

5-2021

EMPLOYEE TURNOVER: THE UNKNOWN EFFECTS ON CLIENT ENGAGEMENT AND OUTCOMES

Brenda Martinez

Peraza Peraza

Follow this and additional works at: <https://scholarworks.lib.csusb.edu/etd>



Part of the [Social Work Commons](#)

Recommended Citation

Martinez, Brenda and Peraza, Peraza, "EMPLOYEE TURNOVER: THE UNKNOWN EFFECTS ON CLIENT ENGAGEMENT AND OUTCOMES" (2021). *Electronic Theses, Projects, and Dissertations*. 1258.
<https://scholarworks.lib.csusb.edu/etd/1258>

This Project is brought to you for free and open access by the Office of Graduate Studies at CSUSB ScholarWorks. It has been accepted for inclusion in Electronic Theses, Projects, and Dissertations by an authorized administrator of CSUSB ScholarWorks. For more information, please contact scholarworks@csusb.edu.

EMPLOYEE TURNOVER: THE UNKNOWN EFFECTS ON CLIENT
ENGAGEMENT AND OUTCOMES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Brenda Martinez
Victor Peraza
May 2021

EMPLOYEE TURNOVER: THE UNKNOWN EFFECTS ON CLIENT
ENGAGEMENT AND OUTCOMES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

by
Brenda Martinez
Victor Peraza
May 2021

Approved by:

Laurie Smith, Faculty Supervisor, Social Work

Armando Barragán, M.S.W. Research Coordinator

© 2021 Brenda Martinez and Victor Peraza

ABSTRACT

Employee turnover in community-based mental health services is an important yet understudied topic in relation to client engagement and client progress with treatment goals. This study sought to investigate the relationship between an agency's rate of employee turnover, patient engagement, and patient progress with their treatment goals. This study sought to investigate the relationship between an agency's rate of employee turnover, patient engagement, and patient progress with their treatment goals. The study utilized a quantitative design using secondary data on employee turnover and client engagement and progress collected from a community mental health provider's database. A correlation analysis indicated whether there was no/small/moderate/strong and negative/positive relationship between the variable's employee retention, client engagement and client progress with treatment goals. Results indicated there was a strong significant relationship between client engagement and client progress with treatment. The study was unable to examine the relationship between turnover and client engagement and progress because the random sample did not capture turnover at the time of collection. This study brought attention to supplementing the needs of mental health workers to avoid turnover and support client engagement and the overall client treatment progress.

TABLE OF CONTENTS

ABSTRACT.....	iii
CHAPTER ONE: INTRODUCTION.....	1
Problem Formulation.....	1
Purpose of the Study.....	3
Significance of the Study for Social Work.....	4
CHAPTER TWO: LITERATURE REVIEW.....	6
Introduction.....	6
Employee Turnover and Its Ramifications in Community Mental Health	6
Burnout as a Major Factor of Turnover.....	6
Prevalence of Burnout and Turnover.....	7
Individual and Organizational Factors of Burnout.....	8
Interventions to Reduce Burnout and Turnover.....	11
Theories Guiding Conceptual Framework.....	12
Summary.....	13
CHAPTER THREE: METHODS	15
Introduction.....	15
Study Design.....	15
Sampling.....	17
Data Collection and Instruments.....	18

Procedures.....	19
Protection of Human Subjects.....	20
Data Analysis.....	21
Summary.....	21
CHAPTER FOUR: RESUTS.....	22
Introduction.....	22
Presentation of the Findings.....	22
Demographics.....	22
Correlation Among the Study's Variables.....	24
Summary.....	25
CHAPTER FIVE: DISCUSSION.....	25
Introduction.....	26
Discussion.....	26
Recommendations for Social Work Practice, Policy and Research.....	27
Limitations.....	29
Conclusion.....	30
APPENDIX A: PARTICIPATION IN RESEARCH STUDY REQUEST LETTER.....	32
APPENDIX B: INFORMED CONSENT.....	34
APPENDIX C: IRB APPROVAL LETTER.....	37
REFERENCES.....	39

LIST OF TABLES

Table 1. Sample Demographic Statistics	23
Table 2. Frequencies Related to Variables.....	24
Table 3. Correlation Among MHW Turnover, Client Engagement, and Progress with Treatment.....	25

CHAPTER ONE

INTRODUCTION

Problem Formulation

Following the deinstitutionalization of psychiatric patients in the 1960's, community-based mental health treatment (CBMH) has been a focal point for patients with varying mental health needs (Acker, 2011). Since then, mental health workers (MHW) have helped lower the cost of care with the rehabilitation and reintegration of patients with severe mental illness.

Mental health workers are faced with many challenges such as heavy caseloads of patients with severe and persistent mental illness, inadequate supervision, little experience in the field, and little evidence of patient progress (Hippel, Brener, Rose, & Von Hippel, 2019). Studies point out how such factors can contribute to burnout and lead to MHWs leaving the job (Mor Barak, Nissly & Levin, 2001). The ramifications that burnout and employee turnover create are seen in the micro and macro level.

Lack of consideration from administrators, emotional exhaustion, and role stress force workers to consider quitting their jobs (Acker, 2011). Morse, Salyers, Rollins, Monroe-DeVita & Pfahler (2012) found that across multiple studies of community clinics 21-67% of workers in the mental health field reported experiencing symptoms of burnout. As MHWs leave their jobs, administrators are forced to recruit and train new employees. These funds could be used toward

ongoing staff training on self-care, employee incentive programs, or more resources for client care (Flarity, Gentry and Mesnikoff, 2013).

As of 2017 an estimated 46.6 million adults are burdened with mental health issues (National Institute of Mental Health, 2017). One in five children and adolescents are predicted to experience a mental health disorder and one in ten will experience a serious emotional disturbance (Department of Health and Human Service, 2009). Given these statistics it is imperative that the community-based mental health system provide positive outcomes in order to maintain funding support from California voters. As the Mental Health Services Oversight and Accountability Committee (MHSOAC) and California Department of Mental Health (DMH) assess the efficacy of community-based services, it is critical that programs have a healthy and growing workforce that can improve the wellbeing of its community members (Berry et al., 2013).

Ironically, the same system that provides funding for community-based mental health services has also facilitated burnout and turnout among MHWs. Mental health workers are tasked with providing problem-oriented and goal-centered services while simultaneously maintaining a business-like orientation (Acker, 2011). Mental health workers are increasingly expected to utilize short-term treatment and provide good outcomes despite a patient's need for more long-term support. Administrative tasks such as documentation and paperwork, mental health notes, and keeping records of client contact cause a strain on workers who are forced to balance patient care and cost effectiveness

(Acker, 2011). These frustrations can quickly lead to burnout and deplete an essential workforce (Bowden et al., 2015; Green et al., 2014; Hippel et al., 2019).

Currently, some community-based agencies offer forms of social support for employees as a practice approach to prevent or reduce burnout. Support may include supervision, stress-management programs, and administrative training to increase competencies related to billing (Acker, 2011). However, these forms of social support are not widely practiced throughout managed care settings. Such interventions are considered costly especially among programs that are already limited on resources (Acker, 2011).

Purpose of the Study

The purpose of this research study was to determine the effects that turnover may have on engagement and treatment outcomes for clients receiving community-based mental health services. Research shows there is a startling rate of MHWs who leave the field. Current research regarding MHW retention and turnout concentrates on major factors like burnout and its effect on the MHW and mental health agencies. However, it is equally important to examine the effects that turnout may have on client engagement and their treatment outcomes.

This research study utilized a quantitative design. The study gained approval for access to the records of a non-profit community-based mental health agency and collected secondary data for the year 2018 through 2019. Secondary data included total number participants seen between 2018 through 2019,

whether the participants had a MHW who left the agency during treatment, the level of engagement the participant had during treatment, and the level of progress they made in their treatment goals. A correlation analysis test was used to determine if there was a significant relationship between variables employee retention, client engagement and client progress with treatment. Use of secondary data was an efficient and effective way to determine if employee retention was associated with client engagement in mental health services and client progress with treatment.

Given the current COVID-19 epidemic, all contact with participating agencies was made through telephone or email. This provided a safe method to collect data while allowing researchers to follow Centers for Disease Control regulations regarding social distancing. There was no need for participant interaction other than with the agency itself. There was also no requirement for providing personal identifiable information, providing little to no risk to participating agencies.

Significance of the Study for Social Work

The importance of this study is to bring awareness of the effect that turnout has on and the engagement and treatment of clients. Awareness of these affects could lead to changes from program administrators in the way they prevent and manage burnout within an organization. It is important to provide research that can guide the best practice on how to effectively address these

issues. Furthermore, an examination of the effects on patients could help mental health workers and administrators improve competencies related to NASW values such as service, competence, and importance of human relationship (National Association of Social Workers, 1999).

The findings from this study are set to have major implications for the field of social work at a micro and macro level. At the micro level, findings from this study could assist workers in understanding how behavior around self-care may affect interactions with clients and influence their ability to achieve treatment goals. At the macro level, community-based programs could make structural changes regarding the support employers offer to workers and improve the overall efficiency of community-based services. Examining this could also help the managed care system retain employees and guarantee future funding for mental health services. Overall, this study will inform the assessment phase of the generalist intervention process.

The research question for this project is presented as follows: What is the relationship between MHW turnover, patient engagement in mental health services and patient progress with treatment goals? This research study analyzed whether employee turnover had a strong relationship with client engagement and progress.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter provides key studies of turnover in the mental health field. The chapter also includes theories guiding the conceptualization of the research. Subsections include burnout as a major factor of turnover, the prevalence of burnout and turnover in the mental health field, individual and organizational factors of burnout, and interventions to reduce burnout and turnover.

Employee Turnover and Its Ramifications In Community Mental Health

There are many reasons why mental health service providers decide to leave organizations. Providing mental health services can be a challenging line of work. Yet, it is important to recognize that a staggering amount of research points to burnout as the main contributor to employee turnover. In a review of the literature, Mor Barak et al. (2001) found that burnout was a major predictor of MHWs who choose to leave the organization. This is a concern as the prevalence of burnout in the mental health field is also high.

Burnout as a Major Factor of Turnover

There have been many definitions of burnout since it was first studied in the 1970's (Westwood, Morison, Allt & Holmes 2017). Freudenberger (1974) defined it as a syndrome that results after long-term exposure to emotional and

interpersonal stress in the workplace. Jackson, Leiter and Maslach (1996) studied this concept and developed a scale, the Maslach Burnout Inventory, a now popular method used to measure the concept of burnout. Maslach et al. (1996) identified three key components of burnout as emotional exhaustion, depersonalization and reduced personal accomplishment. Furthermore, emotional exhaustion plays a vital role draining the employee's ability to work. Maslach et al. (1996) conceptualize depersonalization as cynicism and describe it as detached interactions between employees with coworkers and clients. The lack of personal accomplishment is understood as an employee's feelings of failing to be successful at work.

Prevalence of Burnout and Turnover

Morse Salyers, Rollins, Monroe-DeVita and Pfahler (2012) suggest 21-67 percent of mental health workers experience burnout. Fifty-four percent of the study participants reported experiencing emotional exhaustion and 38 percent experienced depersonalization. A comparable rate was reported by Kim, Brookman-Frazee, Gellatly, Stadnick, Barnett and Lau (2018) where 67 percent of therapists reported high levels of burnout. The authors caution that their studies have methodological limitations such as cross-sectional designs instead of longitudinal and lack of direction in the causation of variables (Kim et al., 2018; Morse et al., 2012; Westwood et al., 2017).

The prevalence of turnover in the mental health sector has been a concern for several decades. In a study of 848 MHW, Blankertz and Robinson

(1996) found a 20 percent turnover rate within a one-year period with 50 percent of participants being “somewhat likely” or “likely” to leave the field within the next forty-eight months. Similarly, other studies on retention in the field show MHWs have turnover ranging from 30-60 percent over a twelve-month period (Mor Barak, Nissly, & Levin, 2001). Ebay, Burk, and Maher (2010) performed a longitudinal study over the span of 2 years and found an annual retention rate of 23.4 percent for counselors and 33.2 percent for clinical supervisors.

Individual and Organizational Factors of Burnout

As the literature points to burnout as a major predictor of turnover in the mental health field, it is important to note individual and organizational level factors that lead to its development over time.

A review of the literature makes the case that predictors of burnout at the individual level tend to revolve around Maslach’s key factors; emotional exhaustion, depersonalization and reduced personal accomplishment (Maslach et al., 1996). Emotional exhaustion, which is the most symbolic unit of burnout, was reported in 56 percent of 460 mental health workers during a self-report questionnaire (Acker, 2010). In a sample of 285 mental health service providers, there was a strong association between role conflict and overload on emotional exhaustion (Green, Albanese, Shapiro, Aarons, 2014). Other studies also support the relationship between depersonalization, burnout and turnover (Morse et al., 2012; Purvanova & Muros, 2010).

An association between job satisfaction and intention to end employment is also represented in recent studies (Delgadillo, Saxon, Barkham, 2018; Hippel, Brener, & Von Hippel, 2019). The perception that a client is not improving in treatment lowers mental health workers' sense of competence and decreases overall job satisfaction and engagement at work. Workers who have a lower level of job satisfaction are at greater risk of increased intention to leave (Hippel et al., 2019). This perception is more likely to be prevalent among mental health workers who have heavy caseloads of patients with severe mental illness (Ballenger-Browning et al., 2011). This creates a challenge for community mental health programs that service patients with severe mental illness and need competent service providers (Green et al., 2014).

The literature also highlights some conflicting findings related to gender. This is important since there are mixed results indicating that women are more likely to experience burnout. A meta-analysis shows that women are more likely to report burnout compared to men (Eby et al., 2010; Purvanova & Muros, 2010). However, the same study revealed that men are more likely to report depersonalization, a key predictor of burnout. Ballenger-Browning et al. (2011) also studied gender as a variable for burnout among mental health providers. Results showed gender was associated with burnout and females were more likely to have higher burnout scores than men. As a result of these conflicting findings, there is an unclear understanding of the relationship between gender, burnout and turnover. However, it is important to point out that Ballenger-

Browning et al. study has been the most recent to investigate this relationship (2011).

Common themes are evident in the literature regarding organizational factors associated with burnout. One common characteristic experienced by employees in the mental health field is workload negatively impacting treatment delivery which trickles to burnout and turnover (Ballenger-Browning et al., 2011; Kim et al., 2018). Furthermore, several studies have found greater working hours per week lead to greater risk of burnout (Ballenger-Browning et al. 2011; Kim et al., 2018; Westwood et al., 2017). Lastly other studies point to higher work demands as factors that exacerbate burnout have found that higher working demands were factors to exacerbating burnout (Bowden et al., 2015; Green et al., 2014).

Large caseloads, greater work hours and high work demands are also common factors associated with burnout at the organizational level (Kim et al., 2018). One of the goals of community mental health is to efficiently decrease the cost of care (Acker, 2010). This entails teaching employees' strategies in documentation and use of technology while working with a business-like orientation to increase the program's efficacy (Acker, 2011). Bowden et al., (2015) sought to explore mental health worker's perceptions of work-related stress and the demands associated with their role. Results indicate there is staff frustration regarding lack of creativity and ownership in these business-like practices (Bowden et al., 2015). Researchers suggest that demanding

administrative tasks were associated with disillusionment. Many of these tasks seem inconsistent and unrelated with worker's education and training, contributing to a sense of incompetence, stress and anxiety and result in burnout and increased turnover (Acker, 2011). Record keeping and increased hours of overtime were also predictors of burnout (Westwood et al., 2017). These researchers argue the cost of reducing and reorganizing caseloads may be lower than the cost of employee absenteeism and the recruiting of new staff.

Interventions to Reduce Burnout and Turnover

Because turnover has been shown to create disruptions in program efficiency it is important to consider strategies to help reduce burnout. High turnover is often a sign that a program lacks control and often affects employee morale (Eby, Burk, & Maher, 2010; Shaw, 2011). Several strategies have been studied to explore its impact on turnover such as cognitive behavioral therapy to help increase coping skills, incorporating, and responding to a staff needs assessment and workshops to implement psychosocial training and improve self-awareness (Morse et al. 2011).

Ironically, the mental health field has not paid much attention to the effects of MHW turnover on clients. Burnout is a significant problem for the individual and organization, but we know little about the effects on patients. Precisely because of this lack of data, it is important to understand the effects that trickle down to from organizations and workers to patients. Given the prevalence and consequence of turnover, there is a pressing need for research in this area with

the hope that mental health service providers can improve engagement and patient progress with treatment. To address this gap in literature, this study aims to determine the perceived effects at the patient level. The primary objective of this study is to determine how turnover in community-based mental health affects patient engagement and progress with treatment in a community mental health setting.

Theories Guiding Conceptual Framework

This research will be guided using Urie Bronfenbrenner's 1977 Ecological Systems Theory. According to Bronfenbrenner (1977), human behavior is influenced by the immediate and multi-level environment. Bronfenbrenner's ecological theory identifies four systems in which human behavior takes place. A microsystem is explained as the setting in which individuals have direct interactions and access to other systems, such as family, work, or peer groups (Bronfenbrenner, 1977). The mesosystem consists of the interrelations between two or more microsystems in an individual's environment such as family and coworkers. The exosystem is an extension of the mesosystem in which an individual is not immediately part of the setting but is influenced by its activity. An example of this is a worker who feels overwhelmed by a supervisor and becomes irritable with a client. Finally, the macrosystem includes all groups who share values and ideologies and encompasses the experience between an individual

and social policies, laws, and political systems that influence the communities where individuals reside (Bronfenbrenner,1979).

Previous research has placed mental health workers at the focus of their research. Several studies have investigated factors that contribute to burnout in community mental health. Researchers have used Maslach's and the Maslach Burnout Inventory Scale to guide their research. Others have used resilience theory to determine protective factors that may help mitigate burnout levels. (Delgadillo et al., 2018). However, the unintended consequences of employee burnout on mental health patients have not been as popularly explored. The ecological systems theory helps us understand that human behavior is influenced by interactions in multiple levels, regardless of an individual's immediate presence in a system. Using Brenfenbrenner's theoretical framework, we hypothesize that there is likely an indirect influence on mental health patients at the meso level. We also hypothesis that this influence results in negative outcomes related to engagement and treatment. This is concerning for community mental health care as it operates through a medical model that requires successful patient and program outcomes. A program's performance can influence reimbursement and program funding at the county and state level (Acker, 2010).

Summary

This study will identify the effects of MHW turnover on client's engagement with services and progress with mental health treatment. Research on burnout

and turnover among MHW has been extensive however, research on its effects on clients has been lacking. Nonetheless, there is also a need to address the factors associated with burnout to help social workers honor their service to patients and NASW values. Within the literature, the high level of turnout in the mental health profession signifies the urgency to create changes within the spheres of the managed healthcare system. The literature suggests that improvement is necessary to maintain the satisfaction of both mental health providers and clients.

CHAPTER THREE

METHODS

Introduction

This study analyzed the relationship that employee turnover had on patient engagement and patient progress with treatment goals in the community mental health setting. This chapter contains the details of how the study was carried out. The chapter will be divided into six sections including study design, sampling, data collection and instruments, procedures, protection of human subjects and summary.

Study Design

The purpose of this study was to analyze the relationship between MHW turnover, client engagement, and client progress with treatment goals in the community mental health setting. This is a descriptive research project due to its aim of identifying a relationship between variables MHW turnout, patient engagement, and patient progress with mental health treatment. This is a quantitative study that collected and analyzed secondary data that originated between the years of 2018 and 2019. Data collected from a community-based mental health agency included the total number of program participants between 2018 through 2019, whether each participant had a MHW who left the agency during treatment, the level of engagement the participant had during treatment,

and the level of progress they made in their treatment goals. The data was used to determine if there is a relationship between MHW turnover, decreased engagement and fewer patients who make progress beyond baseline.

Some strengths of this methodical design include the opportunity to gather large amounts of data within a short period of time. The provider participating in the study generated reports through their Human Resource department and electronic records to determine the number of participants from 2018 through 2019. Demographic data was pulled for each participant including age, gender, and ethnicity/race. Data also indicated whether each participant had a MHW who quit during treatment, marked as yes or no. The data indicated each participants' level of engagement in treatment, including whether they attended all appointments, some appointments or none of their appointments. Participants who attended eighty percent of their scheduled appointments were coded with "attended all appointments". Those who attended fifty percent of their scheduled appointments were coded with "attended some" and those who attended twenty percent were coded with "attended none". Lastly, data was pulled for each participant indicating their level of progress, including made progress, made some progress, or made no progress. Participants who completed their goals were coded with "made progress". Those who made some progress beyond their baseline were coded with "made some progress" and those who did not make progress beyond baseline were coded with "made no progress".

This method was effective while CDC guidelines recommend social distancing during the COVID-19 pandemic. Using this method, researchers eliminated the need for face-to-face contact with the sample population.

Sampling

The study's sample consisted of data pertaining to MHW and patients from one community-based mental health (CBMH) provider between the years of 2018 and 2019. Mental health workers were conceptualized as anyone who is employed as a formal support to a patient receiving mental health services such as case managers and therapists. MHWs were conceptualized broadly to obtain a larger sample size. Participants were conceptualized as anyone in the agency with a treatment plan.

This study's researchers used two different methods to solicit agencies. One of the study's researchers did a search of local community-based providers within a ten-mile radius of their homes. A letter soliciting participation for student research was sent out via email explaining the purpose of the study, the design and sampling (see Appendix A). The researcher waited a brief period for email responses and moved on to soliciting by phone. The researcher was not able to obtain providers to participate in the study. The general response from providers indicated that due to the COVID-19 pandemic, there was a significant increase of caseloads and decrease of staff who would be able to allocate time to the study. A common response also indicated that with the stay-at-home orders issued by

Governor Newsom in the spring of 2020, most staff were working remotely from home and would not have access to client records.

The other researcher contacted providers through personal and professional networks, such as classmates and previous coworkers. Similarly, the researcher solicited participation for student research by sending out an email with a letter of solicitation. One provider confirmed interest in participating in the study, including a non-profit CBMH provider located in Ontario, California.

Data Collection and Instruments

Quantitative data was collected and analyzed from the provider. Data was obtained with the help of their Human Resource department and Program Directors. Researchers asked the provider to use their electronic health record system as an instrument to filter through their client's data, including demographics, number of appointments they attended, and the level or progress made in treatment. The provider pulled the data and organized it into an excel spreadsheet. Next, the provider asked their Human Resources department to pull data from their electronic records to identify MHW who were employed during that period and if they left the agency before 2019.

Based on the data collection, researchers were able to code each client in the sample's level of engagement and progression with treatment. Engagement was coded 1= engagement in all sessions, 2= some sessions, and 3= engagement in no sessions. The client progression was coded 1= client made

progression, 2= client made partial progression, and 3= client made no progression.

The level of measurement for the employee retention variable is nominal dichotomous, yes or no. The second and third variables include client engagement and client progress with treatment goals. The values for client engagement were nominal categorical, including attended all, some, and attended none of their appointments. The values for patient progress with treatment goals included the total number of clients who showed progress, some progress, or no progress with their treatment. The instrument level of measurement for the variable related to engagement and treatment were interval. Information will be filtered through each agency's internal databases and created into reports.

Face validity and content validity were assessed and discussed with this study's assigned research advisor. The research advisor was a Professor from the University's Social Work department and determined that the procedures were effective in its aim of analyzing the relationship between variables.

Procedures

Due to the current COVID-19 pandemic and stay-at-home orders, contact with community-based agencies was done electronically, over the phone or via zoom. Researchers asked the participating provider to supply descriptive information on every program participant between 2018 and 2019, including

race/ethnicity, age and gender. Each participant was identified by an assigned number. Next, the provider was asked to determine the total number of appointments scheduled and the total number of appointments completed to measure client engagement. Clients who attended at least eight percent of appointments were marked as “attended all”, clients who attended at least fifty percent were marked as “attended some” and clients who attended thirty percent or less were coded as “attended none”. The provider was asked to review client charts and measure client progress. Clients who made progress beyond their baseline were marked as “made progress”, clients who made some progress were marked as “some progress” and clients who did not make progress with their treatment goals were marked “no progress”. The provider was then asked to develop a list of MHW who worked directly with participants between 2018 and 2019. Clients who had a MHW who quit during their treatment were marked with either yes or no.

Protection of Human Subjects

The data collection was provided through an encrypted email attaching an excel spreadsheet. This study did not require identifying information regarding employees and patients. The study protocol participating agency was approved through the IRB application and exempted by the California State University of San Bernardino IRB to demonstrate competency related to protection of human

subjects. The agency was also presented with agency consent and confidentiality (see Appendix C).

Data Analysis

Researchers used SPSS to manually enter raw and descriptive data regarding variables for MHW turnover, client engagement and client progress with treatment. In addition to analyzing frequencies on demographic data and the study's variables, researchers ran a correlation analysis to determine if there is a significant relationship between the variables and answer the research question. A Pearson's Correlation value of less than .01 indicated if there was a significant relationship. Variables used for a descriptive analysis included age, race/ethnicity, and gender.

Summary

Chapter 3 indicated the methods utilized in this study. This study used a quantitative approach to sample client's within CBMH agency. The data was provided through an encrypted email sent to researchers through online communications. The data collection was organized using SPSS to conduct a correlation analysis test to depict the relationships between variables of MHW's turnover affecting client engagement, and overall treatment. In addition, this chapter emphasized and explained the importance of protecting participant information. Lastly, the data analysis plan was discussed.

CHAPTER FOUR

RESULTS

Introduction

This chapter will present descriptive statistics pertaining to a sample of 74 mental health patients at a CBMH agency. In addition, this chapter will present major findings regarding the association between MHW turnover, client engagement and client progress.

Presentation of the Findings

Demographics

The sample included 74 participants who received mental health services with the providing agency between 2018 and 2019. Of this sample, 4 participants self-identified as male (5.4%), while 70 (94.6%) self-identified as female. Most (70) participants self-identified as Hispanic/Latino (94.6%), while one “one” declined to answer, two selected the option of Not Applicable, and one self-identified as Cambodian. Participant’s age was identified by an age range that best described their age in number. Age ranges were divided into three categories, including 19-25, 26-59 and 60 and older. Most of the sample participants (86.5%) were in the 26 to 59 age range.

Of the 70 females in the study, 70% attended all appointments with their clinicians, while 30% did not attend any appointments. 4% of females made

progress with their treatment, 14% made some progress and 31% made no progress.

The age group 26-59 made up 72.7% of the sample. Of this group, 70% attended all their appointments with clinicians while 29.6% did not attend any appointments. 50% of respondents aged 26-59 made progress in treatment while 18.7% made some progress and 31.2% made no progress.

Table 1

Sample Demographic Statistics

Descriptive Measure	N (74)	Percent
Gender		
Male	4	5.4
Female	70	94.6
Race/Ethnicity		
Hispanic/Latino	70	94.6
Cambodian	1	1.3
Other	3	4.1
Age		
19-25	1	1.3
26-59	64	86.5
60 and older	9	12.2

Hispanic/Latinos made up 94.5% of the sample. 71.4% of Hispanic/Latinos attended all appointments with clinicians while 28.5% attended some. Of the 70 respondents who identified as Hispanic/Latino, 55.7% made

progress with treatment, 15.7% made some progress and 28.5% made no progress.

Table 2

Frequencies Related to Variables

Variables	N (74)	Percent
MHW Turnover		
Quit	0	0.0
Did Not Quit	10	100.0
Engagement (appointments)		
Attended All	53	71.6
Attended Some	0	0.0
Attended None	21	28.4
Progress (with Treatment)		
Progress	40	54.1
Some Progress	12	16.2
No Progress	22	29.7

Correlation Among the Study's Variables

Table 3 presents a correlation analysis of the study's variables, including MHW turnover, client engagement and client progress with treatment. Client engagement is strongly correlated with client progress ($p < .001$). A correlation could not be computed for MHW turnover because the sample did not include clients who reported to have a MHW who left the job during treatment.

Table 3

Correlations Among MHW Turnover, Client Engagement, and Progress with Treatment

		Progress	MHW Turnover	Engagement
MHW Turnover	Pearson Correlation			
	Sig. (2-tailed)			
Progress	N	74	74	74
	Pearson Correlation	1		.819**
Engagement	Sig. (2-tailed)			.000
	N	74	74	74
MHW Turnover	Pearson Correlation	.819**	1	
	Sig. (2-tailed)			.000
Progress	N	74	74	74

Note: correlation is significant at the .01 level

Summary

Unfortunately, the data revealed there was no turnover included in the sample. More specifically, the sample of clients in the study had the same MHW throughout their treatment, meaning they were not affected by turnover. However, the results of the study revealed a significant, strong, positive relationship between client engagement and client progress.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will highlight the key findings of the study and their implications. In addition, this chapter will also discuss limitations of the study, recommendations for social work practice and recommendations for future research.

Discussion

The purpose of this study was to determine if there was a significant relationship between MHW turnout, a client's level of progress with their mental health treatment, and their engagement in mental health services. The sample size included 74 participants who received mental health services from the participating CBMH agency.

One key finding was that the sample did not consist of clients who were directly or indirectly affected by employee turnover. Of the 74 participants in the sample, none of participants had a MHW who left the job while the participant was in treatment. In other words, the sample revealed that all MHWs linked to the sample participants remained employed in the job. However, findings did indicate that participants were more likely to attend all their scheduled appointments and make progress or some progress with their mental health treatment. A correlation analysis showed there was a strong and significant relationship between client

engagement and client progress. These findings appear to be consistent with the literature showing that higher engagement is associated with better clinical outcomes (Haine-Schlagel et al., 2016).

It is important that more research be focused on the topic of MHW turnover as it relates to client outcomes as this study's sample did not provide data on MHW turnover. An area of interest also includes the examination of workplace culture. For example, our study pointed out there was no turnover during 2018 and 2019. Future research of this CBMH provider may explore employee accounts of why they decided to stay and whether their decision was related to a positive workplace culture. Studying the workplace culture can help researchers understand the individual and organizational level factors that may have contributed to MHWs decision to stay in the agency. Factors to explore include the availability and quality of supervision, caseload, sense of competence and job satisfaction.

Recommendations for Social Work Practice, Policy and Research

The researchers of this study recommend for graduate level social work programs to incorporate more research on the prevention of burnout into the social work curriculum to inform future social workers of the implications for the social work field. The importance of self-care needs to be emphasized and prioritized in the mental health field to prevent burnout and negative consequences, including taking time off from work, impairing their own mental

health, and unintentionally creating setbacks in client's engagement and treatment. This study's researchers also recommend the school of social work provide extensive training on setting boundaries and practicing assertive communication in the work environment.

Future research in this program may explore employee accounts of why they decided to stay and whether their decision was related to a positive workplace culture. The literature shows that retaining employees has benefits in the micro, meso and macro levels. The more mental health workers there are, the more opportunity to empower clients to remain engaged in services and increase their progression in treatment.

In effort to uphold ethical standards with the IRB, researchers avoided gathering information from participants who were younger than 18. However future studies should also focus on the MHW turnover and its relationship to engagement and progress for children and their families. Research shows there is a lack of engagement due to family barriers, including time related to scheduling, transportation issues, and parent involvement in treatment (Gopalan et al., 2010). Studies show that 28% of children receiving therapeutic services never attended face-face intake appointments while other studies point to low engagement in services due to lack of parent-provider rapport (Gopalan et al.; Haine-Schlegel, 2016).

Limitations

Limitations should also be noted, however. The planned data analysis was not possible due to utilizing a random sample during a period in which the providing agency did not experience turnover. This did not present an opportunity to analyze if there was a significant relationship between MHW turnover and the variables, client engagement and client progress. The sample was only able to capture data that revealed a strong significant relationship between the variable's client engagement and progress with treatment. It is also important to highlight that a research study that did include a sample from a period of turnover would have only provided a surface-level look at associations between variables. In other words, had the research study included ideal data, it would have only informed researchers of positive or negative and or significant/not significant relationships between variables rather than an explanation of why MHW turnover may influence client engagement and progress with treatment goals.

Although this research revealed a significant relationship between client engagement and progress, there is a need for future research. Future studies should use a larger and more diverse sample and ensure the data reflects a period in which the provider experienced turnover. A longitudinal prospective study that follows clients and MHWs over a long period of time would likely capture turnover as well as a larger sample size. It is also recommended that future studies include more sample characteristics, such as exact age, marital status, and education level.

Future longitudinal studies can track engagement and progression between clients and workers over long periods of time. The longitudinal study can depict the characteristics in clients and workers. It is also suggested that future studies obtain secondary data that includes the exact age of participants, level of education, marital status, and household income.

Conclusions

This study was unable to examine the relationship between MHW turnover, client engagement in mental health services, and client progress with treatment. This chapter emphasized the importance of a larger sample size to capture data including MHW turnover and other sample characteristics such as exact numerical age, marital status, and household income. Other research may consider variables such as job satisfaction, number of working hours per week, and caseload size. The study confronted many challenges while conducting research during the COVID-19 global pandemic. This study's researchers would have contacted more agencies in person and could have conducted mixed methods of research between qualitative and quantitative data. Research could have included in depth interviews of MHWs and their clients to explore their direct experience with MHW who left the job while they were in treatment.

APPENDIX A

PARTICIPATION IN RESEARCH STUDY REQUEST LETTER

California State University of San Bernardino
5500 University Parkway
San Bernardino, CA 92407

Agency Director's Name
Address
Address

Participation in Research Study Request Letter

Dear Agency Director's Name

We are currently enrolled in the Master of Social Work program at the University of California San Bernardino. We are in the process of writing our master's project and are soliciting community-based programs to participate in our study. The purpose of the research is to determine how employee turnover affects patient engagement in mental health services. This study has been approved by the California State University of San Bernardino Institutional Review Board.

The study has been designed to collect data on number of employee terminations (voluntary and involuntary), number of patient appointment completions, cancelations, no-shows and number of clients who made progress and did not make progress with their treatment goals from 2017 through 2019. The study does not require chart information, personal identifiable information and/or contact with employees or patients. Furthermore, the organization's name will be made anonymous.

Examining this could help the managed care system retain employees and guarantee future funding for mental health services. Results from this study could also help mental health workers and administrators improve competencies related to NASW values such as service, competence, and importance of human relationships.

Your participation in this study would be greatly appreciated, as it will help us earn our MSW degrees. Please reach out via email or telephone at your earliest convenience. We would like to share more details about the study and possible ways to accommodate your agency's participation. We thank you in advance and we hope to hear back from you soon.

Sincerely,

Brenda Martinez and Victor Peraza
Email: 007073268@coyote.csusb.edu , 004933262@coyote.csusb.edu
Cell Phone: 562-484-1746

APPENDIX B
INFORMED CONSENT

INFORMED CONSENT

The study in which you are asked to participate will help to analyze the relationship between rate of employee retention, client engagement and client progress with treatment goals in the community mental health setting. This study is being conducted by MSW students Brenda Martinez and Victor Peraza under the supervision of Laurie Smith, professor in the School of Social Work, California State University, San Bernardino. This study has been approved by the California State University of San Bernardino Institutional Review Board.

PURPOSE: To determine the relationship between the retention rate of mental health workers, client engagement in mental health services and client progress with treatment.

DESCRIPTION: Participating agencies will be asked to share data on total number of employee terminations and employee demographics during the years of 2017 through 2019. Agencies will also be asked to share the total number of patient appointments completed, cancelled and no-show throughout the same period as well as patient demographics. Lastly, agencies will be asked to share data regarding the total number of patients who made progress and did not make progress with their mental health treatment goals from 2017 through 2019.

PARTICIPATION: Your participation in the study is voluntary. You can refuse or discontinue participation at any time without any consequences.

DURATION: The duration of the participation in the study will be based on the agency's ability to generate and provide data. This research study's data collection will begin November 1st 2020, to give appropriate time to consult and make arrangements with the agency.

RISKS: Short and long-term risks include participating agencies unintentionally sharing personal identifiable information regarding employees and patients. This could break the agency's compliance with HIPAA privacy laws and the agency could become subject to fines and penalties. There is also the risk of spreading COVID-19 through face-to-face interaction. However, this study requests communication and sharing of numerical information via telephone or email. The study also does not request personal identifiable information and agency's name will be kept anonymous.

BENEFITS: Although there is no direct benefit for the participating agency, participation in the study can help administrators improve competencies related to NASW values such as service, competence, and importance of human relationships.

CONTACT: For questions regarding this study, please contact Laurie Smith at lasmith@csusb.edu.

RESULTS: The results can be obtained through the Pfau Library ScholarWorks database (<https://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after June 2021.

This is to certify that I read above and I am 18 years or older.

_____ Date: _____
Place an X mark here

APPENDIX C
IRB APPROVAL LETTER

January 29, 2021

CSUSB INSTITUTIONAL REVIEW BOARD

Administrative/Exempt Review Determination

Status: Determined Exempt

IRB-FY2021-58

Laurie Smith Brenda Martinez, Victor Peraza
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Laurie Smith Brenda Martinez, Victor Peraza:

Your application to use human subjects, titled "Employee Turnover: The Unknown Effects" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.

- Submit a study closure through the Cayuse IRB submission system once your study has ended.

IF YOU HAVE ANY QUESTIONS REGARDING THE IRB DECISION, PLEASE CONTACT MICHAEL GILLESPIE, THE RESEARCH COMPLIANCE OFFICER. MR. MICHAEL GILLESPIE CAN BE REACHED BY PHONE AT (909) 537-7588, BY FAX AT (909) 537-7028, OR BY EMAIL AT MGILLESP@CSUSB.EDU. PLEASE INCLUDE YOUR APPLICATION APPROVAL NUMBER IRB-FY2021-58 IN ALL CORRESPONDENCE. ANY COMPLAINTS YOU RECEIVE FROM PARTICIPANTS AND/OR OTHERS RELATED TO YOUR RESEARCH MAY BE DIRECTED TO MR. GILLESPIE.

BEST OF LUCK WITH YOUR RESEARCH.
SINCERELY,
NICOLE DABBS, PH.D., IRB CHAIR

REFERENCES

- Acker, G. M. (2010). The challenges in providing services to clients with mental illness: managed care, burnout and somatic symptoms among social workers. *Community Mental Health Journal, 46*(6), 591-600.
- Acker, G. M. (2011). Burnout among mental health care providers. *Journal of Social Work, 12*(5), 475–490.
- Awa, W., Plaumann, M., & Walter, U. (2010). Burnout prevention: A review of intervention programs. *Patient Education and Counseling, 78*(2), 184-190.
- Ballenger-Browning, K. K., Schmitz, K. J., Rothacker, J. A., Hammer, P. S., Webb-Murphy, J. A., & Johnson, D. C. (2011). Predictors of burnout among military mental health providers. *Military Medicine, 176*(3), 253-260.
- Berry S.H., Clark W., Collentine A.M., Collins R., Lebron D., Shearer A.L., Welch S.N. (2013). California's historic effort to reduce the stigma of mental illness: The mental health services act. *American Journal of Public Health, 103*(5), 786-794.
- Bowden, G. E., Smith, J. C. E., Parker, P. A., & Boxall, M. J. C. (2015). Working on the edge: Stresses and rewards of work in a front-line mental health service. *Clinical Psychology & Psychotherapy, 22*(6), 488-501.
- Bronfenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Center for Disease Control. (n.d.). Coronavirus. Retrieved May 23, 2020 from

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

- Delgadillo, J., Saxon, D., & Barkham, M. (2018). Associations between therapists' occupational burnout and their patients' depression and anxiety treatment outcomes. *Depression and Anxiety, 35*(9), 844-850.
- Eby, L., Burk, H., & Maher, C. (2010). How serious of a problem is staff turnover in substance abuse treatment? A longitudinal study of actual turnover. *Journal of Substance Abuse Treatment, 39*(3), 264-271.
- Flarity, K., Gentry, J. E., & Mesnikoff, N. (2013). The effectiveness of an educational program on preventing and treating compassion fatigue in emergency nurses. *Advanced Emergency Nursing Journal, 35*(3), 247–258.
- Freudenberger, H.J. (1974). Staff Burnout. *Journal of Social Issues, 30*. 159-165.
- Gopalan, G., Goldstein, L., Klingenstein, K., Sicher, C., Blake, C., & McKay, M. M. (2010). Engaging families into child mental health treatment: updates and special considerations. *Journal of the Canadian Academy of Child and Adolescent Psychiatry/Journal de l'Académie canadienne de psychiatrie de l'enfant et de l'adolescent*.
- Green, A., Albanese, B., Shapiro, N., & Aarons, G. (2014). The roles of individual and organizational factors in burnout among community-based mental health service providers. *Psychological Services, 11*(1), 41-49.
- Haine-Schlagel, R., Roesch, S. C., Trask, E. V., Fawley-King, K., Ganger, W. C., & Aarons, G. A. (2016). The Parent Participation Engagement Measure (PPEM): Reliability and validity in child and adolescent community mental

- health services. *Administration and Policy in Mental Health and Mental Health Services Research*, 43(5), 813-823.
- Hippel, C., Brener, L., Rose, G., & Von Hippel, W. (2019). Perceived inability to help is associated with client-related burnout and negative work outcomes among community mental health workers. *Health & Social Care in the Community*, 27(6), 1507-1514.
- Jones, A., Hannigan, B., Coffey, M. & Simpson, A. (2018). Traditions of research in community mental health care planning and care coordination: A systematic meta-narrative review of the literature. *PLoS ONE*, 13(6).
- Kim, J., Brookman-Frazee, L., Gellatly, R., Stadnick, N., Barnett, M., & Lau, A. (2018). Predictors of burnout among community therapists in the sustainment phase of a system-driven implementation of multiple evidence-based practices in children's mental health. *Professional Psychology: Research and Practice*, 49(2), 132-141.
- Kirst-Ashman, K. K. (2017). *Introduction to social work & social welfare critical thinking perspectives (5th ed.)*. Boston, MA: Cengage Learning.
- Knight, D.K., Broome, K.M., Simpson, D.D., & Flynn, P. M. (2007). Program structure and counselor-client contact in outpatient substance abuse treatment. *Health Research and Educational Trust*, 43, 616-634.
- Mills, A. & Millstead, J. (2002). Retention: An unresolved workforce issue affecting rural occupational therapy services. *Australian Occupational Therapy Journal*, 49, 170–181
- Morse, G., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C.

- (2012). Burnout in mental health services: A review of the problem and its remediation. *Administration and Policy in Mental Health and Mental Health Services Research*, 39(5), 341-352.
- National Association of Social Workers. (1999). Code of ethics of the National Association of Social Workers. Washington, DC. NASW Press.
- National Institute of Mental Health, NIH. (2019). *Mental illness*. Retrieved from https://www.nimh.nih.gov/health/statistics/mentallness.shtml#part_154910
- Paris, M., & Hoge, M. A. (2010). Burnout in the mental health workforce: A review. *The journal of behavioral health services & research*, 37(4), 519-528.
- Rapp, C., Goscha, R., & Fukui, S. (2015). Enhanced consumer goal achievement through strengths-based group supervision. *Psychiatric Rehabilitation Journal*, 38(3), 268-272.
- U.S. Census Bureau (2019). American Community Survey 1-year estimates. Retrieved from Census Reporter Profile page for Ontario-Montclair School District, CA. Retrieved March 27, 2021, from <https://censusreporter.org/profiles/95000US0628470-ontario-montclair-school-district-ca/>
- Westwood, S., Morison, L., Allt, J., & Holmes, N. (2017). Predictors of emotional exhaustion, disengagement, and burnout among improving access to psychological therapies (IAPT) practitioners. *Journal of Mental Health*, 26(2), 172-179.
- Wood, A., Prins, A., Bush, N., Hsia, J., Bourn, L., Earley, M., . . . Ruzek, J.

(2017). Reduction of burnout in mental health care providers using the provider resilience mobile application. *Community Mental Health Journal*, 53(4), 452-459.

Assigned Responsibilities

Both researchers including Brenda Martinez and Victor Peraza, shared equal responsibility in the completion of the research proposal. Researchers worked jointly on all aspects of the proposal including developing a synthesis matrix to help illustrate the first and second chapters. Researchers consulted regularly via text and telephone class, and routinely checked and reviewed each other's work. The Human Subjects Application was started by Brenda but was divided into sections and shared with Victor. Correspondence between the research advisors Professor Smith and Professor Barragan were CC's to each other. Brenda and Victor individually contacted agencies and managed those correspondences independently while sharing updates with each other. Participants are satisfied with the group's participation.