

## ABSTRACT

### A Multiple Case Study Examining the Reasons for Career Change Among Behavioral Health Technicians: Solving the Turnover Dilemma

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Turnover across all industries has almost doubled since the turn of the century in 2000 and was on track to hit 40 million resignations in 2018 (US Bureau of Labor Statistics). Healthcare historically has higher than average turnover rates, and behavioral health has an even higher turnover rate than most areas of healthcare. Nationally, in rural communities, behavioral health turnover has reached as high as ninety percent annually (Jobs to Careers, 2013). Turnover is a costly process for employers whose funding and general revenue lack the same economic growth as other industries.

At Helping Hands Healthcare, turnover rates trend at a higher rate in entry-level caregiver positions versus other clinical areas. Stakeholders and the researchers have reviewed various reasons for turnover, such as lack of recognition, burnout, and generational gaps. This case study determined and prioritized reasons for turnover and offered solutions for decreasing the turnover, helping organizations combat the trend. This study investigated a wide range of reasons why behavioral health technicians may choose a career change or elect to leave their current position for a similar job elsewhere.

The prioritization of reasons for turnover allowed the organization to apply resources in ways that had the most positive impact on the quality of patient care, employee satisfaction, and financial goals.

An anonymous questionnaire, developed by the researcher, and semi-structured interviews were the primary source of data for the study. This study used Vroom's expectancy theory and the unfolding theory in analyzing data. The researcher hypothesized that data would show compensation, culture, lack of recognition, motivation, appreciation, lack of training, advancement opportunities, and burnout as common themes for the high turnover rates in these positions and specific settings. Further, the researcher believed that burnout, compensation, lack of training, and lack of career advancement would rank above other reasons for turnover in the behavioral healthcare field. Actual findings from the study showed the main reason for turnover was a lack of communication and connection between leaders and the front-line staff and the need for a more positive culture in the hospitals.

*Keywords:* baby boomer generation, behavioral health technician, generation X, generation Y, mental health diagnosis, turnover

A Multiple Case Study Examining the Reasons for Career Change Among  
Behavioral Health Technicians: Solving the Turnover Dilemma

by

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A Dissertation

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## TABLE OF CONTENTS

LIST OF FIGURES .....	vii
LIST OF TABLES .....	viii
LIST OF ABBREVIATIONS .....	ix
ACKNOWLEDGMENTS .....	x
DEDICATION .....	xii
CHAPTER ONE .....	1
Introduction to the Problem of Practice .....	1
Introduction .....	1
Statement of the Problem .....	3
Purpose of the Multiple Case Study .....	5
Theoretical Framework .....	6
Research Design .....	10
Ethical Considerations .....	10
Definition of Key Terms .....	11
Conclusion .....	12
CHAPTER TWO .....	14
Literature Review .....	14
Introduction .....	14
True Cost of Turnover .....	15
Potential Causes for Turnover—Age and Generational Gaps .....	17
Potential Causes for Turnover—Total Compensation, Tenure, and Degrees .....	19
Potential Cause for Turnover—Burnout in Caregivers .....	24
Potential Causes for Turnover—Lack of Training, Development, and Advancement Opportunities .....	29
Potential Causes for Turnover—Lack of Appreciation, Recognition, and Engagement .....	31
Potential Cause for Turnover—Lack of Established Culture .....	34
The Leadership Role in Turnover .....	37
Conclusion .....	40
CHAPTER THREE .....	43

Methodology .....	43
Introduction: Research Questions .....	43
Researcher Perspective and Positionality .....	45
Theoretical Framework .....	47
Research Design and Rationale.....	50
Measures .....	53
Site Selection and Participant Sampling .....	55
Data Collection Procedures .....	58
Data Analysis Procedures .....	63
Ethical Considerations .....	69
Limitations and Delimitations .....	70
Conclusion .....	72
CHAPTER FOUR.....	74
Results and Implications.....	74
Introduction .....	74
Case Description and Thematic Analysis .....	76
Discussion .....	104
Implications of Findings .....	108
Summary and Conclusion .....	116
CHAPTER FIVE .....	120
Distribution of Findings.....	120
Executive Summary .....	120
Findings Distribution Proposal .....	128
Conclusion .....	131
APPENDIX A.....	133
Participant Questionnaire.....	133
APPENDIX B .....	135
Interview Protocol.....	135
BIBLIOGRAPHY.....	136

## LIST OF FIGURES

<i>Figure 3.1.</i> Location of study area and cases within multiple case study .....	51
<i>Figure 3.2.</i> The data analysis spiral .....	64
<i>Figure 3.3.</i> Steps in Vroom's expectancy theory .....	67
<i>Figure 4.1.</i> Reasons for turnover at Helping Hands Healthcare .....	105

## LIST OF TABLES

Table 1.1 <i>The Unfolding Theory Pathways</i> .....	8
Table 1.2 <i>Description of Emerging Themes and Theoretical Framework</i> .....	9
Table 2.1 <i>Targets and Strategies for Organizations Regarding Future Training and Intervention as Adapted for the Current Study</i> .....	26
Table 2.2 <i>Targets and Strategies for Individual Employees Regarding Future Training and Intervention as Adapted for the Current Study</i> .....	27
Table 3.1 <i>Participants Employment Data</i> .....	57
Table 3.2 <i>Participant Demographics</i> .....	58
Table 3.3 <i>Data Sources and Collection Template</i> .....	60
Table 3.4 <i>Description of Themes and Theoretical Framework</i> .....	62
Table 3.5 <i>Rankings of Themes for Each Case</i> .....	66
Table 3.6 <i>The Unfolding Theory Pathways Adapted for the Current Study</i> .....	68
Table 4.1 <i>Participant Demographics</i> .....	77
Table 4.2 <i>Data Determining Themes in Case One</i> .....	82
Table 4.3 <i>Data Determining Themes in Case Two</i> .....	87
Table 4.4 <i>Data Determining Themes in Case Three</i> .....	92
Table 4.5 <i>Data Determining Themes in Case Four</i> .....	96
Table 4.6 <i>Data Determining Themes in Case Five</i> .....	98
Table 5.1 <i>Targets and Strategies for Organizations Regarding Future Training and Intervention as Adapted for the Current Study</i> .....	127
Table 5.2 <i>Targets and Strategies for Individual Employees Regarding Future Training and Intervention as Adapted for the Current Study</i> .....	127



## LIST OF ABBREVIATIONS

ASHHRA: American Society of Healthcare Human Resources Administration

MHT: Mental Health Technician

PPE: Protective Personal Equipment

SAMHSA: Substance Abuse and Mental Health Services Administration

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Thank you to my former employer for allowing this study to become a reality and accepting the findings. It is my hope that the information gathered and presented in this study will be taken to heart and will lead future efforts to decrease turnover in front-line employees not only in this organization but in others throughout healthcare and other industries as well.

My heartfelt thanks to my forever friends and peer working group, Nadine Franz, Jason Johnson, and Corey Owens. Without each of you, this project would never have come to fruition. You each have become so much more than a peer working group and classmates; you are lifelong friends and part of my family. I thank God that we were placed together to inspire, motivate, poke fun and just be there for each other. I am grateful for the bond we have that no one will ever take from us.

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## DEDICATION

To Bailey..... my strength, support, motivator..... my world!

This is for you

## CHAPTER ONE

### Introduction to the Problem of Practice

#### *Introduction*

The overall need for behavioral health care continues to grow at a rapid rate and for various reasons. The general population is aging, and as medical technology continues to grow, the average life expectancy will continue to increase as it has over the last several decades. The number of clinical diagnoses requiring behavioral health care is also rising. In 2015, the Centers for Disease Control and Prevention reported that an estimated 25% of adults suffer from a diagnosable mental disorder, and approximately 50% of adults would have experience with mental illness (Wilson et al., 2015). Data shows mental health diagnoses are more commonly accepted and treated (Vanover, 2017). Negative social stigmas cause these diagnoses to be overlooked or ignored. Inpatient and outpatient care is on the rise due to an increasing number of patients accepting their diagnosis as well as various environmental issues. Examples of these environmental issues include ongoing military altercations, stress caused by economic problems, and social pressures. The Bureau of Labor Statistics expects the demand for the paraprofessional healthcare workforce, behavioral health technicians, to increase by 35%. This increased demand in the paraprofessional workforce has experienced faster growth than other areas of healthcare and more than triple the growth in industries outside of healthcare.

While the need for behavioral health grows, government funding and reimbursement rates from insurance companies and government-funded programs for

behavioral health are stagnant or slightly increasing year-over-year. In some cases, legislation has caused reimbursements to decrease. TRICARE reimbursements in the South-Central region increased by \$46.00 per patient day from 2016 to 2019. Had reimbursement rates maintained the same growth as the national inflation rate, the payment would be at least \$100.00 more per patient day (TRM Chapter 7, Section 1).

To further complicate matters, turnover is a costly process for employers. Healthcare organizations are not experiencing the same growth in funding and general revenue as other industries, making the cost of turnover that much more impactful (Vanover, 2017). According to internal analysis, Helping Hands Healthcare spends approximately twenty percent of an annual salary on turnover costs for a behavioral health technician. Behavioral health hospitals will find it difficult to sustain their operations with the continued financial impact of increased turnover.

This problem of practice identified and prioritized the reasons for turnover within the behavioral health technician position. As part of the study, the researcher reviewed prior literature and studies conducted on employee retention in behavioral healthcare to determine the prioritization of reasons for turnover. This study shared the method, followed by the findings after analyzing the data. The problem of practice concluded with a summary conversation regarding the data outcomes and how organizations can utilize resources to significantly decrease turnover and retain behavioral health technicians. A significant decrease in turnover increased quality of patient care and assisted with the financial implications of turnover.

### *Statement of the Problem*

Executives in behavioral health companies have a growing need to understand the reasons for increasing turnover rates among behavioral health technicians, also referred to as mental health technicians. According to internal reports and analysis at Helping Hands Healthcare, the total turnover rate, including all positions, has been 32–40% over the past three years. Of this turnover, approximately half were typically behavioral health technicians. Organizations such as Helping Hands Healthcare need to better understand the specific reasons for turnover within their population to identify where available investments could have the most significant impact. This study identified and provided insight into the particular issues that caused turnover within this specific population and discussed how to apply resources to decrease turnover, thus positively impacting future growth and financial implications. Two main reasons for the need to address turnover are the growing need for behavioral health care and the financial impact that turnover has on the bottom line for behavioral health organizations.

Presently, there are not enough psychiatric inpatient beds in Texas to meet the needs of the growing population. In 2010, there were 2,129 psychiatric beds in Texas. By 2016, this number increased by only 107 beds (Ollove, 2016). The population in Texas grew by an estimated four million people over the same timeframe. This data equates to 8.1 psychiatric beds per 100,000 people in Texas in 2016 (Ollove, 2016). At the same time, more than 96 percent of psychiatric beds that existed in the mid-1950s were no longer available (Psychiatric Bed Supply, 2016). With life expectancy increasing (Wellbeing Strategies, 2019) and behavioral health diagnoses more accepted, society will continue to see an increased need for inpatient beds. As shortages in healthcare staff

persist and the demand for behavioral health increases, it is imperative that organizations make the proper changes to slow the turnover trend.

The financial implications impact all behavioral health organizations, including for-profit, not-for-profit, public health, and government-run facilities. The leaders in these hospitals have to find ways to cut budgets while providing the same, if not better, quality care for increased numbers of patients. One of the significant expenses that stand out in the efforts to realign budgets is the cost related to turnover. Thus, a growing need to understand why the turnover rates are so high among behavioral health technicians. At Helping Hands Healthcare, the offboarding, advertising, recruiting, and onboarding of a new employee can often be more than 20% of the annual salary, approximately \$8,000 per hire. A recent report (Virgin Pulse, 2018) stated that disengaged employees, in all industries, cost employers \$450–\$550 billion per year. Another healthcare study found that turnover costs more than five percent of the total operating budget (Waldman et al., 2004). If organizations can make changes, even spending some money to do so, the volume of turnover may decrease along with the associated expense, which will have an immediate and direct impact on the bottom line for the company and help to keep budgets intact and shareholders' content.

Turnover rates for entry-level medical assistants in general healthcare can reach 50 percent (SAMHSA, 2017). Many nonprofit healthcare organizations can keep turnover in the range of 12% to 15%. Behavioral health turnover, including all positions, will typically average 30–40% (Lewis-Stoner, 2019), while behavioral health technicians have the highest turnover. Nationally, in rural communities, behavioral health turnover has reached as high as 90% annually (Jobs to Careers, 2013).



Staggering turnover rates have plagued organizations for many years. Research shows culture (Clark, 2018), compensation (Occupational Outlook Handbook, 2018), lack of training and advancement opportunities (Kadis, 2001), and burnout (Novack et al., 2019) all contribute to the high turnover rates. Mental health in the workplace is a growing area of discussion among leaders as more turnover is being attributed to the lack of mental health within employees (Bateman, 2019).

### *Purpose of the Multiple Case Study*

The purpose of this multiple case study was to describe, compile and analyze data gathered from current behavioral health technicians, building common themes to support prior findings in research and discoveries regarding the reasons for turnover in this position. This study identified the reasons for turnover and ranked them in importance, providing feedback to the leadership team and giving insight into how to utilize and apply available resources to create the most significant impact. This study answered the following primary research question:

Why are behavioral health technicians leaving their jobs at a higher rate than other employees working in a behavioral health setting? What is the ranking of importance of the various reasons for turnover?

The researcher gathered data regarding the following sub-questions:

1. How does motivation provided by leadership impact the traditional culture in a healthcare setting, and what effect does this have on turnover?
2. Does the culture need to change to decrease turnover?
3. What outside dynamics can cause a behavioral health technician to make an employment change?
4. How does compensation, training, and advancement opportunities affect employees' decisions to stay in or leave their current careers and positions?
5. How was the employee feeling at the time of resignation?

This study asked the behavioral health technicians individually in a questionnaire format their thoughts and reasoning when contemplating a career or employment change. The researcher then attempted a confidential semi-structured interview with each participant. Helping Hands Healthcare, the health system in this study has made numerous attempts to curtail this growing epidemic. Despite these efforts, the numbers continue to climb. The outcome and findings of this study provided valuable insight for Helping Hands Healthcare and other behavioral health organizations in continuing attempts to decrease turnover rates and retain behavioral health technicians currently employed.

### *Theoretical Framework*

This study utilized two theories for data analysis: Vroom's expectancy theory and the unfolding theory. The expectancy theory is based on several steps (Vroom, 1964). The first step is the belief that positive effort and performance provide motivation. The second step is that positive performance creates a desired reward. Third, the reward satisfies the individual's needs. Lastly, the individual finds an ultimate desire to fulfill the demand. The outcome of the expectancy theory is that the individual's expectations are strong enough to make the effort worthwhile (Mitchell & Beach, 1975). Vroom (1964) believed that a goal motivates people. If the individual knows what they must do to achieve a goal or outcome they desire, they will perform in that manner.

Regarding turnover, the individual may not know what to expect or do to achieve the desired goal. Individuals also may not have met the expectations without reaping the reward. Examples include advancement opportunities, positive reinforcement, appreciation, ongoing training, ongoing education, incentives, pay increases, and other

monetary bonuses. The researcher used the expectancy theory to determine what employees are expecting yet not receiving, therefore, causing the significant turnover. The data analysis assessed the expected rewards for the employee and whether or not they are in place. The researcher used the expectancy theory to evaluate if the proper rewards are in place, just not utilized, or are not significant enough for the employee to see the value. The study concludes with recommendations from the results of the study.

The second theory utilized in the study is the unfolding theory, which proposes that employees use one of five cognitive pathways when deciding to leave their current employment (Lee & Mitchell, 1991). According to Beach (1990), the unfolding theory of turnover is based on the concepts of the image theory. According to Beach (1990), the image theory states individual's base decisions on possible alternatives and existing images of principles, goals, and action plans. The image theory applies to everyday decisions and applies directly to the unfolding theory of turnover. The current study used the unfolding theory to determine which cognitive stage the employee is at when deciding to leave their current employment. This study showed the prioritization of cognitive levels, leading to additional information and recommendations for the employer regarding reasons for turnover. Table 1.1 dictates the five cognitive pathways mentioned above as adapted for this study.

While Table 1.1 explains the theoretical frameworks and how they relate to turnover in the present study, Table 1.2, demonstrates how the researcher incorporated the research questions into the data collection and analyzed the data through the lens of the expectancy theory and the unfolding theory. Although research in widespread disciplines has used both theoretical frameworks, the expectancy theory and unfolding

theory are often used in studies for business settings. These theories have been used on a limited basis with turnover and in the healthcare field. Table 1.2 also shows how the researcher utilized these frameworks with turnover in the behavioral health field specifically for the current study.

Table 1.1

*The Unfolding Theory Pathways Adapted for the Current Study*

Pathway	1	2	3	4a	4b
Shock	Personal, positive, and expected	Negative organization event	Unexpected job offers		
History of dissatisfaction				*	*
Script					
Image violation		*	*	*	*
Alternative job opportunity			*		*
Examples	Employee has a positive life change that excites and encourages them to resign their current position.	There is no room for growth or development for the employee and training is little to none. The employee is bypassed for compensation increases or their position is not awarded a range congruent with the market data.	The employee gets an unexpected job offer from a local competitor; after comparing the new opportunity with the current situation, the employee accepts the new opportunity.	The employee realizes that they are unhappy with the culture of the organization and quits without looking for a new job.	The employee realizes they are unhappy and not motivated by leaders. They initiate a job search and quit when they find a more desirable position.

Table 1.2

*Description of Emerging Themes and Theoretical Framework*

Sub Question Theme	Data Collection Method	Example Response	Framework Correlation
Does the culture need to change to decrease turnover?	Questionnaire (yes/no and open response)	No, it was fine	Expectancy Theory
	Interview Protocol	Yes, I was working in a negative place, nobody showed any respect for anyone, so I found a new job	
How would you rate the motivation provided by leadership?	Questionnaire (Likert Scale)	Fair	Expectancy Theory
	Interview Protocol	The DON was motivating, but the Administrator did not speak and did not make us feel welcome	
How big of an impact did compensation have on your decision to resign?	Questionnaire (Likert Scale)	Low	Expectancy Theory
	Interview Protocol	None really. Just got a market adjustment, so I am making the same at the new job.	
	Interview Protocol	I worked every day since COVID-19 started, and nobody ever said thank you	
Did you have enough training and advancement opportunities?	Questionnaire (Likert Scale)	Good	Expectancy Theory
	Interview Protocol	New hire training was good. Like other places	
Did something in your personal life cause you to resign?	Questionnaire (yes/no and open response)	Yes, my spouse got a better job in another state	Unfolding Theory
	Interview Protocol	I am so excited that we are moving to Florida, where I grew up!	
Do you feel good about your choice to resign?	Questionnaire (yes/no and open response)	No, I feel forced to make the choice	Unfolding Theory
	Interview Protocol	My spouse lost his job so I must move back home. I loved this job	

### *Research Design*

The study utilized a qualitative multiple-case design. Patton (2015) described a multiple case study as one that includes several cases, each with different circumstances, allowing the researcher to find common themes. Helping Hands Healthcare covers a wide physical area, including three states. Each physical area was considered a case in the multiple case study. Market differences and other variables among the hospitals' employees and cultures, such as pay ranges, economic growth, access to other jobs, direct competition, and access to appropriate Healthcare, factor into making each of these regions different. The study utilized a questionnaire created by the researcher followed by a semi-structured, private interview between the researcher and each participant.

Unfortunately, the multiple case study design does not allow for quantitative data analysis based on the participants' exit interviews or demographic information. The design did not provide validation for the questionnaire for the participant's use in helping to answer the sub-questions of this study.

### *Ethical Considerations*

There were several potential ethical considerations for this study. First, the researcher was a former employee of the organization, which may have caused some participants hesitation in sharing their thoughts and opinions in fear of retaliation. The researcher kept participants anonymous to alleviate this concern.

A second ethical consideration was the need to effectively communicate the purpose and benefits of the study to the participants, as they had already provided Helping Hands Healthcare with their resignation notice. If the participant did not have a clear understanding of how the findings can impact them, they might not have been

willing to give a definite answer or take the time to provide honest and transparent feedback. The researcher took sufficient time to explain to the potential participants the study and how it could impact the organization and the individuals from a growth perspective.

Since this study used human subjects as participants, the researcher ensured there was no ethical concern regarding the fair and safe treatment of the participants. The researcher worked with the IRB (Institutional Review Board) to ensure this research study was ethical for the participants. The researcher discusses some slight limitations surrounding this study in full detail in Chapter Three.

### *Definition of Key Terms*

To accurately describe and interpret the results of this study, one must understand the following terms.

*Baby Boomers:* A person who was born between 1946 and 1964 (Wellbeing Strategies, 2019).

*Behavioral Health Technician:* assists a psychiatrist specializing in treating patients with behavioral disorders. Technicians support the work of psychiatrists by monitoring patients and recording their physical and emotional symptoms. When working in residential living facilities, they may also assist with daily activities (Learn.org, n.d.).

*Generation X:* A person who was born between 1965 and 1980 (Brown et al., 2015).

*Generation Y:* A person who was born between 1981 and 2000 (Brown et al., 2015).

*Mental Health Diagnosis:* A condition that affects a person's thinking, feeling, or mood.

Such conditions may affect someone's ability to relate to others and function each day (National Alliance on Mental Illness, 2021).

*Turnover*: the number of persons hired within a period to replace those leaving or dropped from a workforce (Merriam Webster, 2021).

### *Conclusion*

Every employer experiences some level of turnover within its employee base. Healthcare continues to experience even higher turnover than most, and behavioral health has higher rates than acute care. Due to the factors previously described, this study determined the reasons for turnover so that organizations can curtail this trend before it creates an additional financial strain on the Healthcare industry.

This multiple case study investigated the reason why behavioral health technicians may choose to change their career path or leave their current employer. The results of this study were critical as they are vital points of interest for health systems going forward. Behavioral health organizations experience significant financial impact due to increased turnover. Spending extra resources is prudent if it allows the organization to meet quality standards and provide better patient care by retaining employees.

The following explanation shows the organization of the remainder of this Problem of Practice. Chapter Two reviews the literature and discusses various research findings on turnover in behavioral health technicians in greater detail. The literature review also explores theories used in prior studies. Chapter Three describes the model, design, and methodology of the study, including the sample population and the data gathering process. In Chapter Four, an explanation is given, regarding the study results, using figures, graphs, and descriptive data. Chapter Five summarizes the intended



disbursement of the study data and research conclusions. The summary includes answers to the research questions and thoroughly address any issues discovered through the study.

## CHAPTER TWO

### Literature Review

#### *Introduction*

On the surface, the topic of turnover appears to be simple and easy to understand. To truly understand turnover, the reader must first comprehend what employee retention looks like. There are four types of turnover: retirement, internal transfer, involuntary turnover, and voluntary turnover (Duong, 2016). Powell (2006) states that most turnover is voluntary and that most employees just move from one organization to another for various reasons. The following literature review argues that there are thirteen main reasons for turnover. The first and second reasons literature shows for turnover are age and generational gaps among employees. Studies also show reasons three, four, and five are educational degrees, tenure with the organization, and total compensation. The sixth reason behavioral health employees give for leaving their current employment is burnout. Behavioral health employees also state that the seventh, eighth, and ninth reasons for turnover are lack of training, lack of professional development opportunities, and lack of advancement opportunities. The literature shows the tenth, eleventh and twelfth reasons for turnover, which are related, as being a lack of appreciation, lack of recognition, and lack of engagement. Finally, the thirteenth reason for turnover among behavioral health technicians is the culture in the workplace. The literature review argues that the hiring managers have a responsibility to use proper hiring techniques which help them hire suitable applicants.

By reviewing the following scholarly conversations through the lens of the expectancy theory and the unfolding theory, the literature review assessed the academic information regarding all four types of turnover and the reasons associated with each. Upon review of the literature, it has become evident that the themes and reasons for turnover are deep and multifaceted. The literature also revealed research in this area has been conducted in government-run hospitals and not-for-profit hospitals. However, research in not-for-profit hospitals is limited, denoting the reason for the current study focusing on the for-profit setting (Watanabe-Galloway et al., 2020).

### *True Cost of Turnover*

To understand the value of decreasing turnover, the reader must understand the actual cost of turnover. Many individuals in the business world know that the total turnover expense includes advertising costs, time the recruiter and hiring manager spends interviewing various candidates, and sorting through resumes. The cost of turnover typically consists of drug screens, background checks, reference verifications, and licensure or certification verifications. These expenses grow if multiple candidates have these items completed. Many companies now have applicants, or at least the final candidate group, complete a personality or behavioral assessment, such as the DiSC, MBTI, Strengths Finders, Caliper Profile, or the Hogan Personality Inventory, before making a final offer. The cost of the assessment tool and time to evaluate the assessment outcomes is an added expense. Orientation, training, onboarding time, and hourly wages for the new hire and the employee teaching the orientation sessions also contribute to the cost of turnover. Finally, it is essential to understand that morale issues, lost opportunity

to provide patient care, and lost reimbursements also impact the cost of turnover (Peterson, 2014).

A recent report shared the not-so-common factors that go into the cost of turnover. The factors include the following: overtime pay for those filling in for the vacant shifts, agency staff, which may have to be brought in and trained to fill in the gap, continuity of care, training costs, staff workloads, and the impact on other employees, accident rates and potential workers compensation claims due to working short-staffed or with over-utilized staff, absenteeism from the employees that are still there and dissatisfaction from all other employees and patients due to potentially being short-staffed or having to orient new employees (Wells, 2018). This same report shares that the healthcare industry has such high turnover due to the tight labor market, baby boomer generation retiring, and lack of workplace engagement.

Knight et al. (2013) state that turnover can affect the service and quality of care that other employees provide the patients, which costs the organization money as patients may choose to go to a competitor. This study looked at the substance abuse treatment side of behavioral health care and concluded that turnover is one of the most significant issues in maintaining standards of care. In addition, the lack of communication, employees being in high demand, lack of support, decreasing budgets, increasing census, and individual workloads are all items that feed into the negative culture, causing the turnover. The healthcare industry has shifted its focus from employee satisfaction to be centered around patient satisfaction to increase revenue. To decrease turnover, behavioral healthcare organizations need to change their focus to employee engagement, satisfaction, and, most importantly, listen to employee feedback (Wells, 2018). This study

showed that there must be a balance in employee and patient satisfaction to decrease the expense of turnover.

### *Potential Causes for Turnover—Age and Generational Gaps*

Literature has shown that age and generational gaps affect employees' work ethic and appear to be one of the reasons for turnover. There are currently five generations in the workforce (Pollak, 2019). These generations are Traditionalists—born before 1946, Baby Boomers or the Silent Generation—born between 1946 and 1964, Generation X—born between 1965 and 1976, Generation Y or Millennials—born between 1977 and 1997, and Generation Z—born after 1997 (Grensing-Pophal, 2018). It is evident that asking people to work together with a potential 50 to 60-year age difference could be difficult. These individuals grew up in different times and had different expectations about work, life, and how to perform a job. This natural phenomenon may cause anxiety among coworkers, although prior research places blame on the following items. The average length of service in various organizations shows the Traditionalist and Baby Boomer generations tend to have loyalty to their employer. They work for one company for more extended periods of time and value work over family (Pollak, 2019). Some would argue that the organizations historically had been more loyal to their employees than they are now. Additional or special benefit offerings would demonstrate this concept to senior level positions, such as retirement options, continued healthcare benefits after retirement, and other incentives that organizations do not provide at lower levels.

In contrast, younger generations appear to be focused on work-life balance and have only to work set hours regardless of the work volume (Paychex Worx, 2019). Carmichael (2016) reports younger generations not utilizing the vacation given to them

and looking for benefits such as a nap room or the flexibility of working remotely. Some organizational leaders believe Generation X, Y and Z do not act professionally, and if the employer does not respond to their requests in an acceptable manner, the employee will look for another position with a different company that better meet their needs. Other research shows where Millennials (generation Y) are overachievers and will work endlessly to get the job done without staying loyal to the company (Carmichael, 2016). In contrast, the Baby Boomer generation shows dedication to the patients and frequently remain with the organization even though some parts of the work environment are not conducive to productivity. Wellbeing Strategies (2019) reported that forty-three percent of millennials currently in the workplace plan to quit their job within two years even though they are satisfied with their job.

The frustration with generational gaps appears in both the older generations and the younger groups of employees. In a study of 34,000 exit interviews, the most prominent reason for Generation X and Millennials to leave their jobs were promotion opportunities and the desire for a career change (Maurer, 2018). This same study noted that the most common reasons for Generation Z to leave their jobs were the low starting base salaries and the desire to return to school with hopes of making a higher salary (Maurer, 2018). The secondary level of reasons to leave current employment is relationship issues with a manager or supervisor and inadequate benefit plans (Maurer, 2018). Maurer's study focused on general business organizations, not specifically behavioral health (Maurer, 2018). The principal concepts in this study would appear to relate to the various reasons mentioned above. Another difference in the generational gaps is the need for training, development, and advancement opportunities. The

researcher has observed that some generations feel a great need and sense of entitlement for special opportunities. Other generations think that they should work for every opportunity they receive. The small number of studies conducted in behavioral health care and generational gaps is an example of the importance of the current research study.

There is a need to determine if there is a correlation between age and generational gaps with the turnover in behavioral health technicians. If there is a correlation, to what extent is it, and how can an employer curtail this gap are questions that this study answered. These answers are impactful as the baby boomer generation is growing in the workplace today. A recent report (Wellbeing Strategies, 2019) stated that in 1994, approximately twelve percent of the labor force was age 55 and older. By 2024, approximately twenty-five percent of the workforce will be in this age group. While there are multiple reasons this generation is working longer than prior generations, employers must take this situation seriously as it will cause a workforce shortage when this generation retires. Not only will there be a shortage of caregivers, but there will also be a loss of historical knowledge that goes with the retiring workforce. The tenure that employees from the Baby Boomer generation have is key to the success of the organization. Companies may need to explore options of keeping this generation engaged so that a handoff of institutional knowledge can occur. The following section looks further at compensation as an integral part of the engagement of all five generations currently in the workforce.

#### *Potential Causes for Turnover—Total Compensation, Tenure, and Degrees*

While there is not always a correlation between total compensation, tenure, and educational degree as causes for turnover, prior studies have investigated these three

components as they affect each other and turnover. Most prior literature address one or two reasons for turnover in each study. Therefore, it is vital to recognize that compensation, tenure, and educational degrees may have equal importance in regards to affecting turnover. The researcher has observed exit interview data at Helping Hands Healthcare showing these criteria having a different level of importance depending on what generation they represent. Researcher observation of employee data at Helping Hand Healthcare has determined the baby boomer generation typically does not have as many educational degrees as the millennial generations. Yet, the baby boomers have been in the workplace longer and tend to be more loyal to the company. According to a study conducted by Ranstad (2019), employees who fall into the Gen Z generation leave jobs quickly due to limited career paths and the need to obtain higher education to make higher wages. Powell (2006) conducted a study of substance abuse workers and found that sixty-three percent have been in the field of substance abuse and behavioral health for six years or more. Of this same group, sixty-eight percent had been in their current position for less than five years.

Tenure is key to retention as working the front lines in caring for patients with behavioral health conditions takes psychological and physical resilience. According to Maurer (2018), approximately forty percent of employees who left their position in 2017 did so within twelve months of being hired. Nearly half of those were within 90 days of employment. In accordance with Maurer's (2018) study, the number of employees who left their position within 90 days demonstrates the need for managers to engage employees through the new hire and onboarding process to help them stay satisfied with their job at least twelve months. After that initial period, tenure appears to help reduce



turnover. According to Jobs to Careers (2013), fewer people are entering the healthcare workforce, creating a national shortage. This shortage ties back to the generational gaps and emphasizes the concern of who will fill the behavioral health positions when the baby boomers retire. Another aspect of tenure and turnover is the heterogeneity of the team the individual has been working on. Prior studies indicate individuals who have been part of various teams during their tenure are more likely to resign versus those that have been on the same team throughout their time in the position (Sorensen, 2000). The research found an additional perspective of tenure in a study that looked at the correlation between recruitment, length of tenure, and turnover frequency (Weller et al., 2009). This study suggested that employees recruited personally versus through a more formal process were more likely to stay in their position if they were newer to the company (Weller et al., 2009). The impact of how organizations recruited new employees lessened with longevity or tenure with the organization (Weller et al., 2009).

Hourly wages and base rates of pay have traditionally been a priority for employees and a point of negotiation for many when they begin a new job (Bukach et al., 2017). Notably, pay is significantly lower in the behavioral health field, and the work is more stressful (Landers, 2013). A study conducted at Columbia University found that employees with lower hourly rates would be more likely to look for other opportunities that pay more. Those with a higher base pay rate would be willing to deal with or overlook issues such as lack of engagement and lack of leadership from their supervisor and staying in their current position (Munasinghe, 2000). This study also found that when two employees start with the same employer, in different positions, at the same time and the same hourly rate; the odds are higher that the employee who is in the position with

more earning potential will stay in that position longer than the employee in the situation with less earning potential (Munasinghe, 2000). Munasinghe's (2000) study directly correlates to the current study in that the behavioral health technician position does not have significant earning potential. In contrast, clinicians and therapists have a higher base pay rate when hired, along with higher earning potential as the length of service increases. The theory in this wage, growth, and turnover study surmises that behavioral health technicians will have a higher turnover rate than therapists or other behavioral health positions with higher earning potential.

Ben-Dror (1994) conducted a study on turnover within a community mental health organization and associated a developmental stage with the reasons for the turnover. The current research includes variables like those used in Ben-Dror's study, such as tenure, hourly rate, morale, job satisfaction, responsibility levels concerning the desired responsibility, and competence. The study design asked employees to rank these items and then associated a developmental level with levels in the findings. The study found significant results in every area; however, low pay was the most considerable factor identified in the study (Ben-Dror, 1994).

Jin Li (2011) conducted a study regarding the theory of turnover and wage dynamics. Li looked at both the economic effects on turnover as well as educational levels. Employees hired in a booming market or at a time when the economy is good tended not to leave their positions as often, especially voluntarily (Li, 2011). The relationship shows that employees were hired at a higher base rate in a booming market and therefore are not as willing to change jobs as they may not be able to move at the same or higher rate. In opposition, the employer may let those higher-paid employees go

into an economic downturn to offset decreasing revenue with lower salaries. Li also looked at the relationship with degrees or certifications and turnover. The study shows that employees with higher-level degrees or some secondary education are more likely to stay in their job (Li, 2011). Those with degrees or certifications will most likely start with a higher base pay than someone without a degree or certification and, therefore, find more satisfaction in their current position. In reviewing compensation material and looking at the pay of medical assistants (*Occupational Outlook Handbook*, 2018), the salaries are not too far above the national poverty levels. A study conducted in a community mental health organization showed that annual separation levels hit seventy-two percent, and the most prominent factor was low pay. In addition, the study found that the lack of rewards and organizational factors issued did not get the same response as that of payment (Ben-Dror, 1994). This issue is of great concern as many medical assistants do not have degrees, limiting them from moving into other better-paying positions. Regarding turnover, medical assistants are going to make a change if they can find a better-paying position.

In conclusion, this study utilized the expectancy theory to analyze data regarding the issues of total compensation, tenure, and educational degrees. The situations described in the previously cited studies look at what an employee expected or believed they were entitled to receive. The employee decided to leave if they did not receive what they felt they deserved. Employees may feel their pay rate is less than adequate if they care for high acuity patients or patients with multiple diagnoses. This frustration with compensation, along with the mental, physical, and emotional stress of caring for high acuity patients, could lead to burnout for these behavioral health technicians. If an

employee has been in their position for a long time, they may begin to feel a sense of burnout and, without significant pay increases, may feel the job is no longer worth their time and effort (Bukach et al., 2017). The next section of the literature review focuses on burnout in behavioral health technicians and prior applicable research.

### *Potential Cause for Turnover—Burnout in Caregivers*

Both the expectancy theory and the unfolding theory are applicable in investigating burnout as it relates to turnover. There are various types of burnout, some of which are self-inflicted. The researcher noted a potential determination between burnout and resignation if the employee's perception of the job and the employee's job expectations were met by the company (Beidas et al., 2016). Burnout can happen in stages, which leads to the utilization of the unfolding theory. If a specific situation occurred for other positions, such as a therapist or a housekeeper, at the stage of exhaustion, the outcome would potentially be different than if the problem happened at a different stage of burnout (Donnelly et al., 2006).

Prior literature has established burnout as a significant reason for turnover in the behavioral health field, especially in the entry-level technician roles, as these employees often inherit more of the difficult work in caring for patients (Hastings et al., 2004). The turnover due to burnout in mental health has been studied and found to have individual-level predictors as compared to other industries (Beidas et al., 2016). This type of care may include feeding, bathing, and changing geriatric or incapacitated patients (Andreula, 2013). These employees are the front line in dealing with and caring for patients that can be extremely aggressive and have challenging mental health diagnoses. Andreula states:

Given how we are exposed to such types of stories and information on a day to day basis, it goes without saying that if we do not adequately care

for ourselves, we can become prone to many types of health issues. These can include burnout, compassion fatigue, heart issues, depression, and suicidal ideation. (2013, p. 1)

Andreula (2013) says mental health patients with complex medical issues and those that are more aggressive needing more attention from the employees has the potential to cause the employees to face burnout. This burnout could possibly lead to potential behavioral health conditions for these employees. While all caregivers are at risk for burnout and fatigue, behavioral health providers appear to be more at risk due to the type of patient they are caring for (Novack et al., 2019). Prior research shows that direct care staff caring for those with behavioral health diagnoses are more likely to suffer from burnout and display similar characteristics for those they provide care (Hastings et al., 2004). These characteristics include emotional exhaustion, depersonalization, and lack of personal accomplishment (Hastings et al., 2004).

Another reason for burnout stems from the staff-to-patient ratios that technicians face in behavioral healthcare. Technicians work with a staffing matrix allowing one technician for up to five or six patients depending on the unit (adolescent, adult, or geriatric), the acuity, and the patients' age at Helping Hands Healthcare. Regarding burnout, Lewis-Stoner (2019) says, "Behavioral health providers are under tremendous stress. Burnout is common, even expected" (p. 4). Thus, the researcher anticipated burnout would be a leading cause for resignation among the behavioral health technicians.

Lewis-Stoner also addresses how an organization may combat or lessen burnout among behavioral health workers, "When an organization takes the time to assess skills, provide guidance and supervision, and deliver targeted training, they can turn someone

who's just going through the motions into a committed, valuable team member” (Lewis-Stoner, 2019, p. 4). Another study looked at burnout in staff in the mental health field. Morse et al. (2012) studied various approaches to alleviating burnout in behavioral health technicians. The study developed and tested multiple strategies for helping with burnout. The table below from the Morse et al., 2012 study describes targets and strategies for both individuals and organizational levels to entertain as possibilities for improving employee burnout and decreasing turnover. These thoughts and ideas feed into other areas of interest in the current study, such as appreciation, recognition, and job satisfaction within the culture (see Table 2.1 and Table 2.2).

Table 2.1

*Targets and Strategies for Organizations Regarding Future Training and Intervention as Adapted for the Current Study*

Target	Strategy
Reduce employee work overload	Create organizational/unit goals and priorities Collaborative efforts with supervisor and employee goal setting
Reduce role ambiguity	Develop clear and accurate job descriptions and provide appropriate and necessary training

Upon reviewing the literature, most recommendations to improve levels of burnout depend on the individual changing personality traits or making other personal changes to reduce stress. These common recommendations in the literature seem to increase coping skills or types of social support. Morse et al. (2012) proposed some organizational strategies and argued that these strategies could be as crucial as the individual approach. The corporate strategy includes the following: “an excessive

workload, time pressure, role conflict, role ambiguity, an absence of job resources, limited job feedback, limited participation in decision-making in matters affecting the employee, a lack of autonomy, unfairness or inequity in the workplace and insufficient rewards” (Morse et al., 2012, p. 10).

Table 2.2

*Targets and Strategies for Individual Employees Regarding Future Training and Intervention as Adapted for the Current Study*

Target	Strategy (Training)
Increase positive stress coping skills	Various cognitive-behavioral stress reduction and coping skills
Increase social support	Teach social support skills, especially toward co-workers and supervisors
Increase internal sense of reward and satisfaction	Training to recognize and celebrate recovery, consumer strengths and to appreciate small steps in progress
Increase a sense of gratitude in work and life	Teach gratitude perspective and skills
Increase sense of meaning/purpose in work	Appreciate inquiry and narrative exercises
Increase awareness and reduce numbing	Teach mindfulness
Reduce role conflict	Provide regular, collaborative, and quality supervision
Increase external rewards	Express gratitude and provide competitive compensation
Increase employee involvement in relevant decision making and problem solving	Collaborative team meetings
Increase employee autonomy	Decentralize decision making
Create shared values and positive work	Develop interlocking individual and team mission and value statements
Culture and sense of community that support employee wellness	Administrative policies

While many practitioners describe burnout or exhaustion as being overworked and overwhelmed, there is an opinion that not all workers in this category suffer from burnout (Bogue & Bogue, 2019). If someone is working hard at their job and may become exhausted, the hard work and exhaustion may be fulfilling for the employee at the same time (Bogue & Bogue, 2019). This philosophy is applicable in healthcare as there can be satisfaction from caring for a patient even though the work is draining and overwhelming. If the employee is striving, challenging themselves, and pushing for more, they are not as likely to feel overwhelmed and burned out (Bogue & Bogue, 2019).

Other areas on the organization level that may impact burnout are lack of communication and social skills within employees and supervisors (Burke & Richardsen, 1993). Decreasing workloads and promoting self-care (Kappel, 2017) is believed to positively affect burnout. Self-care has been a standard benefit in many organizations over the years. Most frequently, this comes in the form of an employee assistance program, otherwise known as an EAP. These programs typically would cover a few counseling sessions for extreme situations. More recently, employee assistance programs have changed and are much more extensive as a benefit for employees. These plans offer counseling, education, and medical guidance, for the employee and other family members. The assistance dives deeper in helping the employee to take care of themselves, leading to decreased burnout.

Upon reflection of prior research, it is apparent that burnout is a primary factor in turnover in the behavioral health population, and some burnout will come naturally for employees who have been in the field for a significant amount of time. Those behavioral health technicians who have been in the field for many years are typically older and



possibly have different work ethics than those just entering the workforce. As previously mentioned, the Traditionalist and Baby Boomer generations tend to have loyalty to their patients and therefore continue to care for them even though the employee may be feeling burnout (Pollak, 2019). This study provided insight into this issue while reviewing the need for training, development, and advancement pertaining to the various generations in the current workforce and expectations that they may have.

*Potential Causes for Turnover—Lack of Training, Development, and Advancement Opportunities*

As was described in the prior section, there can be a distinct difference in generational groups regarding the need for and appreciation of training, development, and advancement opportunities. Individuals in all generations may feel inadequacy if there are no advancement opportunities, although older employees often understand that there is not always upward mobility. The younger generations, possibly from a lack of maturity, seek to move up rapidly. Often, these advancement opportunities lead to higher pay and feelings of success (Kadis, 2001). This concept may help retain behavioral health technicians if the Hospital is large enough to sustain multiple levels of technicians. The report, Wellbeing Strategies (2019), says that ninety-four percent of employees, regardless of age, would stay at a company longer if the company invested in their career.

A lack of training is another concern within some generational groups (Kappel, 2017). Training needs to happen not only regarding advancement such as management training or learning about a completely new area but should include simple competence. The SAMHSA (Substance Abuse and Mental Health Services Administration) website lists the lack of defined career paths and the need for additional training or development as two of the most critical efforts to curtail the potential staffing shortages in frontline

healthcare workers (SAMHSA, n.d.). Employees, especially from younger generations filling behavioral health technician positions, often have no prior experience and are not prepared to care for mental health patients' specific and unique needs. This lack of preparedness often leads to reduced employee well-being, leading to burnout and resignation (Johnson et al., 2018). This study explored the benefits of employers investing time and money into learning and development. The learning and development opportunities include training new hires and adequately preparing them to successfully care for the patients, reviewing competencies upon hire and annually thereafter (Kappel, 2017). Helping Hands Healthcare currently has an orientation process with two days of classroom-type orientation and then two or three shifts where the new employees shadow a current employee. All employees are also required to work through an annual reorientation process where they renew and demonstrate competencies. Over the past three years, the feedback on employee engagement surveys and exit interviews has been consistent. Behavioral health technicians did not feel adequately prepared to do their job at the end of the orientation period.

Research has determined some behavioral healthcare technicians are not sufficiently equipped on what to expect from patients with mental illness as these technicians have not previously worked in this setting. Vanover (2017) found that training must be made a part of the ongoing work to help decrease turnover and that training practices in place last year may be outdated this year. It is an ever-changing need, and content must stay up to date (Vanover, 2017). Helping Hands Healthcare is currently looking for alternatives to provide depth to the training and education it offers based on this feedback. Employee engagement surveys at Helping Hands Healthcare have

shown that communication has gotten better. However, data shows many behavioral technicians do not feel appreciated or recognized for doing things above and beyond specifics to the job description. Recent engagement surveys address other areas of concern. Some of these include appreciation, recognition, and overall engagement.

#### *Potential Causes for Turnover—Lack of Appreciation, Recognition, and Engagement*

Most healthcare organizations conduct an employee engagement survey, typically annually, after which leaders create action plans as a course of direction for the remainder of the year. These action plans lead to the creation or modification of the engagement plan as well as safety plans. Engagement surveys inevitably have questions relating to feeling appreciated and recognized as this is the easiest way to determine an employee's engagement with their job and organization. Lack of recognition, poor support, and negative attitudes almost always impact the turnover in a healthcare organization (Dawson et al., 2014). These surveys show that employees want to feel appreciated and recognized for the hard work that they put into their jobs every day. Caring for others, especially those with behavioral health issues, is a challenging and not always rewarding career, especially as these patients do not always understand how to be kind and polite and sometimes treat caregivers disrespectfully. It is also difficult for caregivers to see when a mental health patient is improving. Improvement for these patients is sometimes being stable and not continuing to decline. This lack of perceived progress can cause employees to feel that they are not doing a good job, which creates a lack of engagement. Sanborn (2017b) says that lack of engagement is the real reason for turnover among healthcare workers. Stephenson and Bell (2019) conducted a study of healthcare workers in the prison system, helping mental health patients. The study found the deterioration of

the patients and the physical circumstances had a tremendous impact on the employees and their ability to continue to do their job. The behavioral health technicians at Helping Hands Healthcare experience similar situations on the locked units.

It is up to managers, supervisors, and other leaders to take the initiative to recognize and show appreciation to their employees. These gratitude and recognition actions help engage employees, leading to decreased turnover rates (Kappel, 2017). Some organizations are taking steps to hold their leaders accountable for showing appreciation. Patton (2019) believes that every leader must take time to recognize their employees every day. All five generations in the workplace are looking for respect, recognition, and the feeling of being part of a team (Multigenerational Workforce, 2019).

Lack of supervision and supervisory support is a quintessential factor in the retention of employees. Aarons, Sommerfeld, and Willging (2011) conducted a study examining leadership and organizational climate-related turnover. The study found, utilizing the unfolding theoretical framework, that positive leadership had a direct correlation to an empowering culture in both high and low-stress situations (Aarons et al., 2011). In addition, the study showed that positive leadership was associated with demoralizing cultures only when the organizations were in a high-stress situation (Aarons et al., 2011). Finally, the study results suggested that strong and positive leadership is critical in times of organizational change, especially to avoid a climate of turnover (Aarons et al., 2011). Supervisors could utilize motivation theories to motivate employees to their full potential. One motivation theory is to manage employees by objectives. This theory states that employees are more motivated by goals and objectives that they helped create versus having the goals dictated (Ingram, n.d.). The expectancy theory, a

theoretical framework for this study, also applies to lower turnover if used by a supervisor. The employees performed at a higher level if they expected to receive a bonus, as an example. David Ingram (n.d.) says that the level of expectation that an employee has regarding increases in pay, promotions, and rewards directly correlates with the amount of energy and job performance they put forth daily. Younger generations want to feel challenged in their jobs. If the expectancy is low, the effort will be small, which may cause employees to look for new employment opportunities.

Engagement is another critical component in the retention of employees. Gallup defines disengaged workers as those employees who are just working their shift but not showing energy or passion. A Gallup report (2013) reported that twenty percent of workers were actively disengaged, and fifty percent were just disengaged. This staggering data shows that seventy percent of the workforce sampled could easily fall into the turnover category unless the employer found a way to get them engaged in their jobs. Sarah Forbes states that “if a staff scheduling system cannot accurately allocate caseloads, staff can become overloaded with work, which impacts their engagement and turnover rates” (2019, p. 17). Not understanding where the staffing gaps exist creates added overtime expense and turnover costs from being overworked due to staffing shortages (Rosenberger, 2019). As addressed previously, multiple issues can affect employee engagement. Being short-staffed brings to light several items such as burnout, training, and generational expectations that play into employees' commitment.

Setting an expectation of what employees can expect from the organization during the hiring process, onboarding process, and throughout employment (Forbes, 2019) is an additional way to keep employees engaged. This process can include training and

education both initially and ongoing, being open and upfront about scheduling, overtime hours, and the acuity of patients. Forbes also states that it is imperative to provide employees with a way to celebrate their wins and voice their thoughts and concerns. These practices helped the employees to feel appreciated and know they were being heard and welcomed as part of the team.

A new approach to assessing engagement on an immediate basis is gaining speed. Software designers have developed a program that produces and sends an email to each employee at the end of their shift. The employee ranks their mood by selecting a face representing their feelings about their shift. Choices include happy, sad, mad, frustrated, and concerned. Instant feedback is sent to the employer, providing spontaneous levels of employee engagement (Colletta, 2019). The benefit of this instantaneous feedback is that the leadership can pinpoint the shift issues that need addressing and do so immediately. The administration anticipates increased engagement to come from these efforts.

The appreciation, recognition, and motivation that supervisors and other leaders award within their teams is essential to engaging the employees and establishing a positive culture. Behavioral health employees often feel drained by demanding patients and need the happiness and understanding of a stable support system to build them up and keep them motivated. The supervisors and leaders in the building are the core of this support system and are essential in establishing a positive culture. The following section discusses the benefits of culture as it impacts decreasing turnover.

#### *Potential Cause for Turnover—Lack of Established Culture*

Culture has been researched broadly as a cause for turnover, although the research is not prevalent for behavioral healthcare inpatient facilities that are for-profit. By nature,

the culture is different in behavioral health versus acute care or other specific areas of healthcare. The culture must be positive to keep employees (Vanover, 2017). Turnover has a direct impact on patient care and the availability of care (Vanover, 2017). Culture also tends to be different, possibly even harder to establish in for-profit settings versus not-for-profit settings. The researcher has observed for-profit organizations having a reputation for a culture that is bottom-line driven, making decisions based on profit margin, and asking employees to do more with less. In a not-for-profit setting, the culture's focus is more about the patients and their satisfaction, relationships with donors, and others that would benefit the agency. The culture in a not-for-profit may be more patient-centered, and quality goals are a stronger priority. Patient satisfaction goals are essential in all hospitals but can look different in a for-profit setting. As described above, culture in a not-for-profit environment is more straightforward to establish due to a naturally positive approach to being patient-driven versus bottom-line and profit margin driven. Barajas (2014) states that having an influential culture is beneficial in making expectations clear to employees and what their options are if something does not seem right. This traditional culture helps to reduce turnover by keeping employees engaged and comfortable. Setting proper expectations to establish culture is another reason Vroom's expectancy theory is appropriate for this study's theoretical framework. Employees have expectations that affect their decisions, and the employer wants to help set those expectations when possible (Mitchell, 1974).

There is a strong correlation between a change in leadership on the executive level and increased turnover in entry-level positions (Clark, 2018). Another association is the need for a change in leadership and turnover in entry-level positions. The leader sets

the organization's culture, and employees become discouraged if the leader in charge is not the right leader. When an organization does change its leader, turnover may increase. This turnover would result from those who liked the culture and want to follow the leader to a new organization. Employees who are resistant to change may also turnover during a change in leadership. Culture includes the engagement of staff, which was a focal point at the Mayo Clinic in Rochester, New York since 2002. A recent article described the journey of evaluating the engagement strategy at Mayo Clinic (Mungo et al., 2019). The report shared measurements of engagement by levels of overall satisfaction, pride the employee has in the organization, and if the employee would recommend the organization as a place to work. Also, the survey includes if the employee is or is not looking to leave the facility currently and if the employee wants to go the extra mile to make the organization successful.

Helping Hands Healthcare has conducted an employee engagement survey each year for the past four years. This survey has looked at some of the same types of information. Still, the primary measures of the survey have focused on measuring satisfaction with current communication techniques versus pleasure with pure company culture. Another obstacle for organizations with multiple locations is that the leadership in each location has set their own culture, which may differ from that set by the corporate executive level. The company's core values maybe the same at each location, although each leader has a way of determining and implementing their take on the culture. Andrew McIlvaine (2019) proposes that corporate culture may not matter as much as the team's leaders. The personality of the leader and how they lead has set the tone for the



employees. This local leader may be more impactful to the engagement of the employees than the culture and core values that come from the executive level.

This struggle of at what level the culture is determined is similar to who is responsible for turnover. As with the establishment of culture, the burden of turnover looks different in all organizations. All levels of leadership in an organization affect culture and turnover.

### *The Leadership Role in Turnover*

All the topics previously discussed as being reasons for turnover fall under the responsibility of three groups. Executive-level leaders, manager or supervisor level leaders, and the Human Resources group are the three groups of leaders responsible for turnover with an organization. According to Cleaver (2013), turnover is usually a Human Resources issue. Still, he believes that it is due to leadership being focused on other topics such as quality, census, reimbursement, and facility ratings. Cleaver (2013) also states that if managers and other leaders understood the real financial implications of turnover, they would take a more active role in curtailing the growing turnover numbers.

A recent article (Kappel, 2017) identified seven ways for a leader to help in the reduction of turnover. First, hire the right people from the beginning, clearly vetting the candidates to ensure that it is the right fit for the position. Second is the need to determine equitable compensation, benefits packages and evaluate bonuses and flexible work schedules when applicable. Being creative with benefits packages can be challenging as most managers do not have the authority to change benefits as the organization sets them. Third, the executive leaders and human resources team should evaluate benefits and compensation models at least annually. Fourth, consider the personal needs of the

candidates. Possibly offer flexible hours or telecommuting. These options are not ordinarily available in behavioral healthcare due to the type of daily operations and regulatory compliance concerns. Fifth, leaders need to keep employees engaged through the lifespan of their employment. Sixth, managers and leaders should keep a positive environment full of recognition. Identifying accomplishments can be a simple thank you or can be on a larger scale, even organization wide. Lastly, a leader outlines precise and challenging career paths for new hires. The employee views this action as the organization showing investment in their career and growth, which causes the employee to establish a vested interest in the organization. The previous sections have explained these seven ideas as being reasons for turnover. It is up to each of these groups of leaders to implement plans to help retain the behavioral health technicians (Northouse, 2019).

Another action item to be put into practice by the manager is a tracking mechanism (Cleaver, 2013). Each manager should know and track where each of their employees stands regarding performance, being a team player, and various personal and professional goals. Leadership can impact the turnover rates by listening to their employees, understanding what makes them happy and what is discouraging, according to Cleaver (2013). Understanding what employees' personal and professional goals are, what the employees look for in a positive culture, and what they are not receiving may cause them to seek other employment as part of the manager's role under normal circumstances. Managers also have the responsibility of empowering the employees, giving them respect and the opportunity to learn and grow personally and professionally (Northouse, 2019). In addition, managers have a critical role in decreasing turnover in that they must hire the right people. In most organizations, Human Resources and the

hiring manager share in the decision-making process to extend an offer to a potential employee. Those involved with the hiring process must ensure that the right candidate receives the offer, not just someone to fill the void. Krell (2012) shares that paying attention to the candidate's fit is just as important as understanding the financial impact and the quality of patient care. Managers need to focus on sharing the organization with the potential hires, ensuring a proper fit versus trying to sell the position and convince the candidate that they want to come to work for the organization. If there is an anticipated closing date for filling the jobs, the manager needs to file an extension to find the right candidate. Filling the positions with temporary employees or having other employees work overtime is less expensive than onboarding a candidate and then having them turnover within the first thirty to ninety days.

After choosing the right candidate, it is imperative to onboard the new employee in an engaging way, so the employee stays with the company (Kappel, 2017). Improving onboarding includes several of these actions. They include defining the competencies necessary for each role, evaluating the competency, identifying knowledge gaps, providing training to close knowledge gaps, providing detailed and specific orientation, and providing additional supervision and mentoring (Lewis-Stoner, 2019). A new employee often reacts favorably to management who seem interested in their future (Lewis-Stoner, 2019). These are all items that the executive levels approve to implement, and the managers and human resources staff do the actual implementation. All three groups are equally important and involved in the success of the onboarding, engagement, and culture plan. Sanborn (2017a) states that the engagement of employees should be a core leadership competency. Managers should have conversations with employees and

work to cultivate the talent pool already working within the organization. The leadership team is the driving force for increasing employee engagement (Watanabe-Galloway et al., 2000).

These leaders are also in a unique position to influence turnover as it pertains to the unfolding theory, which is part of the theoretical framework in this problem of practice. The managers, supervisors, and at times the human resources team are possibly aware of things going on in an employee's life outside of work. The leaders may be aware that an employee is looking to move out of state to be closer to family or that a spouse just lost their job, and therefore they are looking for a hiring pay job. These issues can sometimes predict turnover and, as the unfolding theory states, are part of the neurological thought processes an employee may go through when deciding to leave their current employment. With this knowledge, a leader could proactively work with the employee to satisfy the concerns or needs to overcome the hurdles designated in the unfolding theory of turnover.

### *Conclusion*

This study identifies and prioritizes the primary reasons for turnover in behavioral health technicians within Helping Hands Healthcare and provide details regarding the areas having the most significant financial impact regarding turnover. As previously noted, the literature argues the reimbursement rates per patient per day in behavioral health are not increasing at the same rate as the cost of living and inflation. Therefore, organizations have to think creatively and engage in ideas in addition to salary increases to retain entry-level positions. PayScale Human Capital published a list of what employees want. This list includes excellent pay, flexibility in hours, and work-life

balance. Additional desires of employees include respect from their supervisor and co-workers, exciting work, and autonomy, which is being able to do things in a way that they have buy-in. Unfortunately, healthcare cannot offer flexible hours, and the technicians' work can become redundant. The literature also suggests the need for employers to think strategically to find the most significant impact. Regarding respect, autonomy, and pay to the extent that it is available through establishing a culture, providing training, advancement opportunities, and working to eliminate burnout.

It is critical to conduct this study to determine and prioritize the causes for the significant rise in turnover in behavioral health technicians, given the financial impact turnover has and its role in a substantial decrease in the quality of patient care. Dr. Karlene Kerfoot (2013) believes three of the biggest causes of turnover in nurses are relationships, staffing, and personal reasons. Employers must continuously evaluate the relationships between the clinical staff and their managers, supervisors, and peers. If employees do not feel supported by and in partnership with their peers and managers, they will most likely not stay with their current employer. Behavioral health technicians are continually evaluating the staffing model. Both the number of clinicians to patients and equally important is the feeling that employees are caring for patients of equal acuity. Personal reasons can include many issues, but one of the most important is burnout, which has been discussed extensively in prior research. Self-care is critical to the success and longevity of a behavioral health technician (Kappel, 2017). Another personal issue discussed in the literature review is the desire for advancement. Behavioral health technicians can feel comfortable and become bored with their repetitive responsibilities and start looking for other opportunities leading to promotions. Effective turnover

reduction requires a holistic approach and effort associated with all topics presented in this literature review (Krell, 2012). In summary, the literature shows a gap regarding the level of priority for each reason for turnover. Prioritization of these reasons is critical so that leadership can recognize, consider, and address, lessening the amount of turnover.

In the next chapter of the problem of practice, the literature review's information helped build the model for the study. Specific detail described how the sample population was obtained from the two behavioral health hospitals by the researcher. The sampling of participants for the case study was criterion-based. The literature review identified key areas that need to be studied and identified the literature gap as the priority ranking of reasons for the significant turnover in behavioral health technicians. This need for prioritization combined with the research questions and sub-questions determined the specific model for the study and criteria for the sample group. Questions and topics covered on the questionnaire came from the literature review. They included such themes as burnout, compensation, lack of recognition, lack of advancement opportunities, and how they played a part in the employee's decision to leave their current job as a behavioral health technician.

## CHAPTER THREE

### Methodology

#### *Introduction: Research Questions*

As demonstrated in the previous chapter, extensive research showed various reasons behavioral health technicians and other healthcare employees may choose to leave their current job. Prior research established that every industry has multiple reasons for turnover, and numerous issues play into decisions to leave current employment. As stated in Chapter Two, research explicitly focusing on the turnover of behavioral health technicians is extremely limited. This gap in the literature substantiated the need for this study to look specifically at the reasons for turnover among behavioral health technicians within the Helping Hands Healthcare organization.

Given these expectations and definitions, a multiple case study methodology was appropriate for this study. The primary research questions were:

Why are behavioral health technicians leaving their jobs at a higher rate than other employees working in a behavioral health setting?

What is the ranking of the importance of the various reasons for turnover?

The study incorporated the following sub-questions, based on prior research as possible reasons for turnover:

1. How does motivation provided by leadership impact the traditional culture in a healthcare setting, and what effect does this have on turnover?
2. Does the culture need to change to decrease turnover?
3. What outside dynamics can cause a behavioral health technician to make an employment change?

4. How do compensation, training, and advancement opportunities affect employees' decisions to stay in or leave their current careers and positions?
5. How was the employee feeling at the time of resignation?

Various research studies discussed in Chapter Two addressed each of these topics as possible reasons for turnover in prior studies. The researcher, looking through the lens of the theoretical framework, included these topics in the questionnaire for participants as potential reasons for turnover in this organization.

The current chapter outlines the methodology used for this specific Problem of Practice. First, this chapter addressed the researcher's perspective. Second, the chapter addressed the theoretical framework and research design. The study investigated the reasons for turnover among behavior health technicians, prioritizing them in importance and providing feedback to the executive management team at Helping Hands Healthcare. In identifying the methodology for this study, research-supported a qualitative multiple case study design, as described by Creswell and Creswell (2018). Third, the next portion of the study discussed the details of the study, including site selection and participant sampling. The researcher split the physical locations of the organization into five regions. Each region has various market characteristics that differentiate them from each other and representing a single case in this multiple case study. Fourth, the researcher discussed data collection and analysis of the data. This feedback provided insight into how to utilize available resources to impact and decrease the high turnover rates. The fifth and final section of the chapter discussed ethical considerations and limitations, and delimitations.



### *Researcher Perspective and Positionality*

As a Human Resources leader in Healthcare, one of my key performance indicators is maintaining turnover at a set goal. To achieve this performance goal, I must understand the causes of turnover and prioritize the reasons for turnover, ensuring changes are impactful. I believe that multiple reasons exist for companies needing to minimize turnover rates based on conversations I have had with employees and exit survey results I have viewed. The prior data that I have observed has led me to develop philosophical assumptions regarding turnover. Creswell and Poth (2018) explain that a philosophical premise frequently drives a researcher to conduct a study, allowing for a better understanding of a topic. This study helped substantiate these reasons and prioritize the intentions to help address this phenomenon in the workplace.

Organizations keep turnover rates as a performance indicator for several reasons. The first is the cost associated with turnover for the employer. Another reason for organizations needing turnover to be at a minimum is stability in the workforce. An organization cannot move forward with service, product development, or patient care if they are constantly training new employees. Stability in the workforce has a direct impact on consumer satisfaction and return business. It leads organizations to pay attention to turnover rates and realize the importance of the human resources team's performance indicator.

Another perspective that interested me in this study was the lens of the employee. I have left positions previously for various reasons, therefore understanding firsthand some of the obstacle's employees may face in their organization and work environment, causing the turnover. I believe employees have the right to work in a positive atmosphere conducive to learning, positive experiences, and caring for others. When appropriate,

employees should have an opportunity to voice and explore new thoughts, ideas, needs, and desires. Employees should also be respected, not taken advantage of, and treated fairly by their managers.

Having worked in Human Resources, specifically in the Healthcare field, for over 20 years, I believe the employer should provide the best work environment possible. As a Human Resources professional, I am held accountable for building relationships with employees. As a former member of the leadership team at Helping Hands Healthcare, I developed relationships with the employees and established connections with specific participants in this study. I also feel connected to these participants because we all worked for the same company. The participants and I have experienced the same growth and decline that the company has experienced. This experience has allowed me to establish a better rapport with the participants as we all relate to the company's commonalities. My status as a member of the leadership team at Helping Hands Healthcare may have had positive impacts on the participants in the study, and it may also have caused some limitations or weaknesses to the study.

The most significant limitation to the study was that my leadership role could bring preconceived thoughts on what causes turnover at Helping Hands Healthcare. I ensured these preconceived thoughts did not cause me to lose clarity of the data. Through the data analysis process, I took precautions and built safety nets to ensure my prior position did not impact the data analysis and outcome of the study. My personal goal for this study was to achieve a solid understanding of turnover in the behavioral health technician position and help the company's leadership understand these reasons. Thereby

allowing the leadership team to make appropriate changes to reduce these turnover rates in the future.

As a lifelong learner, I was interested in conducting this study for several reasons, not only for self-advancement and achievement. I believed that it is critical to unpack the turnover issue within behavioral health technicians to better the individuals filling these roles and the patients who are receiving care. Patient satisfaction increases when turnover decreases. I believe there was validity to the expectancy theory and the unfolding theory. I have seen where people do expect things and feel entitlement. I have also seen people make decisions on employment depending on personal factors and their chapter of life, which resonates with the unfolding theory. The following section further analyzes these theories and their appropriateness for this study.

### *Theoretical Framework*

The study included the use of two theories. First is Vroom's expectancy theory, which suggests that an employee acts according to motivation or the lack thereof (Vroom, 1964). Prior research shows motivation as one of the many factors impacting an employee's decision to leave their current employment (Mitchell & Beach, 1975). The expectancy theory utilizes a need to achievement approach and an effort to performance expectancy to describe the need for motivation in the workplace (Eden, 1988). Other studies have used the expectancy theory to examine behavioral intentions related to potential turnover (Snead & Harrell, 1994). Therefore, the expectancy theory is appropriate in determining the impact and prioritization of reasons for turnover.

The second theoretical framework is the unfolding theory, which Tellez (2014) explains as the process in which employees follow one of five cognitive pathways when

deciding to leave an organization. The unfolding theory has also been used in prior research in addressing employees both before resignation and post-resignation. Studies have shown the unfolding theory to be more productive before departure as it helps to identify the process people go through when deciding to leave current employment (Lee & Mitchell, 1991). Researchers have historically used the unfolding theory on a limited basis in healthcare. This prior work still allowed the researcher in the current study to look at the decision-making process that an employee goes through to leave their current employment. This theoretical framework was instrumental in addressing the sub-questions in the study by helping to determine how the employee was feeling at the time of resignation. The researcher utilized the unfolding theory in the interview discussions with the participants and establish prioritization of reasons for turnover through the questionnaire. Prior research used exit interview data to the principles of the unfolding theory (Kulik, 2012). The information from the questionnaires followed this same approach.

Data collection in the present study began with a questionnaire of 26 items. These items answered the sub-questions of the study. They helped the researcher determine what motivated the behavioral health technicians, encouraging them to stay in their current role or decide to leave the position. A prior study (Khan & Mufti, 2012) used the expectancy theory as a theoretical framework to determine if compensation motivated employees. The researchers collected data by using a 20-item questionnaire. Van Eerde and Thierry (1996) conducted an analysis of the expectancy theory and work-related criteria.

Regarding the outcome portion of the expectancy theory model, prior studies found that to ensure outcomes were relevant, the study design should give participants a choice of results. These previous studies support using a questionnaire in the current study, allowing the participants to select the most accurate response. Donnelly and Quirin (2006) conducted a study looking at the decision-making process of an employee to determine if they stay or leave their current position. This study utilized the unfolding theory, collecting the data through surveys and interview results. Another study conducted by Lee, Mitchell, Wise, and Fireman (2017) used the unfolding theory, via questionnaires and interviews, to understand voluntary turnover within the nursing population. This study found some ambiguities in the model and some potential room for improvement. An additional study was conducted by Morrell et al. (2007) using the unfolding theory. This study reported the model as an influential theory of employee turnover (Morrell et al., 2007). Due to these various and somewhat inconsistent reports, the researcher saw the need to utilize both the unfolding theory and the expectancy theory to provide proven theoretical frameworks to support the validity of the current study and the outcomes. Both frameworks benefit from the data collection through questionnaires and interviews, including multiple-choice questions and open-ended questions. The researcher gained the opportunity to combine the data and analysis through the themes that were presented by the framework.

When assessing the data in this study, the researcher utilized the postpositive lens. Creswell and Poth (2018) establish post-positivism as looking at the probability of items related to cause and effect. The researcher looked at the causes of turnover when analyzing the data and the effect that each reason had on the turnover within the position.

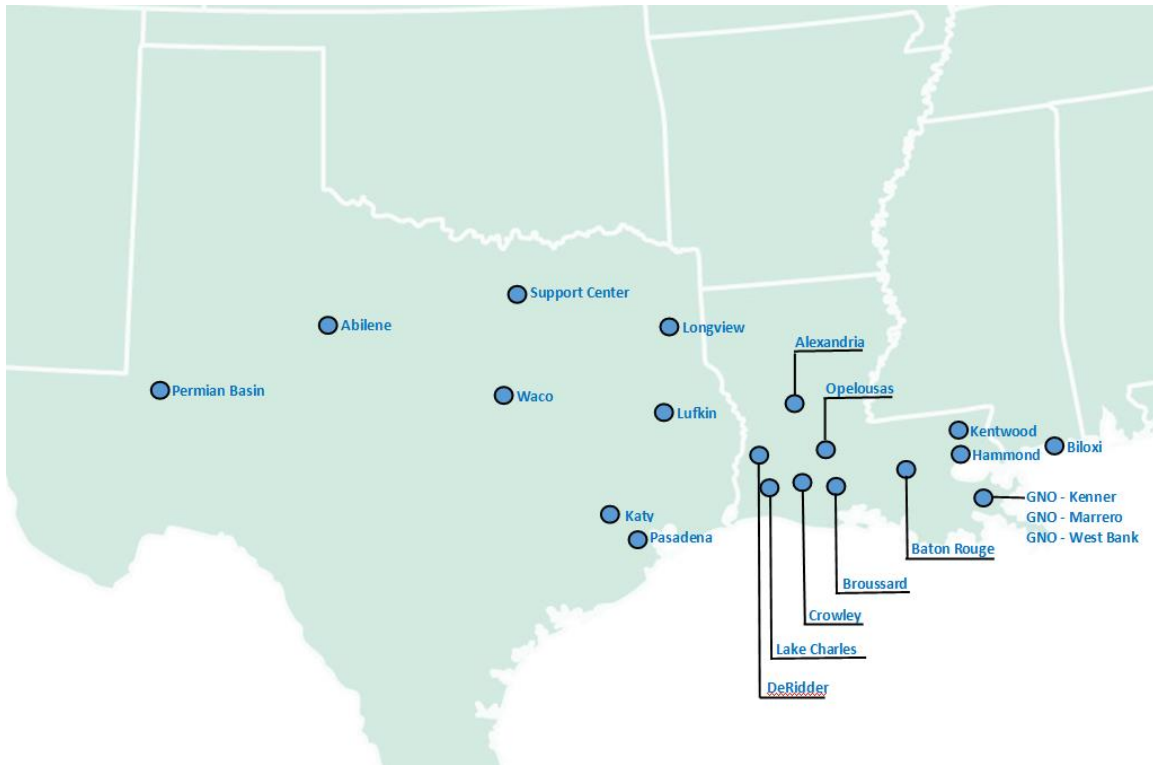
Also, the researcher used the framework of pragmatism, which looks to solve real problems, using appropriate methods to address the issue (Creswell & Poth, 2018). These theories and frameworks gave the researcher a lens to analyze the data and develop an understandable dialogue with Helping Hands Healthcare's leadership team.

### *Research Design and Rationale*

The study utilized a qualitative multiple-case design. Qualitative studies rely on text and data, seen through imagery (Creswell & Creswell, 2018). Creswell (2013) defines a case study as a “qualitative approach in which the investigator explores a real-life, contemporary, bounded system or multiple bounded systems over time, through detailed, in-depth data collection” (p. 97). Stake (2006) explains that the researcher tries to understand the case in a single case study. Patton (2015) describes a multiple case study as one that includes several cases, each with different circumstances, allowing the researcher to find common themes. In a multiple case study, the goal changes to understanding the individual case with its intricacies and how the variables of the leading research question are impacted (Stake, 2006). Helping Hands Healthcare covers a wide physical area, including three states. Therefore, the researcher divided the physical territory into five physical regions: West Texas, East Texas, South East Texas, South West Louisiana, and East Louisiana/West Mississippi (see Figure 3.1). Each area was considered a case in the multiple case study.

Market differences and other variables among the hospitals' employees and cultures, such as pay ranges, economic growth, access to other jobs, direct competition, and access to appropriate healthcare, factored into establishing these regions. Differing variables in each physical area support the use of the multiple case study design as the

intent of the study is not just to understand the reason for turnover but also to understand how each case's intricacies impact the reasons for turnover in that specific market.



*Figure 3.1.* Location of study area and cases within multiple case study, Helping Hands Healthcare hospital locations.

Stake (2006) explains the concept of quintain as the “object or phenomenon to be studied” (p. 4) among all cases in a multi-case study. In this study, turnover within the behavioral healthcare technician position is the quintain. According to Creswell and Creswell (2018), this design met the expectations and criteria of a qualitative case study design through the questionnaire used. Creswell and Creswell (2018) state that closed questions are used in quantitative studies, while studies use open-ended questions in qualitative studies. This study did include open-ended questions on the questionnaire for the participants. Stake (2006) says that a single researcher conducts very few multiple

case studies as a team of one cannot provide enough breadth and depth to understand the situation. The researcher felt that data collection methods and data analysis would provide sufficient data to the stakeholders. Due to the breakdown of the organization's physical locations, the multiple case study design was the best methodology and design for this study.

Previous studies regarding turnover in Healthcare have utilized various qualitative study designs. Choi, Pang, Cheung, and Wong (2011) used a phenomenology design as their focus was to stabilize the healthcare workforce by addressing turnover. Hayward, Bungay, Wolff, and MacDonald (2016) conducted a qualitative study looking specifically at turnover among nurses. The study's premise was to learn from the nurse's perspectives, like the current research looking at behavioral health technicians. Other studies, looking at turnover, have utilized a mixed-methods approach, using large teams of researchers and large sample sizes, with the study taking place over several years.

Unfortunately, the qualitative multiple case study design does not allow for quantitative data analysis based on the participants' exit interviews or demographic information. These points of data may be interesting if used in a future study. In addition, this design did not provide validation for the questionnaire used by the participants to help answer the sub-questions of this study. The researcher anticipated that future research will lead to this more in-depth mixed-method design, leading to additional analysis and validation of the instrument. Once validated, the researcher intended that other populations, both in Healthcare and other industries, utilize the questionnaire instrument.



### *Measures*

This study utilized multiple measures, including a questionnaire and semi-structured interviews. The researcher describes both the questionnaire and the interview protocol in the following paragraphs. The interview protocol varied slightly depending on the stage of the resignation of the behavioral health technician.

#### *Questionnaire*

Stake (2006) says the researcher must anticipate some of the participants' perspectives in developing the elements that the researcher in the study measured. The researcher developed the questionnaire based on exit interview questions that Helping Hands Healthcare had asked historically, prior research discussed in Chapter Two that identified various possible reasons for turnover, and the anticipation of how participants will respond as seen in years of observation and based on the sub-questions as related to the theoretical framework. Specifically, what the behavioral health technician was feeling at the time of resignation and how leadership motivation impacted their decision to resign their position.

The twenty-six items on the questionnaire covered topics including speculated reasons for turnover, opinions of the organization, family circumstances, and cultural influences that the participants may feel. The questionnaire (see Appendix A) rated information on causes behavioral health technicians leave their positions utilizing 5-point Likert Scale rankings. Rensis Likert developed the Likert Scale in 1932 (Edmondson, 2005). According to Croasmum and Ostrom (2011), the Likert Scale frequently appears in Social Science studies. As described by Boone and Boone (2012), the researcher compiled numeric data from the responses of the Likert Scale rankings and analyzed for

results. Likert Scale strengths include validity and reliability as numbers and are easier to represent set rankings (Joshi et al., 2015). Some researchers argue the lack of analysis and inclusion of points on the Likert Scale, but it is still one of the most frequently used tools in the Social Sciences (Joshi et al., 2015). A weakness of the Likert Scale includes the possibility of participants misinterpreting the choices and ranking items in reverse order or merely circling a number rather than answering the question in truth. The questionnaire had open-ended questions so the participants could state their reason for leaving if different from the Likert Scale questions. The researcher assigned a numeric value to the responses of the open-ended questions so that the researcher could code them. Open-ended question strengths include establishing trust with the participant, as they can use their own words to describe reasons for leaving. Weaknesses entail the diverse language used by participants to express their feelings, which could lead to difficulty in compiling results.

### *Interviews*

The second set of measures in this study came from semi-structured interviews. The researcher attempted to conduct one-on-one interviews via Zoom, with each participant, using interview questions based on data gathered from the questionnaires. Each interview covered the same set of questions, including questions on themes/topics such as the primary reason for resignation, what would have made you stay employed at Helping Hands Healthcare, and describe your interactions with the leaders in your hospital. The interview protocol (see appendix B) allowed the researcher to stay focused and ask participants to provide open-ended information, a critical component of a case study methodology (Patton, 2015). The interviews were thirty minutes in length, and each

participant had one interview with the researcher. The researcher analyzed the data and compared the themes found in the questionnaires by assigning a numeric value to the various responses and ideas collected in the interview questions, allowing the information to be coded accordingly (Saldana, 2016). Measures were pulled, by the researcher, from the questionnaire and interviews to verify and ensure the questionnaire data's reliability and validity.

### *Site Selection and Participant Sampling*

Helping Hands Healthcare has 18 locations, with approximately 850 behavioral health technicians employed full-time, part-time, and on an as needed basis. These employees make up roughly 50% of the entire workforce for the organization. The various hospital locations within the company differ in size and number of employees. Therefore, the number of behavioral health technicians varies by location, but most hospitals have 25 to 30 technicians. The researcher identified five regions (cases) to include almost all Helping Hands Healthcare sites. The researcher did not include four hospitals (central Texas, far south Texas, far northwest Texas, and far northwest Louisiana). These hospitals were not selected as a sampling site as they did not fit into the previously established regions, which were the cases in this case study. All four of these hospitals opened after the study was in process. They did not fit the criteria of the prior set cases due to physical distance, market differences, and different industries driving the economic structure and value in the area compared to other locations.

Of the two data collection devices, the researcher developed the questionnaire utilizing Survey Monkey, an established survey and questionnaire tool, which keeps respondent's data and responses anonymous. The tool also provided information in

aggregate form to help with the data analysis process. The researcher built the protocol for the semi-structured interviews. The researcher developed the questionnaire by pulling from themes found in prior literature and based on principles from Vroom's expectancy theory and the unfolding theory.

The researcher used the purposeful sampling strategy in this study. According to Creswell and Poth (2018), this strategy has meaning in how the researcher identifies participants. The alternative of a probability sample or using statistical analysis to determine the participants would not work for this study as the sample group needed to meet specific criteria. Further, this study used criterion-based sampling, a form of purposeful sampling. Criterion-based sampling is a sampling theory that looks for participants who meet some or all the criteria outlined in the study, according to Creswell and Poth (2018). The researcher's criteria were the status of resignation, location of employment, and current position from which they were resigning. The participant pool included two behavioral health technicians from each region of the organization. The small sample size is prudent to find successful data in a qualitative research study (Creswell & Poth, 2016).

When possible, each case contained one male and one female participant to support views that may differ between males and females. The criteria included technicians being full-time status and contemplating resignation or who had given resignation but still working out their notice. The length of employment is vital to consider as more extended employment may allow the behavioral health technicians to establish trust in, understand, and familiarity with the position's culture, leadership, and expectations. The criterion of being full-time status was essential to ensure the employees

had worked enough shifts to be comfortable with the role, patient acuity, and established training and culture.

The set criteria for a participant contemplating giving notice or giving notice but still working were critical for two reasons. First, if the employee had not given notice or was considering giving notice, they would likely be reluctant to provide any information regarding why they may leave in the future, possibly fearing retaliation. Second, it was essential to have the behavioral health technician still working to ensure access to the participant when possible. The individual may not have had the incentive to complete the questionnaire or interview once they no longer worked at Helping Hands Healthcare. Thus, this criterion helped ensure the participants' ongoing participation in the study.

Tables 3.1 and 3.2 demonstrate how the researcher captured the participant's demographic information. While this information was not part of the criteria for participation, it was helpful during data analysis. The researcher considered these identifiers when determining themes and finding the triangulation of the data to determine reasons for turnover.

Table 3.1

*Participants Employment Data*

Pseudonym	Length of Service	Supervisory Experience	Prior Years of Experience	Level of Education
Participant A	13 months	None	0	Unknown
Participant B	10 months	Some	10	Unknown
Participant C	16 months	None	3	Unknown
Participant D	6 months	Some	8	Unknown
Participant E	9 months	None	2	Unknown
Participant F	24 months	Some	21	Unknown
Participant G	12 months	None	5	Unknown
Participant H	7 months	None	0	Unknown
Participant I	8 months	None	0	Unknown
Participant J	6 months	None	1	Unknown

Table 3.2

*Participant Demographics*

Pseudonym	Age	Sex	Race	Ethnicity
Participant A	25	Female	Black	African American
Participant B	50	Female	Hispanic	Hispanic
Participant C	26	Female	White	Caucasian
Participant D	28	Male	Black	African American
Participant E	48	Male	Black	African American
Participant F	52	Female	White	Caucasian
Participant G	43	Female	Hispanic	Hispanic
Participant H	20	Female	Black	African American
Participant I	24	Female	Black	African American
Participant J	38	Female	Black	African American

*Data Collection Procedures*

In this section, the researcher provides a detailed explanation of the two methods of data collection. The first form of data collection was the questionnaire, and the second form of data collection was the semi-structured interviews between the researcher and each participant. Creswell (2013) stated that researchers should be collect data from multiples sources to help provide validity for the evidence. The triangulation of the data represents data coming from multiple sources, allowing the researcher to combine to produce findings for the study. Multiple sources of data collection were used in this study as directed by the theoretical frameworks and Yin (2014), reflecting that qualitative research should include multiple sources of data.

To begin the data collection process, the researcher obtained a list of all behavioral health technicians who met the study's criteria from the Human Resources Department at Helping Hands Healthcare. The HRIS system used by Helping Hands Healthcare produced the report of names and contact information for those meeting the

criteria. The researcher then randomly selected 10 participants, two from each physical groupings of hospitals that constituted a case, and contacted the potential participants.

In communicating with the potential participants, the researcher explained the following four areas: the purpose of the study, participant involvement, the participant's anonymity within the study, and how the researcher shared the results with Helping Hands Healthcare. To keep the participants anonymous, the researcher gave each participant a letter pseudonym to label them A, B, C, D, E, F, G, H, I, and J. While writing responses from the interviews, analyzing data from the questionnaire, and providing feedback to the leadership at Helping Hands Healthcare; the researcher maintained these pseudonyms for the participants as recommended by Creswell and Creswell (2018). This anonymity helped the selected participants find comfort in participating in the study. Throughout the study, the researcher communicated with the participants in a straightforward fashion and used terminology that the participants would understand and relate to (Creswell & Creswell, 2018).

The researcher gave each participant a consent form, through which they signified their agreement to participate in the study. Included in the consent was the statement that participants could choose to stop their participation in the study at any time. After the participants agreed to participate in the study, the researcher sent an email to each participant with the link to the questionnaire and information on scheduling a Zoom session for the semi-structured interview with the researcher.

Table 3.3 shows the data sources and how themes were identified and monitored by the researcher. Creswell and Poth (2018) recommend qualitative studies gather data from multiple sources. Therefore, the second stage of data collection in this study was the

semi-structured interviews that the researcher conducted with each participant. Stake (2006) indicates that interviews and observations are the best data collection methods for multiple case studies. Studying reasons for turnover does not allow for observation; therefore, the researcher conducted semi-structured interviews. Each of the ten participants had one 30-minute interview with the researcher. Due to the physical distance between the participants and the researcher, the interviews were conducted virtually via Zoom or by phone if the participant did not have access to Zoom.

Table 3.3

*Data Sources and Collection Template*

Pseudonym	#1 Reason for Leaving Questionnaire	#1 Desired Change Interview	I would stay if..... Interview
Participant A	Negative culture	Unknown	Unknown
Participant B	Lack of respect	For the leadership to allow my voice to be heard	Leadership treated patients/ employees more fairly
Participant C	Lack of connection with leaders	Unknown	Unknown
Participant D	Scheduling and communication	Communication got better and an EMR	Schedule was dependable and workload was distributed equally
Participant E	Lack of connection with leaders and motivation	Unknown	Unknown
Participant F	Lack of connection with others	Unknown	Unknown
Participant G	Lack of connection with leaders	Unknown	Unknown
Participant H	Issue with another employee	How leadership handles the investigation process	They could have resolved my issue with the other employee
Participant I	Negative culture and lack of training and lack of connection with leaders	Unknown	Unknown
Participant J	Lack of recognition and motivation	Unknown	Unknown



The Zoom platform allowed for visual observations by the researcher and an audio recording and transcript for the researcher to go back and review during the data analysis stage. The researcher also wrote the participant's answers to questions and various notes throughout the interview. This data collection method helped put the participant at ease as the interviews took place outside the hospital. The researcher maintained the confidentiality of the participants since Supervisors, and other leaders could not overhear what information the participant divulged. This scenario helped build trust between the participants and the researcher, thereby increasing the data's reliability. These multiple ways of evaluating the interviews ensure that the researcher did not miss any critical points and show the dependability of the data. The discussions also allowed the researcher to confirm the information that the participants provided in the questionnaire, driving the creditability of the data.

The researcher collected data through two methods. First, the initial questionnaire which was completed via survey monkey. Second, the semi-structured interviews which were conducted over Zoom due to distance and location. From this data, themes emerged leading to the need for deeper analysis. While there is further explanation of the data analysis in the next section, Table 3.4 demonstrates how the researcher utilized the two theoretical frameworks to formulate the data based on the research sub-questions and data collection method. For a complete list of items on the questionnaire, see Appendix A. For information on the interview process including the detailed interview protocol and all questions used in the interview process with the participants, see Appendix B.

Table 3.4

*Description of Emerging Themes and Theoretical Framework*

Sub Question Theme	Data Collection Method	Example Response	Framework Correlation
Does the culture need to change to decrease turnover?	Questionnaire (yes/no and open response)	No, it was fine	Expectancy Theory
	Interview Protocol	Yes, I was working in a negative place and nobody showed respect, so I found a new job	
How would you rate the motivation provided by leadership?	Questionnaire (Likert Scale)	Fair	Expectancy Theory
	Interview Protocol	The DON was motivating, but the Administrator did not speak or make us feel welcome	
How big of an impact did compensation have on your decision to resign?	Questionnaire (Likert Scale)	Low	Expectancy Theory
	Interview Protocol	None really. Just got a market adjustment, so I am making the same at the new job	
How much recognition did you feel for the job that you were doing?	Questionnaire (Likert Scale)	Little	Expectancy Theory
	Interview Protocol	I worked every day since COVID-19 started, and nobody ever said thank you	
Did you have enough training and advancement opportunities?	Questionnaire (Likert Scale)	Good	Expectancy Theory
	Interview Protocol	New hire training was good. Similar to other places	
Did something in your personal life cause you to resign?	Questionnaire (yes/no and open response)	Yes, my spouse got a better job in another state	Unfolding Theory
	Interview Protocol	I am so excited that we are moving to Florida, where I grew up!	
Do you feel good about your choice to resign?	Questionnaire (yes/no and open response)	No, I feel forced to make the choice	Unfolding Theory
	Interview Protocol	My spouse lost his job so I must move back home. I loved this job	

### *Data Analysis Procedures*

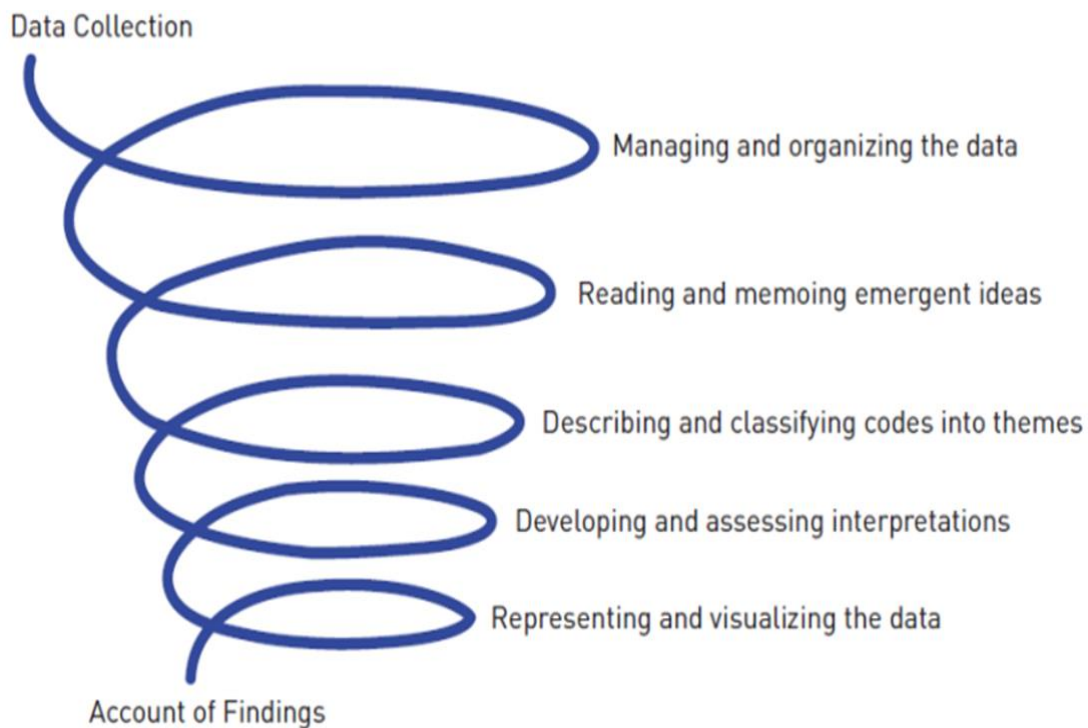
As Creswell and Creswell (2018) describe, the researcher must take specific steps to analyze qualitative data. In this study, the researcher used the following procedures to collect the data. Following the participants' identification, the researcher gave each participant a questionnaire to complete (see Appendix A). The questionnaire, developed by the researcher, included questions for the participant to answer using the Likert Scale and some open-ended questions to gain additional insight into reasons for turnover. Stake (2006) explained, when creating a questionnaire, the researcher must know and understand the experience of what makes that case different from another case. The researcher accomplished understanding the various cases by reviewing prior exit interviews and being familiar with each hospital's participants and the markets.

Following the completion of the questionnaire, the researcher conducted a semi-structured interview with each participant. The semi-structured interview allowed the researcher to ask additional specifics regarding the participant's perspective on turnover (see Appendix B). The interviews also allowed the researcher to verify and validate the data from the questionnaire. Stake (2006) says that direct observation is the best form of data collection in a multiple case study; only having one researcher involved in this project did not allow for direct observation. Also, the reasons for turnover are not necessarily observable actions.

### *Data Analysis Spiral and Triangulation*

Once the researcher collected the data, the next step was to transform the information into meaningful insights to provide to the stakeholders (Wolcott, 1994). Description, analysis, and interpretation are the three steps or activities suggested to

transform qualitative data into meaningful information (Wolcott, 1994). The researcher used various forms of coding, such as lumping like information and splitting different data to describe the information (Saldana, 2016). The researcher used Creswell and Poth's (2018) data analysis spiral concept for the data analysis in the study. As seen in Figure 3.2, the researcher collected the data, then organized the data on a broad spectrum, moving through the circular process of finding reoccurring themes and ideas (Creswell & Poth, 2018).



*Figure 3.2.* Note: The data analysis spiral. Reprinted from *Qualitative Inquiry & Research Design* (p. 186), by John Creswell and Cheryl Poth, 2018, Sage, 2018. Reprinted with permission.

The researcher collected the information, placed it into groups and files, as previously mentioned, according to questions and responses on the questionnaire and the respective code given (Saldana, 2016). The researcher then configured a coding system or table (see

Table 3.4) to identify the themes throughout the questionnaire and the semi-structured interviews (Saldana, 2016). The next step in the spiral was to develop what the participants were saying and ensure the researcher's perceptions were accurate. This step occurred after the researcher evaluated the questionnaires and established any new concepts or themes from the data. The researcher asked for the participant to clarify and confirm any unclear perceptions during the semi-structured interviews. Creswell and Poth (2018) suggest using a tree diagram to show the identified layers of themes. This theory was put into practice by the researcher regarding prioritizing the reasons for turnover in the current study. Finally, the researcher accounted for the findings and the ethical and other limitations described in the following sections.

The analysis of the data utilized the grouping methodology. This methodology allowed the researcher to gather additional ideas from the open-ended questions in the semi-structured interviews and then group themes from the combined data. The researcher wrote information from the interviews in narrative form, then organized the data into themes that merged with the results from the questionnaire to convey to the stakeholders, see Tables 3.4 and 3.5 (Saldaña, 2016). Stake (2006) points out that researchers, especially in the social sciences, want to ensure the information they gather from the data is accurate and find at least three examples where the participants give the same or similar information. Having participants give similar themes brings assurance to the data, which Stake (2006) refers to as triangulating the data.

The researcher used methods represented in Table 3.5 to ensure the suggested themes were accurate and integrate additional themes. The researcher established sub-questions to the main research question for this study, and these sub-questions included

themes identified in the literature review in Chapter Two. Table 3.5 shows how data was analyzed according to the anticipated themes and emergent themes from data analysis.

The researcher used this table around the middle of the data analysis spiral. This process included describing and classifying themes and codes, which the researcher then gave a value for further data analysis, continuing to move through the spiral.

Table 3.5 displays the various themes that the researcher analyzed in the questionnaires and interviews.

Table 3.5

*Rankings of Themes for Each Case Adapted for the Current Study According to Ordinairiness of the Situation*

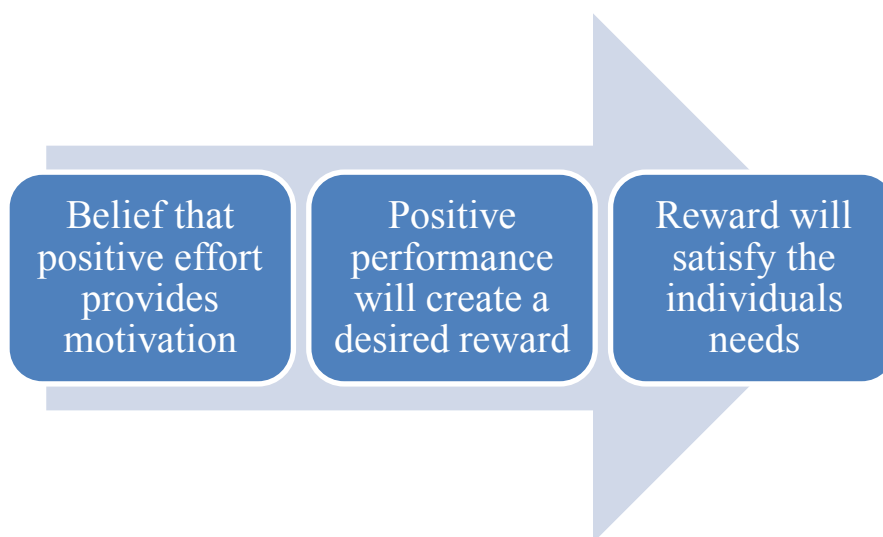
Theme	Case One	Case Two	Case Three	Case Four	Case Five
Theme 1 Motivation to Do Job	Moderate	Moderate	Low	Low	High
Theme 2 Outside Dynamics	Moderate	Moderate	Low	Low	High
Theme 3 Culture	High	High	High	Moderate	High
Theme 4 Compensation	High	High	Low	High	Low
Theme 5 Recognition	Low	Low	Low	Low	Moderate
Theme 6 Training	Low	Low	Low	Low	Low
Theme 7 Advancement Opportunities	High	Low	Low	Low	Low

The first theme, motivation to do the job, was related to Vroom's expectancy theory and one of the sub-questions of the study. The second theme, outside dynamics, came from the unfolding theory and what was going on in the person's life outside of work that may

or may not have influenced the decision to leave employment. The remaining four themes came from the literature review in Chapter 2. All four themes related to the expectancy theory in how the idea measured the level of motivation that the employee did or did not feel, causing them to stay in their current position. In addition, the researcher analyzed the remaining themes through the lens of the unfolding theory. They could influence a decision to leave employment in conjunction with another life obstacle.

#### *Expectancy Theory and Unfolding Theory within Data Analysis*

The following figure demonstrates the steps of Vroom's expectancy theory (Vroom, 1964). In addition, it shows the process the researcher used to analyze the data and draw conclusions for this study based on the theoretical framework. These steps in the expectancy theory culminate with the individual having a desire to take on the demand, or in this case, stay in their current position. This theory was used throughout the data analysis process, although the most use came in developing interpretations and visualizing the data, the later parts of the data analysis spiral (see Figure 3.2).



*Figure 3.3. Steps in Vroom's expectancy theory.*

The unfolding theory pathways table has been adapted for the current study (see Table 3.6). The researcher used the visual display to explicitly analyze the data in the present study through the lenses of the unfolding theory. The pathways of the unfolding theory are listed in the first column, followed by the emotion felt by the employee. The following columns cause for the action, and the far-right column of the table gives examples of the data collected from the participants in the study.

Table 3.6

*The Unfolding Theory Pathways Adapted for the Current Study*

Pathway	1	2	3	4a	4b
Shock	Personal, positive, and expected	Negative organization event	Unexpected job offers		
History of dissatisfaction				*	*
Script					
Image violation		*	*	*	*
Alternative job opportunity			*		*
Examples	Employee has a positive life change that excites and encourages them to resign their current position.	There is no room for growth or development for the employee and training is little to none. The employee is bypassed for a compensation increase or their position is not awarded rates congruent with the market data.	The employee gets an unexpected job offer from a local competitor; after comparing the new opportunity with the current situation, the employee accepts the new opportunity.	The employee realizes that they are unhappy with the culture of the organization and quits without looking for a new job.	The employee realizes they are unhappy and not motivated by leaders. They initiate a job search and quit when they find a more desirable position.



The researcher analyzed data from Table 3.5, moving toward the bottom of the data analysis spiral. The researcher used information on this table to help develop and assess interpretations of information. While the researcher took themes and information from several sources, Tables 3.4 and 3.5 maintained significant data from the theoretical frameworks.

### *Ethical Considerations*

There were three ethical considerations in this study. First, the researcher is a former employee of the organization. While employed at Helping Hands Healthcare, the researcher worked in a leadership position within the Human Resources Department. Participants could have been hesitant to participate in the study and give accurate data due to the researcher's role in the organization. They may not have wanted to jeopardize their future employment status or a potential positive employment reference for another position. The researcher anticipated the anonymity of the participants would alleviate this concern. The anonymity included changing the participants' names in the study's findings and specific information from the participants not being shared with Helping Hands Healthcare. Criteria for participating in this study was that employees had already given notice of resignation from the company. This criterion was to eliminate the possible concern that an employee could experience retaliation for participation in the study or for what they may have shared with the researcher.

A second ethical consideration for this study was the need to effectively communicate the purpose and benefits of the study to the participants, as they had already provided Helping Hands Healthcare with their resignation notice. If the participant did not have a clear understanding of how the findings could impact them, they might not

have been willing to give a definite answer or take the time to provide honest and transparent feedback. In this case, the researcher shared scenarios with the participant to help them understand how to think through leaving a position and helped the participant understand why they are in this place. In addition, the researcher showed the participant how participating in the study could help them avoid a similar predicament in the future.

The third ethical consideration is that the study used human subjects as participants. The researcher confirmed with the IRB (Institutional Review Board) that the research study was ethical. The study did not warrant a full IRB application due to all participants remaining anonymous. The researcher de-identified all specific data, and Helping Hands Healthcare was the only group to receive the results. Finally, the legal counsel of Helping Hands Healthcare approved the study and utilizing employees as participants. As the researcher left the organization's employment during the study, the company and the researcher obtained additional documentation to secure the data, participants' confidentiality, and results.

### *Limitations and Delimitations*

A limitation of the study was the recent COVID-19 pandemic of 2020. This worldwide situation caused behavioral health technicians at Helping Hands Healthcare to view their jobs differently from a health and financial perspective. Financial impacts include unemployment being awarded without proving that the unemployed person was actively looking for a job and without waiting for the unemployment payments to begin. Also, stimulus packages were available to unemployed workers due to COVID-19. Employees in a behavioral health technician position could receive more than \$800 a week, drawing unemployment and stimulus due to COVID-19. If those same employees

worked their full-time schedules at Helping Hands Healthcare, they might receive between \$400 and \$500 a week. The organization could not financially match the rates of unemployment and stimulus as the patient census had decreased. Many technicians were scared to come to work and care for patients that currently were or had been exposed to COVID-19 because they were seeking to protect their own families and loved ones. Also, Helping Hands Healthcare closed two locations, furloughed employees, and decreased hours for other employees. The patient census reduced throughout the pandemic due to quarantine and stay at home orders. The company utilized various questionnaires and conducted internal surveys relating to the pandemic, which could have caused additional confusion or uncertainty with the current study.

There were three critical delimitations in this study. The first was that the organization continued to acquire new facilities in various locations. The addition of hospitals caused regions that initially established the cases in the study to change. As this happened, the researcher maintained the original hospitals and did not allow new hospitals to change the physical makeup of the case once the study had begun. The researcher did not include Helping Hands Healthcare locations that opened since the start of the study as the new sites did not physically fit into one of the cases for the study. The researcher made this notation in the findings in Chapters Four and Five.

The second delimitation was that employees who meet the criteria for this study were not always willing to participate due to a lack of incentive or willingness to help a company that they are leaving. As there was no monetary funding for this study, financially incentivizing the participants was not an option. This delimitation has been accounted for by the researcher in two ways. The first was that the researcher explained

the value that comes to the individual. The participants may better understand themselves and what they are looking for in a position which may lead to a better fit for employment in the future. If that participant was still not agreeable, the researcher allotted enough time for the data collection to move to an additional potential participant who met the study's criteria and engaged them in the study so that the sampling stayed consistent.

The last delimitation of the study was that participants might have been willing to answer the questionnaire but not complete the interview. The participants felt there was potential for retaliation and had anxiety that the managers would treat the participants differently if they shared thoughts or information. The researcher made every effort to reassure the participants that identity and specific data would remain anonymous and confidential. Unfortunately, this did not always provide enough comfort for the participants. Therefore, the data accounted for such situations.

### *Conclusion*

This case study aimed to reduce the annual turnover rates among behavioral health technicians at Helping Hands Healthcare. Therefore, the study examined why people want to leave their current position to reduce turnover percentages within a given year at this organization. The multiple case study design, often used in Healthcare studies, helped organize the data, considering market obstacles. This design leads the researcher to determine the most precise and most applicable results possible. This study focused on the reasons for turnover among behavioral health technicians and then prioritized the ideas so that Helping Hands Healthcare could focus on items with the highest potential for impact. These actions helped the organization decrease the financial impact of turnover, allowing behavioral health providers the opportunity to reallocate

these resources to direct patient care and provide additional beds as the numbers of individuals needing this care are consistently rising.

The study's results had implications for decreasing the turnover in this behavioral health organization and, to that end, following the same design, other organizations. This study looked solely at Helping Hands Healthcare; however, the research provided momentum to validate the questionnaire in the event another company conducting a similar study wanted to utilize it in the future. The next chapter reviews the results and implications of the data gathered in this multiple case study. The researcher interprets the study results and provide a summary and insight regarding the organization's data, findings, and next steps.

## CHAPTER FOUR

### Results and Implications

#### *Introduction*

As the previous chapter explains, this study is a multiple case study using various methodologies to collect data. The researcher uses these methodologies to prioritize reasons for turnover among behavioral health technicians within Helping Hands Healthcare. A questionnaire created by the researcher and semi-structured interviews conducted by the researcher allowed the researcher to analyze data in various ways following themes from Vroom's expectancy theory (Mitchell, 1974) and the unfolding theory, as described by Tellez (2014). Additionally, the researcher identifies emerging themes corresponding to the literature review. This combined data allows the researcher to answer the research question of reasons for and prioritize turnover among behavioral health technicians within Helping Hands Healthcare.

The data also identified correlations between culture, motivation, outside dynamics, and training opportunities. These correlations identified by the researcher answered the research sub-questions for the study. The researcher anticipated variations between the organization's physical areas; therefore, the sites were split into multiple physical zones, each becoming a case in the multiple case study. The data clearly shows that reasons for turnover in the behavioral health technician position vary from region to region, or case to case, within Helping Hands Healthcare.

The initial methodology of the study included each participant completing a semi-structured interview. As the data collection process ensued, the researcher found several

participants were unwilling to complete an interview due to intense feelings of potential retaliation from their supervisors, even though they had resigned from their position. Most of the Helping Hands Healthcare locations are in smaller communities. Therefore, the researcher learned that participants felt they would receive adverse treatment within the community or that their family members or friends still employed at Helping Hands Healthcare would be treated adversely by leadership if they shared specific and detailed information regarding their experience with the hospital. Considering these factors, the study ultimately utilized data from the questionnaire completed by every participant and the semi-structured interviews of those participants willing to participate.

The researcher collected data during November and December of 2020 and January of 2021. Data collection times are essential to notate regarding the global pandemic of COVID-19 and numerous other natural disasters that took place during this time frame. The data collection took place shortly after several major hurricanes directly impacted Helping Hands Healthcare locations and communities. Several hospitals were closed for a period following these hurricanes. These obstacles had changed the footprint of turnover within Helping Hands Healthcare from what it was when the study began due to jobs not being as plentiful with other organizations.

In this chapter, the researcher organized the results utilizing the traditional multiple case study design. Patton (2015) recommends using the multi-case study design when each case entails nuances. This allows the researchers to find common themes across the cases (Patton, 2015). Each case profile began with an overall synopsis of the data. Following the overview, the researcher answered the research question and sub-questions.

In conclusion, the researcher discussed all emerging themes along with the correlation to the two theoretical frameworks being utilized in this study. Vroom's expectancy theory draws themes relating to what employees expect because of their performance and why they may leave a position if they do not receive the rewards they feel should be obtained (Mitchell, 1974). The unfolding theory also sets four pathways for employees to decide to leave a position (Tellez, 2014). After the researcher analyzes and presents each of the five cases, the researcher provides a cross-case analysis. This section of the chapter includes comparing data from all cases to respond to the research question and sub-questions and share any emerging themes based on the theoretical framework. Third, the researcher interprets the study's findings and provides implications for the Helping Hands Healthcare organization, the behavioral health field, and possibly other types of healthcare. Finally, the researcher summarizes all findings, data, and implications.

### *Case Description and Thematic Analysis*

The study included ten participants from across the organization. The small sample size is prudent to find successful data in a qualitative research study (Creswell & Poth, 2016). Chapter Three describes how the researcher selected these participants. The researcher used criterion-based sampling and looked for the participants to meet specific criteria (Creswell & Poth, 2018). Table 4.1 shows the basic demographics of the participants used in this study. Participants range in gender, age, and race providing a representative sample of the overall population within the behavioral technician position at Helping Hands Healthcare.



Table 4.1

*Participant Demographics*

Participants	Age	Sex	Race/Ethnicity
Participant 1	25	Female	African American
Participant 2	50	Female	Hispanic
Participant 3	26	Female	Caucasian
Participant 4	28	Male	African American
Participant 5	48	Male	African American
Participant 6	52	Female	Caucasian
Participant 7	43	Female	Hispanic
Participant 8	20	Female	African American
Participant 9	24	Female	African American
Participant 10	38	Female	African American

A total of 37 individuals resigned from their position as a behavioral health technician during the specified timeframe of data collection. Some of these individuals did not meet the criteria of working for Helping Hands Healthcare for at least six months. For the cases with more than two individuals resigning and meeting the study's criteria, the researcher used the first two behavioral health technicians who responded to the questionnaire. This was to keep the sample size consistent between cases. Not every case had a male and female representative available; therefore, some cases include two female participants. The researcher was not surprised by this discrepancy in males versus females. Traditionally, healthcare employs more females than males, especially in the

front line, caretaker positions. It was interesting that only 37 behavioral health technicians resigned from their position during the data collection time frame. The researcher attributed this nuance was attributed to the limitations of the participant pool previously discussed. The natural disasters that had recently occurred and the worldwide pandemic of COVID-19 took place at the time of data collection.

#### *Case One—West Texas Region*

At the time the study began, there were two hospital locations in the West Texas region. Helping Hands Healthcare opened an additional hospital in the West Texas panhandle before the data collection began. The researcher did not include the new hospital in the data collection process due to the other two locations' varying market dynamics. The researcher randomly chose two participants for this case. Both participants were female, ranging in age from 20 to 50, and were of differing ethnicities. For anonymity, the study defines these subjects as Participant B and Participant C. Working in their respective position for at least six months was a criterion set for the study. Participant B and Participant C both met this expectation. One participant was willing to participate in the semi-structured interview. The second participant was adamantly opposed to an interview. She felt her friends and family would be retaliated against by the leadership team if they found out what she had said. The researcher made clear that there was no relationship between the research study, the researcher, and the hospital leadership, but she declined the opportunity.

The findings of Case One are clear that the employees are excited to leave Helping Hands Healthcare's employment due to the response on the questionnaire. Both participants also felt as though they had no connection to the leadership and would never

recommend friends or family to work in that hospital in that position. Participant B stated, “The leadership does not respect people, and they are closed-minded. I had a voice, but the leadership would not allow me to be heard.” Participant B explained their frustration with the leadership as there is no connection. The leaders were never on the patient floor. They intentionally scheduled meetings when most frontline employees could not attend due to working other jobs or being a holiday. According to Participant B, these actions cause the employees to feel as though the leadership team does not value the staff member's opinions which typically is an expectation of an employee. Vroom's expectancy theory would explain this lack of meeting employee's expectations as a reason for resignation. Colletta (2019) introduced a software system to have each employee rank their mood or satisfaction at the beginning and end of each shift to help read the staff's immediate needs in regards to expectations. This may be an effective tool for the leadership to implement in this case.

The data analysis concludes that the hospitals' culture, established by the leadership team, was the primary reason for resignation. The data shows that the culture was not a positive one, and if the culture changed to include all employees, hear their opinions, and treat staff members equally, turnover would decrease. The primary reason for resignation, in this case, is identified in the unfolding theory through pathway 4b. The researcher identifies this pathway by the history of dissatisfaction, an image violation where the participant felt the situation should be different from an alternate job opportunity. In this case, one participant always felt motivated to do their job while the other participant rarely felt motivated to do their job. Still, neither participant felt motivated by the organization's leaders. Therefore, while various factors can inspire

employees, it appears that lack of motivation from leaders within the organization does impact the turnover of behavioral health technicians. The data also points out that none of the participants, in this case, felt any connection with the leadership team, which is going against the expectancy theory. Leaders have the responsibility to recognize and motivate their employees, directly impacting the turnover (Cleaver, 2013; Krell, 2012).

Both participants, in this case, shared that the culture needs to change in their respective environments. Also, the data shows that the participants rarely or only sometimes feel the current culture is positive. Again, it is part of the leader's role to maintain a positive culture (Krell, 2012). In analyzing the data from Case One, it does not appear as though outside dynamics cause a significant impact on resigning from a behavioral health technician position. All participants said that a family member would never dictate if they leave a job. When asked if they would resign due to a home situation, the response was sometimes to never. These two data points negate the unfolding theory pathway: letting a family or life change dictate their resignation. All participants felt as though resignation is a personal choice; therefore, it was an individual situation or choice that led them to submit their resignation.

In addition, both participants agree that pay is always a factor in deciding to resign but is not the primary reason they resigned from their positions at Helping Hands Healthcare. The researcher noted the ideas surrounding compensation are directly correlated, by research, to the unfolding theory pathway three, which says the employee takes compensation and other benefits into consideration when deciding to resign. Participants B and C agreed that they did not receive adequate training upon hire and lack of ongoing training and professional development also played a factor in quitting (Kadis,

2001). One participant said that advancement opportunities always played a role in resignation from a position. In contrast, the other participant said that advancement opportunities never play a role in deciding to resign from a job.

The data in Case One showed both participants were happy about their resignation and did not feel they would miss the position. This feeling of happiness is seen through the unfolding theoretical framework as the cognitive stage that the individual is in at the time of resignation (Tellez, 2014). Participant B said that they would miss the patients and helping the patients get better, but they would not forget the day-to-day frustrations of the hospital environment. Other items covered in the questionnaire include recognition (Dawson et al., 2014), comfort with generational differences (Carmichael, 2016), benefits (Li, 2011), and burnout (Morse et al., 2012). These are all reasons prior literature gave for turnover. In response to the prior literature, one participant did feel some recognition, although not from leaders in the organization. The data also showed that the participants were comfortable communicating with and working with individuals from multiple generations. One participant said that burnout was always an issue, but the other participant rarely felt burnout. Burke and Richardsen (1993) noted that the impact of burnout might increase if there is a lack of communication between employees and leaders. This appears to be the case with at least one participant in this case. Both participants said that benefits played a part in their decision to resign, but it was not a deciding factor, much the same as compensation. Table 4.2 is a summary of the themes and responses and the relevant theoretical framework from each participant in Case One.

Table 4.2

*Data Determining Themes in Case One*

Theme	Participant B	Participant C	Theoretical Framework
Motivation in job	Always	Rarely	Expectancy Theory
Recognition in job	Usually	Never	Expectancy Theory
Connection to leaders	No	No	Expectancy Theory
Compensation/Benefits cause resignation	Always	Always	Expectancy Theory
Generational connection to job	No	No	Expectancy Theory
Burnout cause resignation	Rarely	Always	Expectancy Theory
Family/Personal issues cause resignation	Rarely	Never	Unfolding Theory
Positive culture	Sometimes	Rarely	Expectancy Theory
Feelings regarding leaving	Extremely excited and will not miss the job	Extremely excited and will not miss the job	Unfolding Theory
Adequate training	No	No	Expectancy Theory
Advancement opportunities impact resignation	Always	Never	Expectancy Theory
Recommend family/friends to work at hospital	Never	Never	Unfolding Theory

Looking through the unfolding theory lens, the primary reasons for resignation were lack of a positive culture and lack of training, both image violations. The unfolding theory framework explains that employees have an image or expectation of what the job should be like and offer. Both participants noted primary reasons for resignation are in direct conflict with the idea or expectation that the employee had for their employment. Additionally, Vroom's expectancy theory explains that an employee expects to be

motivated and recognized for doing a good job (Mitchell & Beach, 1974). This positive response would lead to the desired reward, and that reward would satisfy the individual's needs. An example would be if the technician is taking quality care of a patient, the leadership team would recognize this action, which would, in turn, satisfy the employee's need for reassurance and motivate them to continue their efforts. In conclusion, the data shows the most needed change in Case One is developing the culture to be more open and positive and formulate a better and longer-training program for the behavioral health technicians.

#### *Case Two—East Texas Region*

Several natural disasters may have impacted the data for the east Texas region or Case Two in the months just before data collection. The researcher could not determine if the impacts were direct or indirect on the data but were worthy of notation in the summary of the case. Several significant hurricanes went through this area, and as a result, people were not changing jobs to the extent they were prior to the natural disasters. Numerous businesses closed, and others could not provide hours to current employees or hire new employees. Other organizations put special incentives in place to retain the employees they did have. Examples of these incentives were monetary bonuses, flexible hours, and assistance outside the workplace. These unforeseen circumstances impacted the participant pool size, although the researcher could still obtain two participants for this case. One participant was male, one female ranging in age from 25 to 48, and were both the same ethnicity. For anonymity, the study defines these subjects as Participant A and Participant D. Both participants had been in their position for at least six months. One participant was willing to participate in the semi-structured interview. The second

participant was initially inclined to participate in an interview. After scheduling the interview, they canceled, stating family and friends had advised against participating in the interview knowing the hospital leadership's historical actions in the community.

The researcher viewed the data through the lens of the unfolding theory and found the following themes. First, the participants showed mixed feelings regarding their level of excitement of leaving Helping Hands Healthcare's position. Participant D was excited to be leaving their position while Participant A was just somewhat excited about making a job change, but both said that they would not miss the position. The fact that the participants would not miss the position shows dissatisfaction as described in cognitive pathway two (Tellez, 2014). Second, there were mixed feelings of recommending this organization to family and friends as an excellent place to work. Participant A would recommend the position to specific family members, while Participant D said they would never recommend this position or employer to family and friends. This also shows some level of dissatisfaction through the unfolding theory. Third, both participants acknowledged they were looking for other employment at the time of resignation and were excited about opportunities ahead. One participant feels that they may miss some aspects of the role as a caretaker but maintains the excitement of starting a new role. This data also represents the theme that the participants were not satisfied with the work environment and their position as a behavioral health technician.

The researcher identified multiple themes surrounding Vroom's expectancy theory in this case. Both participants felt they had some connection with the leadership team, but the researcher noted this did not include all leadership team members. The positive response was directed to the relationship with the direct Supervisor versus the



general hospital leadership. In the interview, Participant D discussed frustration with the higher levels of leadership within the hospital as well as the organization in the following statement, “The leadership needs to provide employees with better and full Protective Personal Equipment (PPE) in light of COVID-19. They also need to listen to the comments and suggestions of the Mental Health Technicians (MHTs).” Participant D discussed their displeasure with the communication within the hospital and stated that “it must improve.” This participant also felt as though there was no clear communication of patient condition to the techs, which hurt the technician’s ability to perform their job at a high level. Participant D shared that behavioral health technicians are not treated fairly and explains, “some MHTs get all the high acuity patients and incontinent patients with little to no training and other MHTs get all the easy patients and do nothing. It is all according to who you know and who your friends are.” The comments from Participant D led to burnout which is a substantial cause of turnover (Morse et al., 2012 and Johnson et al., 2018).

Both participants felt mistrust among the leadership and did not feel respected or treated as an integral part of the team. According to Woltmann et al. (2008), it is challenging to function at a quality level and provide the level of care that the patients deserve when there is mistrust with management leading to turnover. Overall, the participants did not feel that the reward they received from doing the job of a behavioral health technician satisfied their individual needs. The participants displayed positive effort, but they did not receive motivation from this effort, as the data shows. Thus, the participant’s desired reward was not presented, and the participant’s needs were not met.

The primary theme of scheduling that emerged in Case Two did not appear as strongly in any other case within the study. The data analysis concluded that the lack of consistent scheduling, which impacts pay, was the primary reason behavioral technicians left their positions. Managers set the expectation that employees were to work a specific schedule or number of hours to earn a particular amount of money. Participant D states, “The main reason I resigned is scheduling and being flexed off. I could not make a plan or budget on my income.” Participant D also shared feelings that the night shift should receive a higher rate than the day shift. This is also known as a shift differential, arguing those who work nights and get flexed off cannot work another job during the day because they must sleep. Both participants rated compensation and benefits (total compensation) as the primary reason for their decision to look for another position. Jin Li (2011) confirmed this data in a study regarding the economic effects on turnover and said that compensation directly correlates with employees leaving their current employment. The theme of scheduling and compensation has direct congruence with Vroom's expectancy theory as the employee expects set hours and pay in return for doing productive work (Mitchell & Beach, 1975).

The data in Case Two showed differing opinions regarding the training received upon hire. The researcher shows additional information in Table 4.3. Both participants agreed that lack of training did not influence their decision to resign, but there was no agreement that there was enough or complete training. Also, there was a difference of opinion regarding the importance of advancement opportunities and their significance in resigning. As the researcher has noted, compensation is a primary issue for both participants. Kadis (2001) says advancement opportunities lead to higher pay.

Table 4.3

*Data Determining Themes in Case Two*

Theme	Participant A	Participant D	Theoretical Framework
Motivation in job	Sometimes	Sometimes	Expectancy Theory
Recognition in job	Usually	Never	Expectancy Theory
Connection to leaders	No	No	Expectancy Theory
Compensation/Benefits cause resignation	Usually	Always	Expectancy Theory
Generational connection to job	Always	Always	Expectancy Theory
Burnout cause resignation	Always	Rarely	Expectancy Theory
Family/Personal issues cause resignation	Sometimes	Rarely	Unfolding Theory
Positive culture	Sometimes	Rarely	Expectancy Theory
Feelings regarding leaving	Somewhat excited and will not miss the job	Excited and will not miss the job	Unfolding Theory
Adequate training	Yes	No	Expectancy Theory
Advancement opportunities impact resignation	Sometimes	Always	Expectancy Theory
Recommend family/friends to work at hospital	Sometimes	Never	Unfolding Theory

The participants in Case Two said that rarely to sometimes did they feel motivated and that this lack of motivation influenced their lack of happiness in the position (Patton, 2019). Participant A and Participant D both thought that the culture needed to change most of the time. As previously stated, culture was not the highest-ranking reason for turnover but still has a direct impact (Clark, 2018). Still, the participants felt the culture was not as positive as it should be, directly correlating to culture from other issues such

as the effects of scheduling and total compensation. The participants felt if communication would be better, the culture would automatically improve. Case Two did not give specific reasons for outside dynamics that may have impacted their decision to resign their position.

It is important to note that one of the participants moved out of state after resigning their position with Helping Hands Healthcare. Still, there was no indication on the questionnaire or in the interview that this influenced the decision to resign. When viewing this through the lens of the unfolding theory, it is unclear if the participant may have been following pathway one, dealing with a positive life change that leads to turnover. It is unclear if the relocation was a positive or negative life change or directly impacted the resignation.

### *Case Three—Southwest Louisiana*

Four hospital locations make up the southwest Louisiana region. The researcher selected two participants as participants in the study. One male and one female, both were in their position for at least six months, but less than one year. The participants were of varying ages and ethnicities. For anonymity purposes, the researcher recognized these participants as Participant E and Participant F. Neither of the participants were willing to participate in a semi-structured interview. Even though the researcher explained how the data would be kept confidential, the participants were not comfortable sharing more than the answers to the questionnaire.

The data analysis in Case Three identified consistent themes reflecting the feelings of the behavioral health technicians and their reasons for resignation. The first theme both participants agreed upon is the lack of connection between the technicians

and the hospital leaders, which leads to a need for a change in the culture (McIlvaine, 2019). The participants reported that the leaders did not inquire with the technicians for any thoughts or insights, and the technicians found this to be extremely demoralizing (Dawson et al., 2014). In the lens of Vroom's expectancy theory, the technicians expect that if they do a good job, the leaders should recognize their efforts, ask for their feedback, and in turn, the employee and the leader should form a connection (Mitchell, 1974). Due to the leaders' lack of recognition and communication, the participant's expectations were not met by the leaders, causing dissatisfaction and interest in looking for a new position. In addition, the researcher found dissatisfaction in the cognitive pathway of shock in the unfolding theory framework (Tellez, 2014). The researcher found turnover decreases when there is autonomy among the employees, and various levels of employees can relate with one another (Urbanaviciute et al., 2018).

The second theme identified was the behavioral health technicians felt that while they knew how to communicate with peers from different generations, they did not feel connected with these peers in this particular setting (Carmichael, 2016). This theme of lack of connection relates to the unfolding theory in pathway 4b. Lack of connection shows an image violation as well as a potential history of dissatisfaction in the position. According to the data, the participants did not feel as though the position and environment were what they had anticipated, causing unhappiness, and therefore, the search for a new position. The unhappiness with the position causes dissatisfaction, leading to the stage of shock in the unfolding theory (Tellez, 2014). The resignation came when a more desirable position was found and secured. The environment in which a

behavioral health caretaker works has a significant impact on happiness with the job (Stephenson & Bell, 2019).

Interestingly, the two participants in Case Three did not resign due to feeling burnout in their job. As mentioned in the literature review and seen in prior research, burnout is at times a primary cause for turnover (Andreula, 2013), and neither of these participants acknowledged any concern regarding this emotion. Likewise, previous research directly correlates compensation (Bukach et al., 2017), benefits, and advancement opportunities (Kadis, 2001) to the resignation of employment. In this case, neither participant voiced any concern about compensation, benefits, or advancement opportunities.

The participants, in this case, did not agree on all aspects, therefore presenting some nonthematic data. First, one participant said they would rarely recommend a friend or family member to work in this location. Through the lens of the unfolding theory, this feeling of uncertainty for a family member is a cognitive state of dissatisfaction (Tellez, 2014). The other participant said that they would always recommend this position to a loved one. Secondly, Participant F noted that they did not receive adequate training to do their job. Participant E felt that they received the proper training to fill the role of behavioral health technician. According to the unfolding theory, pathway two is an image violation for Participant F (Tellez, 2014). The employees' image of the organization was that there would be sufficient training to do the job correctly. This lack of training presents a negative impression of the organization and, according to the theory, would make the employee unhappy and cause them to be in a place to look for a new position. The researcher did note that neither participant felt that training, upon hire or ongoing,

was a significant reason for their resignation. Discrepancies were likely due to four locations for the participants to come from, and all locations have numerous unique tendencies.

The unfolding theory also states through pathway one, an employee may make an employment decision based on family members' positive actions or situations that occur at home (Morrell et al., 2001). Both Participant E and Participant F said they would always leave a position due to a problem at home or within their family, positive or negative. Therefore, this is another theme showing a possible reason for resignation, although the organization has little to no control over these situations.

Based on the data analysis for Case Three, the primary reason for behavioral health technicians to leaving their positions was a lack of connection with their leaders, leading to a lack of motivation to do the job and building the need for a positive culture change. Both participants reported that they are pleased to move forward into another position and would not miss their job as a behavioral health technician with Helping Hands Healthcare. The data shows these sentiments are supported through the unfolding theory pathways that the researcher has discussed. The researcher, looking through the lens of the expectancy theory, also found the participant's expectations of the job and environment were not met (Mitchell, 1974). Table 4.4 shows each participant's response and ranking of themes presented in the questionnaire and how they relate to the unfolding theory and expectancy theory frameworks. These data points helped the researcher determine the themes and reasons for turnover within this case while working to identify the prioritization of the themes and motives, answering the research questions for this qualitative, multi-case study.

Table 4.4

*Data Determining Themes in Case Three*

Theme	Participant E	Participant F	Theoretical Framework
Motivation in job	Rarely	Never	Expectancy Theory
Recognition in job	Sometime	Never	Expectancy Theory
Connection to leaders	No	No	Expectancy Theory
Compensation/Benefits cause resignation	No	No	Expectancy Theory
Generational connection to job	No	No	Expectancy Theory
Burnout cause resignation	Never	Never	Expectancy Theory
Family/Personal issues cause resignation	Never	Usually	Unfolding Theory
Positive culture	Usually	Rarely	Expectancy Theory
Feelings regarding leaving	Extremely excited and will not miss the job	Somewhat excited and will not miss the job	Unfolding Theory
Adequate training	Extremely	No at all	Expectancy Theory
Advancement opportunities impact resignation	Sometimes	Never	Expectancy Theory
Recommend family/friends to work at hospital	Always	Rarely	Unfolding Theory

*Case Four—South Texas*

Helping Hands Healthcare had two locations in South Texas at the time the study began. Since that time, a third location has opened, but in a different market and area of South Texas; therefore, the researcher did not include the added location to the participant pool for this case. The two individuals who participated, in this case, are known as Participant G and Participant H. Both individuals are female and have been in their position for at least six months. Participant H agreed to complete a semi-structured



interview with the researcher to supply additional data to the questionnaire completed by both participants.

In this specific case, the data analysis did not reflect a primary reason for resignation among both participants. Participant G did not feel connected to the hospital leaders and did not feel motivated to do the job or recognized (Dawson et al., 2014) while doing the job. This individual stated that the manager never asked the participant for thoughts regarding the workplace and that pay, and total compensation were directly correlated to their resignation (Bukach et al., 2017). The expectancy theory looks at each of these factors. Within this framework, an individual expects what the workplace should be like, their relationships, how they are trained and motivated, and the rewards. When the leaders do not meet these expectations, it causes them to be unhappy and ultimately leave their position (Mitchell 1974).

Also, participant G stated family issues, outside or personal situations would never impact their decision to resign from a position. According to the unfolding theory pathway one, this action does not fit into the framework that states life events and family situations would impact the decision to leave employment (Tellez, 2014). Pathway two and 4b of the unfolding theory apply to participant G. The data shows this participant felt a lack of compensation and training upon hire and ongoing. These both represent the theme identified by pathway two (Tellez, 2014). The unfolding theory pathway 4b says an unhappy individual in their workplace may begin to look for another position and then resign once they identify a better position, which mirrors Participant G's data (Tellez, 2014). Prior literature also supports the reasons of compensation (Bukach et al., 2017) and lack of training (Kadis, 2001) as legitimate reasons for turnover.

Participant H provided vastly different insight into the reasons for leaving the employment of Helping Hands Healthcare. This participant was noticeably clear in stating, “the main reason that I resigned is due to an issue that I had with another employee.” When asked to explain this further and what the desired change needed to stay employed would look like, participant H stated, “I would stay if they could have resolved the issue I had with the other employee. I would change how they handle their investigations. It is too slow of a process. They need to move faster and nip it before things get too bad.” Looking at this situation through the lens of expectancy theory, the employee expects the leaders to handle the negative situation quickly so that the work environment can be positive. The expectancy theory framework describes an employee who performs positively, expecting positive results, and ultimately working in a positive environment (Vroom 1964). When this does not happen, the participant may decide to leave the organization's employment as Participant H did.

The questionnaire data shows incredibly positive themes regarding Participant H's feeling toward the workplace and the leadership. This participant felt connected and motivated, and the participant's expectations for a positive working environment were met except for the complaint and investigation process. Participant H stated, “It was a good place to work, and the hours were good, and it is friendly. I just wish that they could have gotten the issue resolved sooner for me.” This statement and the questionnaire responses, such as feeling as though the training was adequate and expectations were clear, help the researcher conclude that this employee resigned due to frustration with another employee and lack of resolution. Participant H did have a few other concerns, such as the patients and their needs could be overwhelming at times which correlates with

the questionnaire response that burnout had some effect on the decision to resign (Johnson et al., 2018). The participant also stated that “the night shift is really hard—much harder and worse than days.” Working the night shift and the lack of compassion from the leadership and organization contributed to the participant's decision to resign. Participant H said, “they don't take into consideration that I am stressed with outside stuff going on like having to move again and that I just had a family member die and then this issue with the co-worker, I was just exhausted.” As seen through the unfolding theory, pathway one would shock the employee as they feel that the employer does not care about personal situations (Tellez, 2014). These unique situations are additional reasons the behavioral health technician resigned from their position at Helping Hands Healthcare. Table 4.5 summarizes the themes and responses and the relevant theoretical framework from each participant in Case Four.

In summary, the data analysis of Case Four confirms there are multiple reasons for turnover among the behavioral health technicians. The primary reason appears to be frustrations with the culture and leadership (Clark, 2018). Frustrations vary from lack of connection and motivation (Dawson et al., 2014) to lack of speed in dealing with employee issues or not recognizing personal issues employees are having outside of work. Additional reasons for turnover, in this case, include compensation (Bukach et al., 2017), burnout (Johnson et al., 2018), and lack of training (Kadis, 2001). Unlike other cases, the participants did not have all similar responses, but the researcher could still draw conclusions from the data.

Table 4.5

*Data Determining Themes in Case Four*

Theme	Participant G	Participant H	Theoretical Framework
Motivation in job	Never	Sometimes	Expectancy Theory
Recognition in job	Rarely	Rarely	Expectancy Theory
Connection to leaders	No	No	Expectancy Theory
Compensation/Benefits cause resignation	Yes	No	Expectancy Theory
Generational connection to job	Yes	Yes	Expectancy Theory
Burnout cause resignation	Sometimes	Never	Expectancy Theory
Family/Personal issues cause resignation	Never	Always	Unfolding Theory
Positive culture	Always	Sometimes	Expectancy Theory
Feelings regarding leaving	Not excited and will miss the job	Not excited and will miss the job	Unfolding Theory
Adequate training	No	Yes	Expectancy Theory
Advancement opportunities impact resignation	Never	Never	Expectancy Theory
Recommend family/friends to work at hospital	Never	Never	Unfolding Theory

*Case Five—Southeast Louisiana*

There were three Helping Hands Healthcare locations in the southeast Louisiana region at the beginning of the study. At the time of data collection, there were five locations in the same area. Regardless of the growth, the researcher randomly selected two behavioral health technicians from this physical area that had been with the organization for at least six months. This selection was in an effort to maintain consistency with the other cases in the study. Both participants were female, of varying

ages, and for anonymity were known as Participant I and Participant K. After extensive discussion, neither of these participants were willing to participate in an interview.

Therefore, the researcher based the data analysis of this case on the questionnaire data.

The participants agreed on some themes and disagreed on some other areas in Case Five. The data supported the feeling of a hostile culture that needed to change from both participants (Clark, 2018). In addition, both participants felt as though they had no connections with the leaders in their respective hospitals, and they, as employees, were never asked for their thoughts on the workplace. Healthcare providers' experiences, such as positive culture, connection with leader, recognition, feedback, and an opportunity to express your thoughts, directly affect turnover rates (Dawson et al., 2014). According to the expectancy theory, employees expect the leadership to support them with a positive culture and accept the employees' feedback if they perform as expected (Mitchell & Beach, 1975).

It is interesting to note that the participants had differing opinions regarding motivation and recognition. Participant I felt motivated to do their job and sometimes recognized and inspired by their leaders. The leaders must drive a positive culture by encouraging and being a role model for the employees (Northouse, 2019). Participant K reported that they never felt motivated or recognized by the organization's leaders or anyone else. Additional discrepancies include Participant I being unhappy about leaving and not excited about the new opportunity, while Participant K reported being extremely happy and excited about the resignation. These feelings are reflected by the cognitive pathway of satisfaction versus dissatisfaction within the job, as seen in the unfolding

theory (Tellez, 2014). Table 4.6 summarizes the themes from the data collected and how they relate to the projections in the literature and the theoretical frameworks in this case.

Table 4.6

*Data Determining Themes in Case Five*

Theme	Participant I	Participant K	Theoretical Framework
Motivation in job	Always	Never	Expectancy Theory
Recognition in job	Sometimes	Never	Expectancy Theory
Connection to leaders	No	Always	Expectancy Theory
Compensation/Benefits cause resignation	Never	Always	Expectancy Theory
Generational connection to job	Never	Never	Expectancy Theory
Burnout cause resignation	Never	Always	Expectancy Theory
Family/Personal issues cause resignation	Sometime	Never	Unfolding Theory
Positive culture	Rarely	Never	Expectancy Theory
Feelings regarding leaving	Not excited and will miss the job	Extremely excited and will not miss the job	Unfolding Theory
Adequate training	Not at all	Not at all	Expectancy Theory
Advancement opportunities impact resignation	Never	Never	Expectancy Theory
Recommend family/friends to work at hospital	Usually	Never	Unfolding Theory

The participants agreed that situations at home and with family would not impact the decision to resign, thus showing the unfolding theory pathway one is not applicable in this case (Tellez, 2014). The unfolding theory theoretical framework also addresses

personal situations influencing the decision to resign, and participant I said that they would resign due to a positive individual situation or change. In contrast, Participant K said that they would not leave employment for this reason. Participant K feels that compensation and benefits were a direct reason for leaving the position, while participant I stated that neither of these items influenced their decision to leave (Li, 2011). Also, Participant K said that burnout was a key factor for their resignation, while participant I said that burnout was not a consideration (Morse et al., 2012).

In summary, both participants felt there were no advancement opportunities within the organization. There was not enough appropriate training and professional development provided by the organization, which was a factor in the decision to resign (Kadis, 2001). Both participants agreed that this was not the most impactful reason for their resignation, but the participants considered it. In addition, both participants reported they were comfortable with communications among multiple generations in the workplace and had good interactions with employees of all ages. Generational differences did not appear to influence either of these resignations (Carmichael, 2016).

### *Cross Case Analysis*

Looking at the data from the whole study, the researcher began with the broadest stage of the data analysis spiral to manage and organize the data. The data was collected into individual cases as seen in the previous individual case analyses. The second stage of the data analysis spiral is reading and drawing emerging themes from the data. The themes that continued to emerge throughout almost all cases were the need for a change in culture, lack of connection to leaders, lack of motivation, and lack of recognition. As the researcher continued to analyze the data and move down the data analysis spiral, the

researcher assessed the data's interpretations. Data from the participant interviews helped the researcher interpret and evaluate the data points from the questionnaire. The interview data, being more precise, detailed, and specific, helped to explain the reasons for the ratings of answers to the questions asked in the questionnaire. The accounting and visualization of the data have been done in each case analysis and will continue through this chapter's interpretations section.

The data shows that no participant in the study felt they had a good connection with the hospital leaders regardless of the individual case. Also, none of the participants would miss their job on a personal level. Those who did state that they would miss the job specified that they would only miss the patients and helping them get better. They would not miss the work environment. In addition, the participants were consistent that their resignations had nothing to do with generational gaps or lack of effective communication with other generations. Below, the researcher uses the data and emerging themes to answer the research question and sub-questions.

*Research question.* Why are behavioral health technicians leaving their jobs at a higher rate than other employees working in a behavioral health setting? What is the ranking of the importance of the various reasons for turnover? The data across all cases show behavioral health technicians leave their positions due to a lack of connection with their leaders, lack of motivation, lack of recognition, and the need for a more positive culture within the healthcare setting. Positive relationships and culture are critical to a positive working environment (Kerfoot, 2013). Lack of recognition almost always impacts the turnover in healthcare organizations (Dawson et al., 2014). Some organizations hold their leaders accountable for showing appreciation and motivating



their employees (Patton, 2019). A poor culture would drive away employees, thus decreasing the opportunity for care of those that need it (Vanover, 2017). This data is also supported through Vroom's expectancy theory as the behavioral health technicians feel they are putting forth a positive effort but are not receiving motivation. The employees feel that their positive performance should produce a reward and that reward should help them meet their needs. These steps of the expectancy theory are not being met for the employees as they are not feeling motivated or receiving the reward of appreciation (Mitchell & Beach, 1975).

*Research sub-question 1.* How does motivation provided by leadership impact the traditional culture in a healthcare setting, and what effect does this have on turnover? The participant data shows motivation or lack thereof, as displayed by the leaders, creates a negative culture. Leaders must take on the responsibility of modeling the desired behavior (Northouse, 2019). Therefore, it is up to the leaders to create a positive culture and environment for the employees (Vanover, 2017). The leaders must hear the employees and let them provide feedback (Vanover, 2017). The participants in this study admit they would have considered staying in their position had the leadership been more engaging and connected with the employees. The leaders, both the executive and local levels, directly impact turnover than culture (McIlvaine, 2019).

*Research sub-question 2.* Does the culture need to change to decrease turnover? According to the data, 70% of the participants in this study felt that the current culture is not a positive one and directly impacts the decision to resign from their position. Vroom's expectancy theory explains that employees have expectations for their

workplace and expect to receive praise and encouragement for a job well done (Mitchell & Beach, 1975). An antagonistic culture is not conducive to these expectations and directly impacts turnover (Barajas, 2014). The data in some cases were more precise and explicit than others. Still, all instances alluded to the need for the culture to change and impacted the retention of behavioral health technicians.

*Research sub-question 3.* What outside dynamics can cause a behavioral health technician to make an employment change? The unfolding theory cognitive pathways speak to external dynamics that can impact an employee's decision to resign (Tellez, 2014). Some of these reasons include a family member being offered a job in another location or the need to care for a family member (Tellez, 2014). The current study had minimal data showing outside dynamics having a direct impact on resignation. These dynamics include various family and personal situations. The participants who did allude to outside dynamics noted that these played only a part in the decision to resign but were not the primary reason. These reasons included the death of family members, moving multiple times, and not being allowed to work enough hours to properly care for their family financially. Several participants shared they were the provider for their families and could not earn consistently enough to care for those dependents with the flexing of hours.

*Research sub-question 4.* How do compensation, training, and advancement opportunities affect employees' decisions to stay in or leave their current careers and positions? The data collected in this multiple case study shows that 60% of the participants admitted that compensation played a part in their decision to leave their

employment at Helping Hands Healthcare. This theme was not the primary reason for resignation for these participants, but it was a consideration. Compensation has traditionally been a part of the decision-making process to change positions, especially for lower-wage-earning categories such as behavioral health technicians (Munasinghe, 2000). This theme is viewed through the lens of the expectancy theory as compensation can be viewed as a motivator to do a job (Khan & Mufti, 2012).

According to the data, training upon hire and the opportunities for further training and professional development played a part in the decision to resign 70% of the time. As with compensation, the participants did not feel as though lack of training opportunities or the quality of training was the primary reason for leaving, but this issue did impact the decision to resign. This theme is placed in stages one and two of the expectancy theory. Stage one says that positive effort provides motivation, and stage two that positive performance creates a desired reward (Mitchell, 1974). The employees believe they are trying hard and performing well but need additional training to reach the ultimate level of expectation. Lack of training and development often leads to lower motivation, leading to burnout and resignation (Johnson et al., 2018).

According to the participants, advancement opportunities played a role in the decision to resign from Helping Hands Healthcare 40% of the time. Similar to the prior themes of training and compensation, this is not a primary reason for resignation. Often, younger generations seek quick upward movement, which is critical for the behavioral health field to consider (Kadis, 2001). In summary, if the behavioral health technicians felt the organization had a competitive compensation model, met the expectations and

needs of the employee with in-depth training, and invested in the advancement of the employee's career, turnover would drastically decrease (Wellbeing Strategies, 2019).

*Research sub-question 5.* How was the employee feeling at the time of resignation? The participants felt excited or highly excited about leaving their position as behavioral health technicians within Helping Hands Healthcare 70% of the time. Two participants mentioned missing the patients and the personal satisfaction of helping those individuals in the recovery process.

### *Discussion*

The researcher used pattern matching to look for themes within the questionnaire and interview data from participants in each case. The researcher has described and discussed these patterns in detail. Figure 4.1 shows the overall themes gathered from the data in graphic form. The words included in the graphic each represent reasons for turnover among behavioral health technicians at Helping Hands Healthcare. There is a direct correlation between the size of the word in Figure 4.1 and the frequency of the term or theme in the study data.

The most frequently noted theme in the data and, therefore, in the largest print in Figure 4.1 is leaders. The researcher has concluded that the leaders at Helping Hands Healthcare are the key to reducing the turnover among behavioral health technicians. The leaders drive many aspects noted in the data, such as culture, connections, recognition, engagement, and training opportunities (Fullan, 2008). Cleaver (2013) believed that leaders are not focused on the employee but other areas such as quality, outcomes, and financials. The current study's findings support this thought that leaders are distracted and

not focused on the employees to provide an engaging and motivating workplace. In addition, Krell (2012) discusses leaders hire people to fill a void supported by the data in this study. If the leaders spent more time on the hiring process, there would be more of a natural connection between the leader and the employee. Finally, Lewis-Stoner (2019) discussed leaders need to invest in the future of their employees. The data support this sentiment that if leaders showed an interest in helping the employees succeed in the future, they would feel motivation, recognition, growth, and development opportunities, causing them to stay employed at Helping Hands Healthcare.



*Figure 4.1.* Reasons for resignation at Helping Hands Healthcare.

The current study's data is noticeably clear in that the culture of Helping Hands Healthcare needs to change to be more positive within many of the local sites. This positive culture change would bring an immediate reduction to the turnover the company

is facing. As seen in the literature, Andrew McIlvaine (2019) proposes that corporate culture may not matter as much as the team's leaders. The personality of the leader and how they lead sets the tone for the employees. This local leader may be more impactful on the employees' engagement than the culture and core values from the executive level (Kotter, 2012). The data in this study support this sentiment. The leaders in the local hospitals can set the culture for the employees (Fullan, 2008). In the current study, all participants who felt the culture needed to be more positive also felt disconnected from their leadership.

In the study, 60% of participants reflected that while compensation played a part in their decision to resign, it was not the primary reason. This is contrary to many prior studies and general thoughts of leaders that compensation is a significant driver of turnover. Ben-Dror (1994) conducted a study on turnover in the mental health field, and the results showed that compensation was a leading factor for employees resigning. In addition, Munasinghe (2000) conducted a study in a community mental health hospital offering lower-wage earners were more likely to leave their job due to compensation concerns than higher-wage earners. While the current study did not compare low-wage earners and high-wage earners, it is essential to note that the present study did not see compensation as a leading factor for turnover.

Another area of importance from the current study is that only 40% of participants felt burnout was a part of their decision to resign their position. There is a more significant amount of prior research explicitly looking at behavioral health technicians' burnout as a reason for turnover versus the other areas. Novack and Dixon (2019) found that the behavioral health field had a higher level of turnover due to burnout versus other

healthcare areas. Andreula (2013) states that types of caregivers such as behavioral health technicians are more likely to suffer from burnout due to the kind of care they provide and would therefore leave their position. The current study supports this prior literature in that burnout is a reason for turnover. Still, the data does not show that burnout is the main reason for turnover among behavioral health technicians at Helping Hands Healthcare.

Finally, the researcher identified the organization's training and development opportunities as a significant reason for turnover. The data reflects that 70% of the participants did not feel they received enough training to do their job well. This data supports the Helping Hands organization's need to dedicate additional time and resources for the employees to receive additional training upon hire and ongoing. While it is an expense to add training and development to an organization, the data shows Helping Hands Healthcare would benefit from this investment. The researcher also believes that the expense associated with added training would be less than the financial impact of the organization's current amount of turnover. Lack of training and development was not the main reason for turnover, although the participants felt it is heavily impactful in deciding to resign.

The current study supported much of the previous research regarding turnover in general. While there was no prior research on this exact topic or with this actual participant group, the study identified new information for Helping Hands Healthcare. The general themes in the data and the fact that there are multiple reasons for turnover within this organization were consistent with prior generic research. The data also showed the primary reasons for turnover vary from location to location. It is not surprising that leadership and culture were identified as the main areas of concern as both

areas directly impact, positively and negatively, on many other areas that are considered reasons for turnover.

The study identified three potential areas of improvement. The first would be to utilize all locations within the organization. The second area for possible improvement would be to increase the participant pool and gain additional interviews, providing more data. Third, future research may look at behavioral health technicians and licensed medical professionals within the exact location. Future studies will possibly analyze the reasons for turnover among these two groups to identify similarities or differences. This process would provide yet another layer of data for the leadership to review and consider as they move forward with plans to make changes, resulting in a decreased turnover.

### *Implications of Findings*

This study provided several implications for the Executive leadership of Helping Hands Healthcare, the local leaders of each hospital, and the employees within the workplace. These implications are listed below and categorized by the type of position. Following the listing of implications, the researcher discusses the implications and provides recommendations for Helping Hands Healthcare leaders to address the implications. As any change management should begin from the top down, the first implications, listed below are for the Executive leaders.

1. The data dictates a need for the culture of the organization to become more positive. The employees expect a positive work environment, as seen through Vroom's expectancy theory, and the employees will resign from a position if their expectations are not met (Mitchell, 1974). The Executive team or leaders must be the drivers of the culture in the organization, determining the organizational goals and core values, which has a direct impact on the positivity of the culture for the employees (Fullan, 2008). A positive and influential culture is beneficial in making expectations clear to employees (Barajas, 2014).



2. The Executive team needs to model the values established (Kotter, 2012), set expectations for local hospitals' leaders regarding demonstration of the goals and values to be used in changing the culture, and establish a process for these expectations to be monitored, holding the local leaders accountable (Northouse, 2019).
3. Given the current study's findings, the Executive team should consider increasing the amount of and depth of training and development for the employees upon hire and ongoing throughout employment (Vanover, 2017). It is critical to establish a renewed dedication to training at all levels (Bukach et al., 2017).
4. The Executive team needs to continually monitor employee and patient satisfaction to ensure local leaders meet the new goals and values that the executive team developed. The researcher established that employee satisfaction has a direct impact on patient satisfaction (Wells, 2018).

Local leaders or middle management often have the hardest job of implementing change directed by the leaders above whether they agree with it or not. This study showed where this group of local leaders were not engaging and connecting with their employees. The data also showed the leaders were not providing a positive culture in some cases. The following are implications for the local leaders based off the data in the current study.

1. As a result of the study findings, the leaders in the local hospitals need to model the values and expectations set by the Executive Team for the culture to move in a positive direction (Vanover, 2017). Andrew McIlvaine (2019) proposes that the team leaders may be more impactful than the corporate culture. This is an indicator of the potential direct impact the leader has on turnover.
2. As seen in participant findings, these leaders must communicate clearly with all employees in their respective hospitals and establish a connection with them (Vanover, 2017). As seen through the expectancy theory (Vroom, 1964), the findings are clear that employees expect to connect with their leaders if they are going to stay engaged in their position.
3. The local leaders need to hear the voice of the employees and address concerns brought by the employees as this is an expectation that the participants clearly stated has a direct impact on their resignation (Vanover, 2017). This and other expectations directly correlate to turnover within the

behavioral health technicians, as seen through Vroom's expectancy theory (Vroom, 1964).

This study was completed to understand why employees are leaving their positions as Behavioral Health Technicians. The implications of the study show the need for a change management plan and employees have a part in that plan along with the leadership of the organization. The following points explain the implications for the employees.

1. To create a positive culture, the employee must communicate clearly with the leaders regarding situations, concerns, and circumstances. The leaders cannot know everything that is going on if there is not clear communication.
2. The behavioral health technicians also need to speak up if they feel they need additional training or development. Not all training is return demonstration, so the trainer may not be aware of the employee needs extra help without the employee saying something. If the leader or trainer does not provide additional training, the employee should notify the leader above the trainer.
3. To maintain a positive culture and connections with the leadership team, the employee must own their issues and address mistakes and concerns with the leadership team.

Each of these specific implications is discussed and tied to themes in the study in the following sections. In addition, the research drew connections to the theoretical frameworks used to analyze the findings in this study. Finally, the researcher makes recommendations to address each implication.

The company's executive leadership has an obligation to establish the values that create the organization's culture (Watanabe-Galloway et al., 2020). As the data shows the need for a culture change or a more positive culture as the leading cause of turnover, this implication is most critical. This leadership team must act upon the need for a culture change for the entire organization to establish consistency across all locations. If the executive team leaves this effort up to the individual leaders in each hospital, the local

leaders of the organization will not unite the employees, and the turnover will remain the same or grow (Clark, 2018). The Executive leadership team must live these values and set expectations for the local leaders as it is not enough to establish the values for the culture. The executive team must enforce their expectations as the local leaders' accountability is pivotal to the organization's success related to decreasing turnover (McIlvaine, 2019). Recommendations to the executive leadership team to address these implications include establishing communication of set expectations for the local leaders. These expectations should be communicated verbally and in writing. The local leaders should be required to provide feedback through verbal and written means as to how they are implementing and living these values and setting the culture in the hospital. This demonstration helps the executive leaders evaluate the expectations of the local leaders. Another recommendation from the researcher is to have a frequent and consistent presence in the local hospitals to ensure that local leaders consistently meet values and expectations.

The subsequent implication from the study for the executive leaders is the lack of training and development opportunities. The data clearly states employees do not feel they are receiving adequate training and development. Through the lens of the expectancy theory, employees expect to feel adequately trained and equipped to provide care to the patients. This theoretical framework explains that an employee resigns from their position and find another position they feel qualified to do. Since the quality and quantity of training directly correlate to decreasing turnover (Kadis, 2001), the researcher recommends that the executive leaders invest in a learning management system. These learning platforms provide the content and track what training each employee has taken

and needs to take for their particular position. The researcher also recommended lengthening the amount of on the job training a behavioral health technician receives upon hire and annually. Ultimately, the training model would strengthen and lengthen the training and development offerings currently utilized.

Finally, it is critical for the executive team to monitor the satisfaction of both patients and employees continually. Wells (2018) states that employee satisfaction has a direct impact on patient satisfaction. Utilizing the expectancy theory, the behavioral health technicians expect to have consistent and steady work, which higher volumes provide. In addition, to decreasing turnover, higher patient satisfaction helps increase the bottom line for the organization, which helps to create a more positive culture in the workplace for the employees. The researcher recommends engaging employees quarterly regarding satisfaction. Leadership should continue to administer a complete survey annually. Leaders should have the expectation to check in with their employees more frequently, just verbally, to assess the feelings and satisfaction on an ongoing basis. The patient should continue to be given a survey at the end of each visit.

The executive leadership team need to instill the established core values in the local leaders. (Watanabe-Galloway et al., 2020). This is difficult for many leaders as a natural instinct is to lead to your expectations, which are not always congruent with those of the executive leadership team. Local leaders may also feel that the executive leadership does not understand what is going on in a hospital on a daily basis, therefore straying away from the set culture.

Another implication from the study's findings was to ensure open communication is constantly happening between all employees. The expectancy theoretical framework

shows that employees expect to know what is going on in their workplace (Tellez, 2014). Employees also expect to know and understand the expectations that leaders have of them. Communication is key to meeting these expectations of the employees (Ingram, n.d.). The hospital setting is typically not conducive to this communication and connection level as employees are working twenty-four hours a day and seven days a week. Open communication and feedback between the leader and employee increase employee engagement levels (Colletta, 2019). Given this situation, local leaders must work even harder to engage with and communicate with their employees. According to Gallup Report (2013), across industries, 70% of workers are disengaged in their workplace, and the main culprit is lack of communication. These leaders must work to improve employee engagement to decrease turnover.

This leads to the local leaders' last implication, which is to engage the employees by listening to and acknowledging their needs. As Vroom's expectancy theory shows, employees expect to be heard and have the opportunity to share their thoughts, needs, ideas, and desires within the workplace (Mitchell & Beach, 1975). Survey data from this study shows that some participants did resign due to feeling as though they did not have a voice within their workplace.

Recommendations for this group of local leaders include being out on the patient floor with the employees as much as possible. In addition, include the employees in the decision-making process by asking their opinions and letting them share their thoughts and experiences. Let the employee know that their ideas are valued and taken into consideration. These actions help create a positive culture for the employees, leading to

employee satisfaction, leading to positive patient satisfaction (Knight et al., 2013; Wells, 2018).

Another recommendation is to have open communication with and funnel information to the executive leadership team (Colletta, 2019). As this team sets the tone for the culture and establishes the core values, the local leaders should let them know what is going on in the local hospitals. The executive team needs to be aware of employee satisfaction, patient satisfaction, and other thoughts and ideas. The importance of this communication is critical in the executive team knowing if their plan is working (Ingram, n.d.). Just as local leaders need to hear feedback from frontline employees, the executive leadership team needs to hear from the local hospitals. Looking through the lens of the unfolding theory, this communication helps the executive team stage the company in a place that will help avoid putting employees in the phase of their career to move on (Tellez, 2014).

The implications for the behavioral health technicians or employees were all based on the steps of Vroom's expectancy theory. The first step is the belief that positive effort and performance provide motivation. The second step is that positive performance creates the desired reward. Third, the reward satisfies the needs of the individual. Fourth, the individual finds an ultimate desire to fulfill the demand (Vroom, 1964). This study shows that most participants believe they are displaying positive effort, but they are not constantly receiving positive motivation from their leaders. The participants require clear communication and feedback from their leaders (Colletta, 2019). Secondly, participants feel they are performing well and should be rewarded, but these participants are not receiving these rewards from leaders. The behavioral health technicians need to feel

comfortable going to their leaders and letting their thoughts, needs, and desires be known. The leaders need to create a work environment conducive to the employees sharing their ideas with the managers. Organizational leaders cannot implement changes if the behavioral health technicians do not share the needs and desires.

Another implication is that employees must own their mistakes if they are actual mistakes. The data in this study showed that participants might be quick to shift blame for a situation on lack of training, a co-worker, or a leader instead of taking ownership of the mistake. In addition, the employees need to connect with others on the team to help build a unified team environment that will lead to a positive culture and the endeavors of the various levels of leadership.

The first recommendation for the employee group includes asking for meetings with their supervisor or leader when needed. This action by the employees allows for open communication and thoughts to be shared (Colletta, 2019). Second, the employees may put suggestions or ideas in the suggestion box for the leadership to consider. Lastly, the frontline employees need to utilize the channels that have been put in place to ask for help. If it is additional training or development, extra supplies, or guidance, there are quality processes in place to ask for help. Employees must communicate their expectations to the leadership team if expectations are to be achieved by the leaders. While many of these requests such as additional training are costly, it is less expensive than the continued turnover (Bukach et al., 2017). The behavioral health technicians need to accept their responsibility to seek support from their leadership team.

### *Summary and Conclusion*

Turnover among behavioral health technicians at Helping Hands Healthcare has hovered well above the national average of 30 to 40% (Lewis-Stoner, 2019). Behavioral health in rural communities across the nation has reached as high as 90% (Jobs to Careers, 2013). This turnover comes with high costs and significantly impacts the patient experience (Rosenberger, 2019). Turnover is controllable if the organization can identify the root cause of the turnover and make the proper adjustments to change the trend. Prior research has proven that if the company and leaders do not meet an employee's expectations, the employee will most likely leave the organization (Mitchell & Beach, 1975). Therefore, it is imperative that the leadership team learn the expectations of the employees and address them.

Most leadership teams struggle with addressing turnover. The key stakeholders and leadership team want the turnover and financial impact to decrease, but they are not always willing to dedicate the resources to ensure this happens. One opportunity to help reduce turnover is offering additional training, which is a costly endeavor (Bukach et al., 2017). Turnover will potentially affect the service and quality of care that employees provide the patients, which costs the organization money as patients may choose to go to a competitor (Knight et al., 2013). The high cost of turnover helps the key stakeholders realized the importance of identifying the reasons for turnover. Wells (2018) states that to decrease turnover, behavioral healthcare organizations need to change their focus to employee engagement, satisfaction, and, most importantly, listen to employee feedback. The researcher has discussed each of these issues in detail in the current study. There is no prior research for this specific organization and minimal research on turnover among behavioral health technicians in general (Paris & Hoge, 2010). Previous research focuses



on community healthcare facilities or non-profit organizations, whereas Helping Hands Healthcare is a for-profit entity. In addition, most of the prior research looks at one potential reason for turnover versus the leading cause for turnover within a particular position in a specific organization. The researcher conducted this multi-case study due to this lack of previous research and the significance of Helping Hands Healthcare's problem with turnover rates.

This study utilized the qualitative multiple case study design described by Creswell and Creswell (2018). Helping Hands Healthcare's physical locations were divided into physical regions, and each represented a case study (Patton, 2015). The researcher then randomly selected two participants for each case. The researcher collected data through a questionnaire developed by the researcher and semi-structured interviews (Stake, 2006). The participants who were willing to participate engaged in these one-on-one interviews with the researcher. Utilizing the data analysis spiral (Creswell, 2018), the researcher funneled the data collected to account for and describe the findings. In addition, the researcher viewed the data through the lens of Vroom's expectancy theory as described by Mitchell and Beach (1975). This theory explains how an employee believes that positive effort provides motivation, that positive performance creates the desired reward, and the reward satisfies an individual's needs. The researcher also used the unfolding theory lens (Tellez, 2014), which shows paths employees may take leading to resignation and turnover. The study's key findings include leadership causing a negative culture as the primary reason for turnover among behavioral health technicians within Helping Hands Healthcare. The other high-ranking reasons for turnover include lack of connection with the team, lack of training upon hire and

throughout employment, compensation, and finally, burnout. All these factors are expectations that an employee has for their position. To work in a positive culture, connect with coworkers, be adequately trained, and have fair compensation. The theoretical framework of the expectancy theory supports each of these causes, for employees to not have what they expected in their position and therefore move onto another organization.

Given the findings of this study, the executive team of Helping Hands Healthcare should review the state of the local leaders' current culture and expectations. The executive team should also establish company goals regarding culture and the expectations of the leaders in local hospitals (Rosenberger, 2019). A change management plan of action would then be necessary to establish a new culture with different leadership expectations. The plan of action should include a renewed dedication to training and development (Bukach et al., 2017). This effort would consist of technical skills as well as soft skills and management or leadership training. The researcher recommended a new model for maintaining an up-to-date and competitive compensation model and salary structure. While pay was not the primary reason for turnover in this study, compensation directly affects turnover (Bukach et al., 2017). The organization may also look at options of rotating employees through various units or areas to curtail some of the burnout that is taking place as stress and fatigue impact turnover (Beidas et al., 2015). Finally, Executive leaders should observe and frequently review local leaders to ensure the leaders adequately meet the expectations set by the Executive team. Continuous feedback from the employees and open communication would help ensure the steps put in place are garnering success (Rosenberger, 2019).

In the next chapter, the researcher takes the previously mentioned findings and summations and formulate them into an executive summary for the key stakeholders at Helping Hands Healthcare. The researcher defines the current study's findings in detail with clear expectations and suggestions needed to change the environment in the future, creating an impactful reduction in turnover. These steps and actions apply to Helping Hands Healthcare but can be carried over into other organizations and industries struggling with turnover among frontline employees and low-wage earners. Putting these steps in place help to change the trajectory of turnover in behavioral healthcare.

## CHAPTER FIVE

### Distribution of Findings

#### *Executive Summary*

At Helping Hands Healthcare, turnover rates have historically trended at a higher rate in entry-level positions over other clinical positions. Much thought and analysis have gone into the reasons for this turnover, including various attempts at gathering data through exit surveys. Literature supports this issue and shows that turnover has increased significantly in recent years. According to the US Bureau of Labor Statistics, turnover across all industries has almost doubled in the last 16 years and was on track to hit 40 million resignations in 2018. Nationally, in rural communities, behavioral health turnover has reached as high as 90% annually (Jobs to Careers, 2013). Turnover is costly for healthcare, whose funding and general revenue lack the same exponential growth as some other industries. One study stated turnover costs more than five percent of the organization's total operating budget (Waldman et al., 2004).

The literature shows various reasons for turnover, such as lack of recognition, needed culture changes (Clark, 2018), compensation (Occupational Outlook Handbook, 2018), burnout (Hastings et al., 2004), and training opportunities (Kadis, 2001). However, the literature is limited in explicitly looking at for-profit behavioral health organizations (Paris & Hoge, 2010). The purpose of this multi-case study was to fill the gap in the literature for analyzing turnover within for-profit behavioral healthcare. Data analysis helps explain the prioritization of turnover rates among this specific population

while maintaining the best quality patient care and maintaining financial goals for Helping Hands Healthcare.

### *Overview of Data Collection and Analysis Procedures*

The researcher utilized a qualitative multi-case research design (Creswell & Creswell, 2018) to allow for accurate data analysis as Helping Hands Healthcare has locations in various states and regions. The regions were split into cases to account for market differences (Patton, 2015). Data were collected from 10 participants, representing the multiple cases in the study. The researcher developed a questionnaire for the participants to complete, and some of the participants voluntarily participated in a semi-structured interview to garner additional specific information (Stake, 2006). Vroom's expectancy theory (Vroom, 1965) and the unfolding theory (Tellez, 2014) were utilized as theoretical frameworks to formulate the data's themes. The expectancy theory speaks to the expectations an employee may have for their position and career (Mitchell, 1974). The unfolding theory is an essential theoretical framework as it helps to unfold underlying issues and circumstances that may lead to a resignation (Tellez, 2014). This framework allowed the researcher to identify the primary reason for resignation, not just encapsulating the reasons into a generic category.

The data was analyzed using the data analysis spiral (Creswell & Poth, 2018) and the triangulation method. The triangulation method includes taking multiple sources of data and merging them to create a recommended outcome. The data analysis spiral is a process of narrowing down the data to form a centralized point or result.

The data analysis led to the key findings that the primary reasons for turnover in each case varied slightly. There was cohesiveness among the participants' reasons for

turnover; different cases showed them in various orders. Looking through the lens of Vroom's expectancy theory (Vroom, 1964), almost all participants had some level of job expectation that the organization did not meet. For some, there was a lack of training (Kadis, 2001) and motivation (Kappel, 2017), and for other participants, there was a lack of engagement (Forbes, 2019) or being asked for feedback. Some believe that engagement is the core reason for turnover (Sanborn, 2017a). The lens of the unfolding theory showed that some participants made a job change due to family needs, but most did not let this impact their decision (Tellez, 2014). The researcher found it noteworthy that while participants did not rank family members' situations and needs as a primary reason for turnover, as seen through the cognitive pathways in the unfolding theory, family members were highly impactful when participants decided to participate in the semi-structured interview.

The current study's findings showed most participants were excited about leaving their position, as seen through pathway one of the unfolding theory (Tellez, 2014). Almost all stated that they had been looking for a new position when they resigned. In contradiction to prior research, few participants indicated that pay (Bukach et al., 2017), benefits (Li, 2011), or total compensation were a primary reason for their resignation. The following section provides a detailed summary of the key findings among all cases in the study.

### *Summary of Key Findings*

This study highlighted several factors that strongly impact the turnover among Behavioral Health technicians at Helping Hands Healthcare. The first and most prominent finding is that behavioral health technicians lack the motivation to do their

jobs, which creates a perception of a negative culture for these employees (Clark, 2018). Almost every participant mentioned a lack of connection with the hospital leaders and did not feel valued in their position. Participant B stated, “The leadership does not respect people, and they are closed-minded. I had a voice, but the leadership would not allow me to be heard.” This feeling of lack of engagement, motivation, and leadership was the most common theme in the study (Sanborn, 2017a).

Another key finding was that while over half of the participants felt that pay, benefits, and total compensation played a role in their decision to leave employment at Helping Hands Healthcare, it was not the primary reason for resignation (Bukach et al., 2017 and Li, 2011). For some, the financial burden was the lack of an accurate schedule (Kappel, 2017) and the flexing of hours. In frustration of being flexed off from their shift, Participant D stated, “I could not make a plan or budget on my income.” While Helping Hands Healthcare does not always have control over their volume of patients, the employees are still looking to balance a steady income.

In addition to compensation and benefits, burnout was an area that prior literature gave as a key reason for turnover in the behavioral health field (Kadis, 2001). The current study did not fully support this premise of burnout being a primary factor of turnover. Of the participant group in the present study, only 40% rated burnout as a piece of their decision to resign. The researcher did note that the length of service for this participant group is not exceptionally long. This shorter average length of service could have impacted the level of burnout versus those that have been in their position much longer.

The fourth key finding in the study was that 70% of the participants acknowledged the lack of training received upon hire and on an ongoing basis played a

significant role in their decision to resign (Kadis, 2001). The employees did not feel as though they knew what to expect or how to handle the types of patients presented to the technicians for care. The data showed the behavioral health technician's frustration with the lack of communication regarding patients, their diagnosis, and status between shifts. The participants also stated that leaders had not trained them properly to work with and care for all patients.

Finally, the participants spoke of frustration regarding the leaders showing favoritism. Participant D shared that behavioral health technicians are not treated fairly and explains, “some MHTs get all the high acuity patients and incontinent patients with little to no training and other MHTs get all the easy patients and do nothing. It is all according to who you know and who your friends are.” This sentiment was seen throughout the data collection process and plays an active role in resignation among this group.

While there were many other findings in the current study, those reviewed by the researcher are the most prominent, impactful, and potentially avoidable should the leadership team chose to address them. The following section provides various recommendations for achieving the goal of making changes based on the key findings. While the recommendations may not be all-inclusive, as they are from the researcher's perspective, they are a starting place for the leadership team as they make plans to move forward.

### *Informed Recommendations*

The first recommendation for the executive leadership team to consider is to establish set goals and expectations for the local leaders regarding their interaction with



the behavioral health technicians. Set the expectation for the hospital leader to be on the Patient floor with the technicians at least twice per shift. Also, the Executive team may want to mandate a handoff meeting between shifts to include the behavioral health technicians. This open communication would help the technicians feel more aware of the patient's status and diagnosis that they will be caring for during their shift, helping to create a more positive culture (Clark, 2018). As part of this process, the Executive leadership team needs to include ideas for the local leaders' accountability to ensure the leaders are meeting expectations.

Second, the researcher recommends the organization conduct a salary survey to ensure equitable pay ranges are in effect for all positions (Bukach et al., 2017). In addition, the organization may evaluate an electronic scheduling system (Sanborn, 2017a). This process allows all employees to have equal access to pick up extra hours, and the system will ensure that flexing of hours is distributed evenly and equally among all staff members. This action reduces the perception of favoritism among the local leadership and technicians as some feel they are flexed off more frequently than others due to the leadership playing favorites (Clark, 2018). In addition, the scheduling system helps leaders know where the staffing gaps exist so they can be corrected in a timely manner, thus creating a more positive culture (Rosenberger, 2019).

The following recommendation regarding the findings surrounding burnout (Morse et al., 2012) would be to explore rotating behavioral health technicians among units for the hospitals with various age groups on different units. This action could help to break up the monotony of caring for the same patients every day. The researcher also recommends giving the technicians a break periodically for continuing education and

training (Kadis, 2001). The employees should benefit from having a break from the same routine day after day. They also may feel the organization has a vested interest in them as they support growth opportunities.

As previously mentioned, training opportunities are incredibly impactful (Kadis, 2001) to ensure employees understand how to do their job and are prepared to advance to a higher level within the organization. The researcher recommends the executive leadership form a committee to revise the orientation training upon hire and ensure the trainer meets all training needs. In addition, the researcher recommends a follow-up meeting with the new hire after training to ask questions or express concerns. An ongoing formal training plan should also be put in place by Helping Hands Healthcare's Executive leadership. The plan would include technical and clinical training quarterly, management training programs, and other potential development areas. Table 5.1 and Table 5.2 are example models for management and soft skills training.

The following recommendation concerns favoritism in the workplace. Prior suggestions such as electronic systems and better communication will help favoritism to subside. The researcher also recommends that the organization review policies and procedures regarding nepotism and family members and friends hired at the same hospital. A final recommendation is to train all local leaders to motivate, engage their staff members, communicate with, and lead their employees. Leaders will treat employees more fairly with a better understanding of how to accomplish these goals.

Table 5.1

*Targets and Strategies for Organizations Regarding Future Training and Intervention as Adapted for the Current Study*

Target	Strategy
Reduce employee work overload	Create organizational/unit goals and priorities Collaborative efforts with supervisor and employee goal setting
Reduce role ambiguity	Develop clear and accurate job descriptions and provide an appropriate and necessary training

Table 5.2

*Targets and Strategies for Individual Employees Regarding Future Training and Intervention as Adapted for the Current Study*

Target	Strategy (Training)
Increase positive stress coping skills	Various cognitive-behavioral stress reduction and coping skills
Increase social support	Teach social support skills, especially toward co-workers and supervisors
Increase internal sense of reward and satisfaction	Training to recognize and celebrate recovery, consumer strengths and to appreciate small steps in progress
Increase a sense of gratitude in work and life	Teach gratitude perspective and skills
Increase sense of meaning/purpose in work	Appreciate inquiry and narrative exercises
Increase awareness and reduce numbing	Teach mindfulness
Reduce role conflict	Provide regular, collaborative, and quality supervision
Increase external rewards	Express gratitude and provide competitive compensation
Increase employee involvement in relevant decision making and problem solving	Collaborative team meetings
Increase employee autonomy	Decentralize decision making
Create shared values and positive work	Develop interlocking individual and team mission and value statements
Culture and sense of community that supports employee wellness	Administrative policies

### *Findings Distribution Proposal*

The intended group for this proposal is the Executive leadership team at Helping Hands Healthcare, along with top leaders from other behavioral health systems that experience the same high levels of turnover and have the desire to change these numbers. The cultural changes that need to happen within Helping Hands Healthcare to reduce the turnover must come from the top down (Watanabe-Galloway et al., 2020). Therefore, it would not be beneficial for only mid-level managers to see these findings. The mid-level managers may institute change to help curve the high turnover (McIlvaine, 2019). Still, if the Executive level does not buy-in and show support, success cannot be realized by employees or managers. Mid-level leaders can do many impactful things, but the action of changing an entire organization's culture demands consistency across multiple locations and all leaders being held accountable. Executives must initiate changes at the top levels (Fullan, 2008; Kotter, 2012).

As stated in the introduction of this study, turnover among behavioral health technicians and front-line staff members in the behavioral health field is exceptionally costly (Waldman et al., 2004). The need for increased numbers of patient beds is growing exponentially (Ollove, 2016). Therefore, the need to hire, engage and retain these front-line caretakers is critical in evaluating the need to care for these patients on an ongoing basis. Due to these reasons, the Executive leaders at other behavioral health organizations and Helping Hands Healthcare must be informed of the study findings. The researcher intended for the study results to impact changes in the behavioral health field, and help managers utilize different leadership practices to engage all behavioral health technicians.

### *Proposal Distribution Method and Venue*

The researcher anticipates distributing the findings of this study via two methods. The first is that of a professional presentation for the key stakeholders. As the study utilized specific data from Helping Hands Healthcare, it is imperative that the key stakeholders at this organization have the data and findings presented to them in a formal meeting. The meeting's first goal will be to explain the study design, methodology, and conclusions of the research data. The second goal will be to discuss how these findings impact Helping Hands Healthcare and how the key stakeholders want to know the results. The third goal will be to discuss how these results and changes in Helping Hands Healthcare's culture impact the relationship with competitors in the industry. The researcher anticipates that the meeting will take place in the Boardroom at Helping Hands Healthcare and will last approximately an hour. The conference format will include the researcher utilizing a PowerPoint presentation to share the study's findings and recommendations. The presentation will be followed by an opportunity for questions and answers by the key stakeholders and ending with a general discussion among the key stakeholders regarding the next steps and potential changes to the organization based on the research findings.

In addition to the presentation to the key stakeholders, the researcher anticipates presenting this study and its findings at a future American Society of Healthcare Human Resources Administration (ASHHRA) Conference and Exposition. ASHHRA is an annual national conference for all areas of Healthcare Human Resources professionals. The meeting is three days with various keynote speakers, exposition hall, and learning tracks, utilizing small session presentations that apply to multiple leadership or interest stages. The ASHHRA organization will open a call for content nine months before the

conference. Proposals to present are due approximately six months before the conference. Once selected, the presenter will be required to submit a presentation outline three months before the meeting and a final presentation one month before the presentation date. Presenters can utilize PowerPoint, although this is not required. For this study's purposes, the researcher would use the same PowerPoint content to present to the key stakeholders at Helping Hands Healthcare. The worldwide pandemic of COVID-19 caused leaders to cancel the 2020 conference and postpone the 2021 conference to April 26–27, 2021. Although conference planners have not released dates for the 2022 conference, the researcher will apply to present the study findings in 2022. The presentation sessions are approximately 40 to 45 minutes in length, and often case studies are shared from a particular organization. Attendees will take the results back and apply them to their respective organizations and apply the principles learned. Having attended this conference many times, the researcher feels that this channel is the best way to share this study and the findings with other applicable organizations.

### *Distribution Materials*

The distribution materials for this problem of practice dissertation will include two poster presentations that will be used as a visual aid when presenting the study. These posters each visually represent parts of the study, such as the theoretical framework, the participant sampling, and the need for the study. In addition, the researcher will build a PowerPoint deck that will be used during the actual presentation to the key stakeholders and at the ASHHRA conference. The slide deck will contain visuals, including graphs and modeling to support the data the researcher is verbally communicating.

The researcher will explain the research design, methodology used for the study, and the theoretical framework utilized during the presentations. In addition, the researcher will provide an explanation of the participant sampling, and the researcher will discuss the theory behind the various cases. Finally, the data will be presented, followed by specific implications and recommendations for the organization. The researcher anticipates this will drive the impact of the study as leaders hear the findings, the reasons for turnover among behavioral health technicians, encouraging these leaders to make changes in their own organizations to help decrease turnover in the future in the behavioral health arena along with other areas of healthcare.

### *Conclusion*

This Problem of Practice documented the challenges and opportunities Helping Hands Healthcare faces as it relates to the turnover of behavioral health technicians. Turnover is a significant issue from a financial, patient satisfaction, and patient care perspective. The participants in the study identified and prioritized the areas of change needed to help decrease future turnover. The findings included a more positive culture, better connection with the leaders, and additional motivation and engagement from the leadership. These ideas along with others, had been found in prior research, conducted in other industries and areas of healthcare. Given the findings and recommendations in this study, the Executive leaders of Helping Hands Healthcare have the knowledge base to implement the needed change to create a substantial and lasting impact on the high turnover rates in this organization.

## APPENDICES



## APPENDIX A

### Participant Questionnaire

1. Do you feel motivated to do your job?
2. Do you feel recognized while doing your job?
3. Is the culture (atmosphere) in which you worked a positive one?
4. Would you leave your position due to a situation at home?
5. Are you excited about leaving your position?
6. Do you feel you received adequate training to do your job?
7. Were advancement opportunities a consideration for leaving your position?
8. Have you thought about leaving your position due to feeling burnout?
9. Do you feel a connection with leaders in your hospital?
10. Were you looking for a new job?
11. Would you recommend friends and family to work in this position?
12. Were you ever asked for your thoughts on your workplace?
13. Does the culture need to change in your Hospital?
14. Did you feel motivation from your leaders?
15. Did rate of pay impact your decision to resign?
16. Did training to do your job impact your decision to resign?
17. Did a personal situation impact your decision to resign?
18. Are you happy about your resignation?
19. Did the benefits have an impact on your decision to resign from your position?

20. Will you miss this position?
21. Do you feel connected to co-workers of different ages?
22. Do you know how to relate to peers of different ages?
23. Does your family have an impact on your resignation?
24. What Helping Hands Healthcare location did you work at?
25. Where do you currently live?
26. What is your gender?

## APPENDIX B

### Interview Protocol

Date/Time of Interview: \_\_\_\_\_

Location of Interview: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Interviewee: \_\_\_\_\_

1. What is the number one or biggest reason that you are leaving your position as a behavioral health technician?
  
2. What desired change do you have for the hospital you worked in?
  
3. If you could change anything about the hospital, what would it be?
  
4. Please finish this statement..... I would stay in this position if.....
  
5. Please tell me anything else about your work environment or experience at Helping Hands Healthcare that you feel would be beneficial for me to know.

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