebook, Instagram, and Twitter to engage the community with daily posts. According to meeting minutes, marketing staff work with a social media consultant to create brand awareness and track the number of followers, likes, and impressions. Most often, ABC uses testimonials and success stories of current and former clients with the tagline, "The Stories Tell Our Story." The improvement of customer experiences is also a frequent topic of discussion at senior leadership meetings. Items of particular interest are enhancing the phone system and automated touchtone attendant; providing customer service training to staff; and monitoring reviews, likes, and impressions on social media, Google, and Indeed. Client satisfaction surveys are the primary method of capturing client satisfaction ratings and suggestions for improvement.

The QI department began collecting and tabulating client (both adult and youth) and family/caregiver satisfaction surveys in 2018 using the SAMHSA-approved Mental Health Statistics Improvement Program and comparing them to available national averages. Prior to 2018, some programs conducted program-specific client satisfaction surveys, which were not available for this research and were not used in this study. The 2018 client satisfaction survey results were collected from each department on a quarterly basis and tabulated at the end of the fiscal year. Adult and youth clients and family/caregiver satisfaction surveys address seven domains: general satisfaction, access to services, quality and appropriateness, participation in treatment planning, positive outcomes, improved functioning, and social connectedness. A comparison of 2018 adult client satisfaction to national averages is represented in Table 2.

Table 2

2018 Adult Client Satisfaction Survey Compared to National (United States) Average

Category	ABC ($N = 357$)	U.S. Average
General satisfaction	84%	91%
Access to services	79%	89%
Quality and appropriateness	86%	91%
Participation in treatment planning	77%	87%
Positive outcomes	72%	83%
Improved functioning	72%	79%
Social connectedness	75%	79%

In each category, pertinent questions were asked using a Likert scale (i.e., "I like the services I receive here," "Staff believe I can change," etc.). The results represent aggregate data for each category. Over 30,000 individuals were served in 2018; these results represent 357 adults. Thus, these results represent approximately 1% of ABC's client base. Results indicated that ABC Behavioral Health scored below the national average in every category, suggesting there was room for improvement in establishing high performance, which is above average.

Workforce-Focused Results

Staff satisfaction surveys are collected annually, though they were not collected in 2015 and 2016. It is not clear if this gap was due to organizational changes occurring at that time. For this study, staff satisfaction surveys from 2017 and 2018 were analyzed. In 2017, 226 employees responded to 26 questions, and in 2018, 191 employees responded to 23 questions. It is not clear why there were three fewer questions in 2018. Surveys were made available via SurveyMonkey link emailed to every employee. A Likert rating scale offering five response choices was used. Staff had the option to *strongly agree* (SA), *agree* (A), *neither agree or disagree* (N), *disagree* (D), or *strongly disagree* (SD). Results were compiled by the QI department and distributed to all C-suite leaders and VPs via email for review and encouragement to share with their respective staff. It is not clear what was done with the results beyond that point. Overall, most results were favorable. Survey questions specifically relevant to employee resistance to change were chosen for review in this study. Highlights of those results are represented in Table 3.

Table 3

Highlights of Staff Satisfaction Survey Questions Relevant to Employee Resistance

Relevant survey questions	2017 ($N = 226$)	2018 ($N = 191$)
1. My supervisor and I have a good working relationship.	SA= 56.64%	SA= 50.79%
	A= 35.84%	A= 38.74%
	N= 7.08%	N= 5.76%
	D= 0.44%	D= 1.57%
	SD= 0%	SD= 3.14%
2. I feel valued by my manager.	SA= 50.00%	SA= 42.41%
	A= 35.84%	A= 39.79%
	N= 10.62%	N= 11.52%
	D= 2.65%	D= 2.62%
	SD= 0.88%	SD= 3.66%
3. Communication by senior leaders and employees is good in my organization.	SA= 24.34%	SA= 19.90%
	A= 36.28%	A= 45.03%
	N= 27.88%	N= 23.04%
	D= 9.29%	D= 7.33%
	SD= 2.21%	SD= 4.71%
4. I have confidence in my management team.	SA= 30.09%	SA= 22.51%
	A= 42.48%	A= 54.97%
	N= 19.03%	N= 17.28%
	D= 7.08%	D= 3.14%
	SD= 1.33%	SD= 2.09%
5. I am satisfied with the culture of my workplace.	SA= 29.65%	SA= 24.61%
	A= 49.56%	A= 53.40%
	N= 14.16%	N= 14.66%
	D= 5.75%	D= 4.19%
	SD= 0.88%	SD= 3.14%
6. I would recommend ABC as a good place to work.	SA= 29.20%	SA= 29.32%
	A= 47.79%	A= 50.26%
	N= 16.81%	N= 15.71%
	D= 5.31%	D= 3.14%
	SD= 0.88%	SD= 1.57%

The percentage of SA dropped in each item except for item 6. Conversely, the percentage of strongly disagree responses in all categories increased even though the number of respondents decreased. This data is particularly important because it could indicate staff are less engaged. It also offers ABC an opportunity to participate in further analysis to interpret results more effectively.

Exit interviews for the previous five years were also collected and reviewed. The HR department reported that the completion rate of exit interviews is typically low in comparison to the actual number of resignations. A total of 38 exit interviews were available for analysis, though the actual number of resignations between 2014-2019 was 259. Therefore, only 15% of staff who resigned provided an exit interview. A higher number of resignations was noted for calendar years 2015 and 2016, which represented a period of significant change (see Table 4). Monitoring trends in the number of employees that leave ABC is also a useful tool in understanding staff satisfaction and employee engagement.

Table 4

Number of Resignations 2014-2018

Year	Total number of resignations
2014	44
2015	62
2016	58
2017	49
2018	46
Total	259

Staff who are terminated are not offered an exit interview and were not included in this study. When analyzing the available data, the top three voluntary reasons employees left ABC were career advancement, low pay, and moving out of the area, which was based on number of responses (see Table 5). Only one interviewee indicated "not comfortable with constant restructuring" as a reason for leaving. This employee left the organization in 2017 during a particularly significant period of reorganization. Although exit interview data were limited, it offers some insight into reasons staff leave ABC Behavioral Health. It is important to note that this information is inconclusive, as it relates to higher turnover rates related to internal restructuring and change.

Table 5

Reasons for Leaving

Employee reason for leaving	Percent of pesponses
Career advancement/better opportunity	50%
Low pay	13%
Moved out of state	11%
No reason given	10%
Medical/health problems	5%
Job dissatisfaction/burnout	4%
Retirement	3%
Family reasons	2%
Not comfortable with constant restructuring	2%

Note. N = 38

Rafferty and Jimmieson (2017) determined that resistance to change often does not consider an employee's subjectivity. For instance, psychological well-being and poor sleep can influence resistance to change. This point is of particular interest in this study because ABC Behavioral Health historically engaged in more employee appreciation events than they did at the time of the study, such as a summer ice cream social, wellness days with chair massages and relaxation activities, and other self-care activities like hiking and Zumba. These events have not occurred with annual regularity in the past 3 to 5 years. Understanding that resistance is often related to an employee's subjective feelings is important because there is a possible correlation between staff resistance and the reduction in staff appreciation events.

ABC acknowledges the importance of employee recognition and uses social media and the biweekly newsletter to acknowledge staff who do more than is expected. The organization uses a peer initiated "Go for the Gold" recognition system. An electronic form accessible via the employee portal allows anyone to nominate staff who are "caught" going above and beyond. However, ABC does not use a leadership-driven recognition program (i.e., employee of the month). An annual employee recognition breakfast is hosted at a local hotel to celebrate years of service, including employees who have given five years of service or more. In addition, ABC offers benefits that are highlighted in Figure 2.
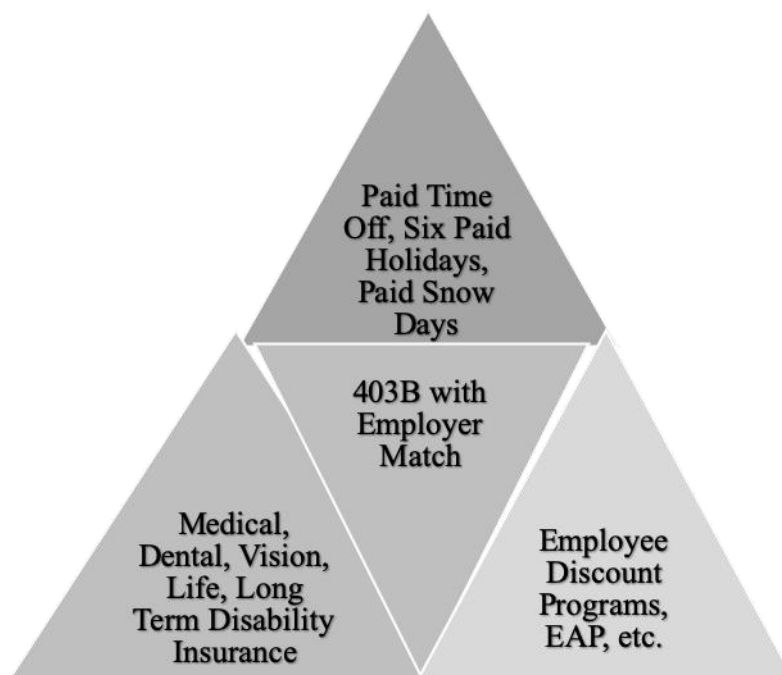
Figure 2. Employee benefits.

Further analysis of the workforce environment demonstrated that the QI

department is responsible for synthesizing information that measures and improves

organizational performance. Because ABC has voluntarily elected to be accredited by

CARF and environmental safety is one of CARF's concerns, the organization assesses

this on an ongoing basis. All staff participate in mandatory e-learning modules on the

web-based platform Relias Learning. The modules are focused on physical safety, fire

safety, sexual harassment, and corporate compliance.

In addition, the health and safety committee, which is comprised of staff from

various departments, convenes on a bimonthly basis to discuss pertinent issues related to

the environment of care. The QI department also ensures that safety inspections and fire

drills are performed at every location regularly. The facilities department ensures smoke

detectors are working and checks first aid kits regularly for expired items. In 2019, the organization began placing Narcan kits at every site, due to an opioid crisis greatly impacting the immediate geographical area within which ABC operates. Staff can also submit maintenance requests through the employee portal to alert facilities and maintenance of any safety concerns or anything needing repair. The organization's environment of care manual focuses on safety management, health management, and disaster management. It is accessible to all staff via the online portal.

<div align="center">**Leadership and Governance Results**</div>

The organization's strategic plan, board meeting minutes, and leadership meeting minutes were analyzed for this study. The organization was founded in 1978. However, ABC did not have a strategic plan during the 35-year tenure of the co-founder and former president (1978-2013). The current CEO joined the organization in August 2013, and the first strategic plan was implemented seven months later in March 2014. The plan outlined organization-wide strategic priorities with an implementation period of July 2014-June 2017. The following goals were established:

1. Develop integrated marketing/branding across the entire organization to support increased private fundraising, business development, and grant writing success.

2. Enhance current service quality across the organization to ensure we meet the unified mission requirement as a center of excellence using evidence-based innovative best practices.

3. Create the infrastructure and processes to routinely plan and create comprehensive, seamless and integrated responses (from primary prevention to crisis response) to pressing social needs in the community.

4. Create the infrastructure and capacity for an integrated, reliable IT/MIS system across the organization to support:

- Seamless care transitions;

- Reduction of internal communication and service silos;

- Increase and improve internal and external collaboration; and

- Use of data for QI and management decision making.

The subsequent strategic plan was created in July 2018. The attendees at this meeting were predominantly newer leaders. The previous strategic plan from 2014 was not reviewed during the 2018 strategic planning meeting. New goals were established under four domains: customer service, marketing, measurable outcomes, and innovation. Client satisfaction surveys, staff satisfaction surveys, and exit interviews were not reviewed or considered when establishing new strategic goals. The following goals were established in July 2018:

1. Establish a functional and efficient system for customers to reach us (Access);

2. Develop customer service program;

3. Increase brand awareness;

4. Improve environment;

5. Implement measurement system; and

6. Implement a care innovation process.

Strategic goals were assigned to specific members of the leadership team to implement, track, and offer monthly reports. Progress was discussed each month at senior leadership meetings throughout the following year.

All available board of trustees meeting minutes (2016-2019) and bylaws were analyzed. A total of 18 sets of meeting minutes were reviewed, but no minutes prior to 2016 were provided for review. The board meets every other month. After review of the board meeting minutes, I noted that minutes consistently included a report from the CEO, CFO, and CAO. In April 2018 and thereafter, the board minutes also consisted of an update from the CDO, who was newly hired in January 2018. The need for this position resulted from the findings of a philanthropic assessment conducted by an independent consultant in 2017. This assessment provided a comprehensive look at ABC from a fundraising perspective.

Interviews

Four semistructured interviews were conducted in June 2019 with key organizational leaders. Participants were chosen based on their roles at ABC and the length of their tenure there. Their collective tenure with ABC was approximately 80 years. Questions were asked in the same order for each participant. One to two additional questions were asked of each participant specifically related to their relationship to the Baldrige excellence framework. However, the additional questions were not coded because they were not asked of every participant.

Interviews were transcribed using TRINT, a transcription application, and I converted into Microsoft Word documents. I uploaded the documents into Dedoose, a

free online qualitative coding software, to organize data and enhance trustworthiness. I

then performed open coding using thematic analysis. All codes were created based on

words participants used. To further ensure validity and reduce researcher bias, all codes

were reviewed by an unaffiliated doctoral student from a northeastern university trained

in qualitative research methods. Participants' identities were concealed from the

unaffiliated qualitative researcher. Additionally, I incorporated all feedback and

recommendations from doctoral study committee members into this study. Thematic

analysis of the data revealed the following codes:

- Organizational change;

- Resistance to change;

- Response to change;

- Trauma-informed care;

- Benefits of trauma-informed care; and

- Role at ABC.

Organizational change. Codes related to organizational change revealed

subcategories of growth, change of leadership, turnover, and culture change. For instance,

two participants commented that the biggest organizational change for ABC had been

tremendous growth. Participant 1 stated, "The biggest change would be growth.…We

have added many programs.…Our culture has changed." Participant 2 added,

The organization has grown tremendously in the number of services offered, as

well as the number of facilities.…We grew and changed to meet the local needs

of the community. We've always tended to be very responsive. I think that's how the organization was really created, and that theme has continued.

The significant growth at ABC created changes in leadership, as well as some turnover. For example, one participant stated, "So in addition, of course, in recent years, we have changed our CEO. We've changed VPs, as there have been lots of changes." Another participant added, "The CEO position turned over, as well as a lot of the leadership positions." This concept was further validated by a third participant, who responded "There was change going on at that time.…People were laid off or quit. There have been three different people over the…department."

Resistance to change. Each participant was asked if he or she had experienced resistance to change and all agreed that they had. Codes that emerged from the theme of resistance to change were related to leadership and new processes. Participant 1 shared,

We don't do it that way. You know, we've always done it this way. That resistance to change…the agency had been around for 35 years…was very well known in the county, but it was very insular…in the way it dealt with the community and the bigger picture was kind of small-town square.

Participant 3 stated,

I think especially since our CEO was the founder of the company and he retired…it shook somewhat. I think there was something equivalent to a minor earthquake within the organization.…A lot of people were not willing to take on this new person as our CEO. You know, that was problematic in itself.

The changes that occurred at ABC Behavioral Health created a change in processes and infrastructure, which also led to resistance. Participant 2 noted,

I think anything from changing our name, which we've done several times. There was some resistance to that. I think there's been resistance to growth sometimes because staff felt it would overwhelm them, and the infrastructure there has been resistance to everything from new computers, new phone systems…and any massive organization-wide change.

Participant 1 replied that his or her attempts to incorporate change were met with resistance. For instance, "So, we've grown. Simple things like check-signing and I was told 'No, we can't.'"

Response to change. Codes that emerged here were staff turnover and pervasive resistance that persisted at ABC at the time of this study. Although all participants agreed the organization had experienced resistance to change, their views on the topic varied. For instance, one Participant 3 stated, "Everyone should know that they're part of a team and we're all working toward the same goal. Some people embraced it and others thought it was just a bunch of baloney." Participant 2 replied, "I always felt we had resistance but [it] never stopped us. I think people just got used to it or maybe self-selected out of the organization." This concept of opting out of the organization was validated by another participant, who stated, "We lost some staff who were resistant." Participant 1 replied, "Well, some of those people are no longer here. So that's what helped, I think."

Participant 1 also stated, "I still find little pieces left of 'We don't do it that way,' or, "You know we've always done it this way." Participant 3 stated,

I don't know that it [resistance] really has been overcome.…I just don't think that

even certain supervisors were willing to accept a lot of the change that occurred. I

heard kind of on the sly, they were like, "Don't tell anybody, but I think this place

is going to go down. We're going to go down. We're going to crash and burn."

Others embraced it.

Further, Participant 4 responded, "I think people would have been able to adjust

to the change, but because everything happened so suddenly and without communication

alright.…It was so drastic."

Trauma-informed care. All codes revealed participants had a basic

understanding of TIC. For example, one Participant 1 explained,

Trauma-informed care is actually…what happened to this person in their past that

perhaps is causing that behavior?…It's really looking at the person, your

employees or your client…holistically and coming at the relationship or the

discussion face-to-face from that perspective.

Participant 2 described it this way:

My understanding is that everyone has experienced trauma at some point in their

lifetime…and we respond accordingly and understand that we approach people

from staff and consumers and even the UPS man or the lawn cutter. We approach

people in that manner.

Participant 3 explained, "And what I think is, clinicians are going to address this

in a whole new way, taking everything, taking the person, into consideration and what

their particular trauma has been and treating it properly based on that particular trauma."
Further, the Participant 4 answered,

> So, trauma-informed care would be really approaching everyone as if we have no
> idea what they have been through. So not making judgments on a person or
> belittling what they've experienced or letting them identify what they've been
> through in their lives and meeting them where they're at and being
> compassionate…making sure that the way we talk to others and not just our
> consumers, but our employees, as well. That we treat everyone with the same
> compassion and respect.

Benefits of trauma-informed care. All participant responses were positive and
indicated that this change would benefit the organization. Codes that emerged were
individualized care, quality care, positive, and competitive advantage. Participant 4
reported,

> I think that it will make this a warm working environment where you're not afraid
> to talk to your co-workers and approach your co-workers. And so, I think
> internally this would be very beneficial. It would help our communication
> internally and with our consumers. We would be asking them to tell us what's
> going on, not place judgments on them, and trauma-informed care is really the
> way a mental health agency or a substance use services agency should be.

Participant 2 replied,

> Well I think it'll be a better place for people to work because we will understand
> each other better and, you know, the same with the community. I think that we

will be viewed as an organization that is responsive, engaging, warm. A nice
place…that people can depend on to be understood and get their problems
addressed.

The benefits of TIC were further validated by Participant 3 who said,

Clients are going to benefit from the care that is custom-made for them. So if they
have a child that was traumatized by some event, that if they bring their child to a
clinician that's been trained in trauma-informed care, that they can expect the
outcome of the treatment to be better than if it was just cookie-cutter type. You
know, this is what we do…and the benefit will be greater.

Participant 1 added, "First of all, I think it's [TIC] something that sets us apart
from other organizations. And in the day and age of fee-for-service we have a lot of
competition out there."

Role at ABC. The discussion of leadership roles at ABC as they related to
experiencing resistance to change elicited additional codes of longevity and promoting
from within. The participants' answers included identifying information related to their
specific title(s) and time with the organization, subsequently limiting the amount of
interview data that can be shared in this category. However, Participant 2 remarked, "I
started out as an undergraduate with a degree in psychology.…That's how I got into
where I am, and then I just progressed through various administrative areas." Participant
3 stated, "We encourage growth from within."

Other themes. I asked each participant one to two additional questions related to
their roles and grounded in the Baldrige excellence framework. The responses were not

coded, as each participant received Baldrige questions tailored to his or her specific role in the organization. However, the content did offer insight into areas of growth for ABC, including developing strategic objectives and workforce development. I address these points in Section 5.

Summary of findings. Client-focused and workforce-focused data analysis provided substantial findings that informed recommendations made in Section 5. In summary, ABC Behavioral Health uses client and staff satisfaction surveys as the primary tools to measure performance and engagement. Since 2017, the organization has conducted annual organization-wide surveys, which are distributed, collected, and analyzed by the QI department. Regarding client satisfaction, ABC falls below the national average in every category, which strongly suggests there is room for improvement throughout the organization and the services it provides. It is also not clear how the national averages were obtained, though it is inferred they were provided by SAMHSA but not well understood.

Workforce-focused data analysis offered substantive information. Interviews with leadership validated that change has been consistent and resistance to change has been experienced throughout the organization. TIC appeared to be well understood and perceived as a benefit to the organization. This implementation offered an opportunity to engage and reengage staff, as satisfaction surveys demonstrated significant findings in key categories related to resistance. Further, it is not understood why so few exit interviews were obtained by HR, as they provide a wealth of information from staff who are voluntarily leaving the organization. ABC collected exit interviews for 15% of

employees that resigned in the five years prior to the study. The national average for completion of exit interviews is about 35% (Carvin, 2019). Staff satisfaction surveys, exit interviews, and monitoring trends in resignations are underused tools that are readily available to ABC as it attempts to address resistance. I offer detailed recommendations are in Section 5.

Organizational Financial and Marketplace Performance Results

Financial and marketplace results were not analyzed in-depth for this study because they were not relevant to the practice problem. However, I reviewed profit and loss statements, fiscal reports, and year-to-date financial statements that were included in board meeting minutes. ABC Behavioral Health consistently reported cash on hand to cover three months of operating expenses. The organization reported an operating surplus in all terms except in spring 2019 due to an unexpected increase in health insurance premiums and identified inefficiencies in billing practices. The current operating budget is approximately $27 million. It is also important to note that in March 2019, a new CFO came on board, the fourth CFO in six years.

The CFO presents the board with a fiscal update at bimonthly meetings. In addition, weekly reports are sent via email to all senior leadership and PDs with year-to-date financial reports, including a comparison to the corresponding week of the previous year. Biweekly FFS conference calls are conducted every other Tuesday at 9:00 a.m. VPs discuss increases or decreases in weekly revenue and provide verbal action steps to address deficits. The finance department works collaboratively with VPs and respective programs. There is complete transparency among leadership staff, which includes PDs

and the finance department. A sense of ownership is instilled and encouraged among all programs and their respective budgets.

Individuals, Organizations, Communities, and/or Systems

The implications resulting from the findings suggest ABC is deeply committed to providing comprehensive and meaningful behavioral health services to surrounding communities. The services provide direct benefits to all served by the organization. ABC is committed to providing quality behavioral health services to defenseless children, disenfranchised adults, and other individuals who struggle with mental illness, addiction, homelessness, and other challenges.

However, the findings indicate that more can be done to support staff. This is especially true of trainings related to the effects of trauma and preventing secondary trauma. Additionally, more opportunities to promote self-care and health and wellness are critical to TIC and employee satisfaction. It is also noted that in recent years, there have been fewer employee appreciation events than in previous years. The results of this study will assist ABC leadership to better understand its workforce and effectively address resistance to change. Further, it will inform other behavioral health organizations and healthcare systems that have undergone broad organizational changes to appreciate the leadership perspective when implementing culture change as it pertains to TIC.

Potential Implications for Positive Social Change

ABC Behavioral Health has made a commitment to positive social change by introducing an organizational shift toward a trauma-informed framework. The experience of trauma not only affects clients but also the workforce of a behavioral health

organization. By implementing TIC, behavioral health organizations are demonstrating an awareness and sensitivity to the profound neurological, biological, psychological, and physical changes that occur in an individual who experiences trauma. The TIC approach addresses individuals from a perspective of "What's happened to you?" instead of "What's wrong with you?"

Positive social change occurs not only by adopting a TIC framework, but also by understanding that employees may not embrace the change because of their own traumatic experiences and fears of change. Further, TIC implementation does not have to be limited to behavioral health organizations. The awareness of TIC and the intended benefits are universal. The National Council for Behavioral Health (2019) reports that TIC enhances job satisfaction and employee success, and these benefits are not restricted to behavioral health organizations. There are evidence-based benefits to creating universal work environments that promote safety and reduce negative encounters.

Strengths and Limitations of the Study

Strengths

A qualitative case study is an inductive strategy that allows a phenomenon to be investigated in a real-life context using data collection and analysis (Merriam & Tisdell, 2016). This approach was a strength for ABC Behavioral Health as it embarked on TIC implementation. The qualitative case study allowed for the phenomenon of resistance to be studied in real time, which offered more clarity to the practice problem. A case study is an ideal method for acquiring more insight into and understanding of a situation (Leedy

& Ormrod, 2019). Further, a qualitative research study is commonly used in the field of psychology and was a good fit, as extensive data were collected and reviewed.

For decades, ABC has successfully provided behavioral services in its community. The organization presented a wealth of internal data to analyze, which allowed for a deep examination of operations. The organization has a solid infrastructure of resources, which provided ample and pertinent data to review. The leadership staff who participated in interviews were flexible and available, which helped maintain the study's timeline. All information requested for the study was provided in a timely fashion, and the data were pertinent to the practice problem and offered the anticipated insight.

Limitations

I was the primary instrument in this case study and independently created the interview questions. The data and findings are often shaped by the researcher's subjectivity, positionality, and identity (Ravitch & Carl, 2016). Researcher bias was a potential risk in this case study because I was not only the instrument for the study, but also an employee of ABC Behavioral Health. Although there is a risk for researcher bias in such a case-study design, I made every effort to recognize and either minimize or eliminate potential areas of bias where possible. For example, as mentioned previously, an unaffiliated qualitative researcher from a northeastern university performed an additional and separate round of coding to ensure that codes were unbiased.

The sample size was limited due to my role in the organization and years of tenure with ABC. I do not believe that this limitation negatively impacted saturation, but

the opportunity to interview more participants could have offered more validity to the findings. It is also important to note that all participants were of the same gender. Girod et al. (2016) asserted that implicit gender bias may a play a role for women in leadership. Further, this study's results were unique to ABC Behavioral Health and may not be valuable to organizations in other areas of the United States or abroad.

Finally, my initial goal was to review five years' worth of data. However, client and staff satisfaction surveys were only available for 2017 and 2018. Additionally, leadership meeting minutes were not consistently recorded, which led to gaps in data. These data could have offered a more holistic view of trends during periods of significant change. Also, inconsistencies in keeping senior leadership meeting minutes created a challenge for following progress or determining if anyone followed up on key action items. Otherwise, all internal and external data that were identified were available for analysis.

Unanticipated Outcomes and Potential Impact on Findings

Although the experience of resistance to change has been identified as an impediment to progress, the outcomes of this study offered opportunities for further improvement. Interview participants expressed that ABC had successfully weathered several organizational changes, and feedback regarding TIC was perceived as a positive change for staff and clients.

Some unanticipated outcomes were gaps in the continuity of data, such as administrative meeting minutes and surveys prior to 2017. The senior leadership team

conducts monthly administrative meetings. At this time, pertinent organizational topics are discussed; however, there is no documented follow-up.

Summary and Transition

Section 4 offered an in-depth analysis of results related to this organization's clients, workforce, leadership and governance, and financial and marketplace performance. In addition, other areas of interest were explored related to implications for social change as well as the strengths and limitations of this study. ABC Behavioral Health offered a significant amount of data for review, which offered a thorough examination of this organization and its practice problem. Although ABC has notable areas of merit, there are opportunities to maximize available resources in order to elevate levels of success and effectively address the practice problem. I discuss the impact of these findings and subsequent recommendations in Section 5, which will conclude this study.

Section 5: Recommendations and Conclusions

Overview

A qualitative case study of ABC Behavioral Health included the collection and analysis of substantial internal data provided by the organization. Semistructured interviews were also conducted. Data collection ended on June 30, 2019, the final day of the organization's fiscal year. My focus was to understand employee resistance to change experienced by leadership during TIC implementation. The data review produced significant findings related to the practice problem. An analysis and synthesis of the evidence has generated the following recommendations.

Recommendations

Change Management Planning

ABC Behavioral Health had experienced several organizational changes in the 5 years prior to this study, and they profoundly impacted the workplace culture and processes. The organization continues to change to adapt to current industry demands, TIC implementation being one of the more obvious changes. One surprise finding was that the organization does not have a formal management protocol for implementing change. Change management processes help lessen the possibility of failure (Lussier & Achua, 2016). A plan imbeds support into every step necessary to implement the change (Maurer, 2019). Change management planning clearly defines roles and activities. Therefore, it is recommended that the organization implement a standard change management plan that can be applied to any circumstance. Figure 3 presents an example of a simple change management process.
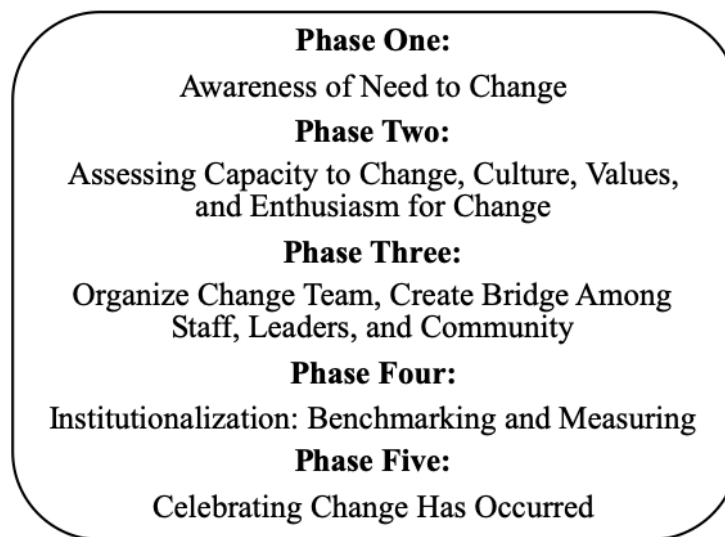
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┌─────────────────────────────────────────────┐
│               Phase One:                      │
│         Awareness of Need to Change           │
│               Phase Two:                      │
│    Assessing Capacity to Change, Culture,     │
│        Values, and Enthusiasm for Change      │
│               Phase Three:                    │
│    Organize Change Team, Create Bridge Among  │
│         Staff, Leaders, and Community         │
│               Phase Four:                     │
│   Institutionalization: Benchmarking and      │
│                Measuring                      │
│               Phase Five:                     │
│        Celebrating Change Has Occurred        │
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Figure 3. Phases of change management.

The process of change management includes the leadership competencies of innovation, collaboration, integration, and production (Johnson, 2009). A standardized approach to change management could be applied to any alterations in standards, programming, leadership, culture, operations, or service delivery. Effective planning for change considers the potential effects on stakeholders and tailors strategies for every subgroup of the organization (Burns, Bradley, & Weiner, 2012). Incremental and organization-wide changes must follow a sequence of events (Johnson, 2009). If an organization is properly prepared for change, its opportunities could be endless (Evans & Lindsay, 2017).

A change management plan could be implemented relatively easily in ongoing senior leadership meetings, which are conducted monthly. Change management could be

a standing agenda item discussed every month to monitor progress. TIC implementation is a large-scale organization-wide change. However, the process of change management can also be used for small-scale changes. The key is consistency in all processes related to change endeavors that will support employees and create a feeling of trust with leadership. It is clear that growth has been substantial at ABC and data analysis indicates that growth will continue.

Use of Employee Feedback

ABC collects staff satisfaction surveys on an annual basis, and they provide rich information regarding employee engagement. Results are distributed among senior leadership via email. They are encouraged to share with staff, but there is no evidence that anything further is done with the information. Review of meeting minutes, agendas, and email did not provide evidence of a plan to address negative feedback or ascertain what generated positive feedback. Staff would benefit from reviewing surveys. Employee engagement is a critical element of embracing change. Further, employee disengagement costs employers in the United States approximately $350 billion each year (Osborne & Hammoud, 2017).

I recommend that the results of the staff satisfaction survey be shared agency-wide with all staff. The dissemination could be accomplished via email or the bi-weekly newsletter. To cultivate staff engagement, employees should have the opportunity to compare their answers to those from the rest of the organization. The dissemination of results also places more responsibility on leadership to address areas of dissatisfaction. Employees will feel heard and supported if they know leadership values their opinions.

Also, staff should have more than one opportunity per year to offer feedback. Perhaps an email address can be created (i.e., youropinion@abcbehavioral.org) that staff could use on an ongoing basis, similar to a suggestion box. It is noted that a member of the senior leadership team is assigned to key tasks such as innovation and measurable outcomes, which are reviewed monthly. It is recommended that a member of the leadership team be assigned to monitoring staff satisfaction and developing a plan for addressing staff feedback. This person would receive the emails and discuss them monthly with the leadership team. This feedback should also be included in strategic planning.

Employee exit interviews also provide a wealth of information. The HR department emphasized that the number of exit interviews completed has been marginal compared to the actual number of resignations (38 out of 259). Also, it is not clear who outside of HR is made aware of the content or how the information is synthesized. This gap represents a missed opportunity to gain insight into the staff experience. Although exit interviews are widely used, there is no research supporting the reduction of turnover (Flint & Webster, 2013). However, ABC is seeking to understand the origins of staff resistance as well as their experience with organizational leadership. Exit interviews are a readily available data source.

I also recommend that a more formal process be put in place within HR to secure exit interviews for at least 90% of staff leaving the organization. It is also recommended that resigning employees have the option of completing an online survey (i.e., SurveyMonkey) in addition to the current handwritten survey. This process should occur before the employee receives his or her final paycheck. It is recommended that an

administrator, such as the CEO or CAO, review this information so it can be discussed with senior leadership. Another suggested recommendation is for the HR director to attend senior leadership meetings on a quarterly basis to discuss the content of exit interviews. Employee engagement is currently a missing element in ABC's strategic planning.

Trauma-Informed Care Implementation Involvement

Researchers have asserted that TIC is a positive change. It seems there is a good understanding among ABC leadership regarding the benefits of TIC. However, it cannot be assumed that staff share this feeling, especially when leadership has confirmed the phenomenon of resistance. Leadership interviews touched upon a previous initiative to implement a high-performance team structure in the past. This initiative also required a culture change, and the model was not sustained. For TIC to be embraced organization-wide and sustained at a high level, it must be well-communicated and present in all organizational materials and communications.

It is recommended that TIC implementation include regular communication to staff at meetings, via email or newsletter, and through social media. Staff surveys and interviews reinforced that there have been lapses in communication from senior leadership. TIC is perceived as a positive change and therefore is an opportunity for leadership to connect with all staff. Coaching and training should occur so staff understand why this paradigm shift is important, know the benefits of TIC, and recognize how implementation will be sustained. Further, ongoing assessment and benchmarking to measure the change postimplementation will offer feedback and target areas in need of

improvement. Leadership's buy-in is critical to the success of this change. TIC implementation is an excellent opportunity for senior leadership to be more visible and connect with staff at all levels of employment.

Further Recommendations

ABC currently does not have a method for measuring workforce engagement, which is inclusive of the employees' intellectual and emotional commitment to the organizational mission, vision, and values (see Baldrige, 2017), including performance, learning and development, and career progression. Researchers have asserted that workforce engagement includes creating a learning culture, developing career and personal development opportunities, communicating organizational values, creating trust, being transparent, and communicating achievement benchmarks (Hisel, 2019). Engagement differs from satisfaction. An actively disengaged employee can negatively impact client experiences and an organization's bottom-line (Heymann, 2015). I recommend that staff satisfaction surveys be modified to the following items (among many other possibilities):

- I feel committed to my continued employment.

- My professional development is encouraged.

- I receive recognition for good work.

Lastly, ABC served over 30,000 individuals in 2018. Aside from client satisfaction surveys, none of the data reviewed indicated evidence of client engagement or relationship-building efforts. It is recommended that ABC provide opportunities for clients to be more involved with the organization to determine client needs, provide

information and support, build relationships, and effectively manage complaints (see

Baldrige, 2017). I suggest the following:

- Invite client or family representation on the board of trustees.

- Invite client or family representation on the TIC change team.

- Offer real-time satisfaction surveys in a digital format that can be addressed

  promptly.

- Provide access to a client liaison for immediate concerns or complaints.

The goal of client engagement is to be more responsive to the needs of clients and

their families by creating a collaborative alliance (Baldrige, 2017).

Implications for Future Research

Per the literature review, there are extensive data available regarding the

phenomenon of resistance to change. The need for TIC is also heavily studied. However,

there is currently a gap in literature regarding employee resistance during TIC

implementation, most likely because it is assumed to be a positive change that should be

readily embraced. There is an opportunity for further research, as there is also a gap in

existing literature regarding post-TIC implementation outcomes. Hales, Kusmaul, and

Nochajski (2017) asserted that further postimplementation research is warranted. Areas

of particular interest are staff satisfaction, reduction of turnover, and reduction in

absenteeism. Client satisfaction and enhanced outcomes are other areas for further

research.

Conclusion

I analyzed the leadership experience of resistance to change during TIC implementation at a large nonprofit behavioral health organization in the northeastern United States. Despite the prevalence of trauma and the necessity for services to be trauma-informed, the culture change needed to execute this adoption is extensive. ABC Behavioral Health has endured many organizational changes, so staff are resistant to more change. Based on my findings, there are opportunities to improve data-driven practices in key areas that will minimize resistance during TIC implementation: change management planning, utilization of employee feedback, enhanced communication and participation of leadership during TIC implementation, and increased client and staff engagement.

First, creating a change management plan that can be used uniformly for any organizational change would establish consistency and structure throughout the organization, subsequently reducing fear of the unknown and instituting a template for the execution of any organizational change. Second, synthesizing employee feedback from surveys and exit interviews into strategic action would facilitate employees' trust that leadership is attentive to staff members' experiences. Currently, there is a missed opportunity to reinforce the importance of feedback and create positive change. Third, leadership investment in TIC outside of high-level involvement sends a clear message that there is a genuine interest in the success of this framework with a goal of sustainability. This strategy would include more visibility at key meetings and frequent communication, which bridges the gap between administration and front-line staff.

Leaders who understand workforce engagement will encounter reduced resistance with better-informed staff. Lastly, client relationships and alliances contribute greatly to effective planning and the creation of meaningful therapeutic and trauma-informed experiences. Client engagement is a direct result of an engaged workforce, which leads to organizational success and longevity.

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