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Pepperdine University
Graduate School of Education and Psychology

BEST LEADERSHIP PRACTICES FOR RETAINING DIRECT CARE STAFF IN
RESIDENTIAL TREATMENT CENTERS

A dissertation submitted in partial satisfaction
of the requirements for the degree of
Doctor of Education in Organizational Leadership

by

Emma Nicole Salazar

April 2017

Dr. L. Hyatt – Dissertation Chairperson

This dissertation, written by

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under the guidance of a Faculty Committee and approved by its members, has been submitted to and accepted by the Graduate Faculty in partial fulfillment of the requirements for the degree of

DOCTOR OF EDUCATION

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DEDICATION

This study is dedicated to the residential treatment center leaders who took the time to participate in this research, and to all the health care and mental health leaders who are committed to the well-being of not only their clients, but to the direct-care staff members who have the toughest jobs.

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I love you all!

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ABSTRACT

The purpose of this study is to identify best leadership practices in retaining direct-care staff in residential treatment centers. While research exists on employee retention, there is a lack of research focused on employee retention in residential care. How leaders engage with direct-care staff members in residential care can have a significant influence on increasing employee retention rate. The literature review revealed transformational leadership theory as the theoretical framework, including 4 components: idealized influence, individualized consideration, inspirational motivation, and intellectual stimulation.

The design for this research was a qualitative case study. The residential treatment center was selected as the study case because of its exemplar performance reporting a 73% employee retention rate in contrast to the national retention rate of 40%. The theoretical framework served as a foundation for the purpose and research questions. Semistructured questions were developed to interview leaders at a residential treatment center in order to identify best practices. In combination with a thorough review of the literature, an expert panel of researchers established the validity of the interview instrument. Content analysis was applied to code themes and a 2nd reviewer provided reliability.

Participants responses revealed 9 best practices in 4 categories: 3 best practices linked to idealized influence, 2 best practices connected to individualized consideration, 2 best practices aligned with inspirational motivation, and 2 best practices specific to intellectual stimulation. In addition to correlating with the 4 components of transformational leadership, more than 100 authors supported the 4 theoretical components.

The results of the study highlight the influence leaders can have on retaining employees. The identified best practices represent key approaches that health care leaders can apply. This

study is helpful in identifying leadership practices in the health care field that will assist in increasing employee retention. Consequently, the results of this study can assist other residential treatment center leaders to consider these leadership practices in an effort to improve employee retention.

Chapter 1: The Problem

Within any residential-based program, direct care workers make up the majority of the hired personnel. Keeping in mind the “diverse pool of employees with limited formal professional training plays such a critical role in providing residential treatment services, it is worth describing factors that allow them to function competently as members of the rehabilitation team” (Axer, Donohue, Moore, & Welch, 2013, p. 50).

There is a growing interest in the mental health field pertaining to the importance of leadership practices, as leaders can provide a sense of stability during times of change (Conger & Kanungo, 1998). The influence leaders have in the workplace has been an important topic of research, especially the domino effect it has in an organization (Yukl, 1999). Leadership is not one size fits all and different styles of leadership work better than others depending on the field of work (Fiedler & Chemers, 1974). While leadership is important within any industry, it is extremely important in the health care field as the market continues to grow and change (Swedish, 2009). Within the health care industry, mental health is a growing sector. Corrigan, Diwan, Campion, and Rashid (2002) stressed the importance of researching the effects of leadership style and staff burnout in mental health organizations. This study identifies best leadership practices in retaining direct-care workers in residential treatment centers.

Chapter Structure

Chapter 1 presents background information on the topic being discussed, states the problem, and identifies the purpose of the study. Additionally, the research questions are presented along with a summary of the theoretical framework used and significance of the study. The chapter concludes with an explanation of the operational definitions and a chapter summary.

Background

Mental health is a rapidly growing sector in the human services and health care fields. While many studies have been conducted regarding work stress and burnout within the field, little has been researched on leadership and how it can influence retention rate among direct-care staff in a residential setting (Pazaratz, 2003).

Residential treatment centers are institutions that provide structured therapeutic programs to individuals struggling with emotional and behavioral issues (Lieberman, 2004). Residential treatment centers have increased in popularity in helping to stabilize and improve clients' physical and emotional states of mind (Langner, 2001). The need for such residential treatment centers was acknowledged in the 1920s, evolving into programs that not only treat the identified patient, but also involve the family as well. Residential treatment centers strive to provide a safe environment where patients can learn various independent living skills while managing their emotional and physical well-being.

Individuals who enroll in such programs temporarily reside in the treatment program's facilities under the supervision of direct care staff (Axer et al., 2013). Individuals entering a residential treatment center typically come from a higher level of care facility such as a hospital or rehabilitation center, which then transition to lower level of care facilities in hopes of transitioning successfully back into their communities. Axer et al. (2013) emphasize that the main goal is for residents to move from "higher to lower levels of care until they are ready to transition to independent or semi-independent living situations" (p. 49).

Residential treatment care staff may consist of experienced psychiatrists, doctoral-level and master's-level professionals such as psychologists and therapists, administrative assistants, residential director, and direct-care workers (Axer et al., 2013). According to Axer et al. (2013),

the majority of the hired personnel are direct-care workers whose qualifications consist of a bachelor's degree or certificate within the field.

In general, residential centers and treatment programs are faced with high turnover rates that are contributed to by high stress and burnout (McLellan, Carise, & Kleber, 2003). Broome, Knight, Edwards, and Flynn (2009) emphasize, "By nature, such work is highly interpersonal, involving direct interaction with the recipient, and can be emotional and stressful" (p. 161). The constant one-on-one interaction with emotionally dysregulated individuals may lead to emotional depletion and exhaustion, which Broom et al. view as the main symptoms to develop first in an employee. The increasing lack of motivation and commitment that occurs working in this field are consequent contributors to employee stress levels and burnout (Broome et al., 2009; Maslach, Schaufeli, & Leiter, 2001). Employees have reported experiencing poorer personal health issues such as fatigue, depression, and other illnesses, largely because of burnout and stress.

As a result of these issues, the organization is challenged with absenteeism, reduced client satisfaction, and intentions to leave (Knudsen, Ducharme, & Roman, 2006; Wright & Cropanzano, 1998). Individuals experiencing burnout tend to be more resistant to change and rigid (Broome et al., 2009). Green, Miller, and Aarons (2013) identify leadership as a "key organizational issue both in times of stable organizational operations and in times of organizational change" (p. 377).

There has been research and discussion surrounding the topic of leadership in research (Aaltio-Marjosola & Takala, 2000; Avolio & Bass, 1998; Axer et al., 2013; Dirks & Ferrin, 2002). However, there is little research regarding residential care. There have been numerous attempts and efforts to determine best leadership practices that should be applied by modern-day leaders to influence and strengthen organizations (Yukl, 1999). The influence leaders play in an

organization is imperative to gaining an understanding of society and the workplace. Leadership has a strong influence over organizational culture and workplace attitudes. Research indicates that positive work attitudes resulted in significantly increasing employee retention (Selden, 2010).

Leadership affects patients and staff. Corrigan, Lickey, Campion, and Rashid (2000) highlight the important role leadership plays in ensuring staff members work together as a team to provide quality care services to patients. It is important and beneficial for organizations to understand how employees' beliefs, attitudes, and performances can be affected by leadership styles (Yukl, 2005). Effective leadership offers an environment for employees to think outside the box, present ideas, make decisions, and receive feedback (Hur, 2008).

Efficient leaders are also more self-aware and more aware of others. They provide initiative, guidance, inspire creativity, autonomy, and listen to the needs of their followers (Davidovitz, Mikulincer, Shaver, Izak, & Popper, 2007).

Transformational leadership is a leadership style, Bass (1990) writes, that, ...occurs when leaders broaden and elevate the interests of their employees, when they generate awareness and acceptance of the purposes and mission of the group, and when they stir their employees to look beyond their own self-interest for the good of the group. (p. 21)

Corrigan et al. (2000) imply transformational leadership can be beneficial to employee retention and development.

While research on leadership practices dates back to the 1800s, there remains a lack of literature focusing on its effect on retention rates in the mental health field (Corrigan, Garman, Lam, & Leary, 1998). In a similar research study, Vonda (2015) expressed:

The importance of leadership in the healthcare industry since the market environment continues to change in response to advances in medicine and technology. As the healthcare delivery system grows more complex, organizations must bring together the talent and energy of physicians, nurses, and support staff in order to maintain a competitive advantage. (p. 1)

This study hopes to bridge the gap by examining the connection between leadership styles and the retention of direct care staff in residential treatment centers. Such research is important in the mental health field in order to help and support mental health organizations in retaining qualified staff and to deliver quality care services to patients.

Statement of Problem

According to the U.S. Department of Labor (2014), the average voluntary turnover rate in all occupations was 15.7% (as cited by Small Business Chronicles, 2016). The *Small Business Chronicles* reports that any organization with 15% or below annual turnover rate is considered healthy (Small Business Chronicles, 2016). However, this percentage widely differs within the mental health field. The Society for Human Resource Management reports that the nationwide workforce turnover rate in mental health and social service organizations can range between 50% and 60% (as cited in Latta, 2012). Specifically in health care, retention of residential staff is an ongoing issue many residential treatment centers are challenged with on a consistent basis and which “negatively affects staff morale, team performance and productivity, and ultimately organizational effectiveness” (Green et al., 2013, p. 374). While concern over voluntary turnover is spread across many organizations, the loss of direct-care staff has a strong impact on residential treatment centers (Knudsen, Ducharme, & Roman, 2006)

The loss of direct-care staff has implications that affect the quality of care delivered to patients as well as program management (Knudsen et al., 2006). Green et al. (2013) believe that reducing factors such as work stress and burnout may decrease the rate of staff turnover. The problem is increasing employee retention as a result of leadership practices has not been identified in residential treatment centers.

Purpose of the Study

The purpose of this case study is to identify best leadership practices for retaining direct-care workers in residential treatment centers. Management is forced to hire quickly replacements in order to obtain an effective residential treatment center as a result of high turnover rates. Spinelli (2006) reports “a need to evaluate the efficiency of transformational leadership in administrative skills management in an attempt to develop a better understanding of the factors related to effective and optimal administrative and CEO leadership” (p. 12).

Research Questions

The purpose of this study is to identify best leadership practices for retaining direct care-workers in residential treatment centers. A review of the literature identified key concepts of transformational leadership (Bass, 1990; Bass & Riggio, 2006). These key concepts Bass and Riggio (2006) noted form the theoretical framework for this study. The extant review of the literature and the resultant theoretical framework informed the research questions:

- 1 What idealized influence practices do leaders use to increase retention of direct-care workers in residential treatment centers?
- 2 What individualized consideration practices do leaders use to increase retention of direct-care workers in residential treatment centers?

- 3 What inspirational motivation practices do leaders use to increase retention of direct-care workers in residential treatment centers?
- 4 What intellectual stimulation practices do leaders use to increase retention of direct-care workers in residential treatment centers?

Design of the Study

This study identifies best leadership practices for retaining direct-care workers in residential treatment centers. While there is literature on employee retention, there is less literature specific to employee retention in residential treatment centers. Therefore, as Creswell (2013), a qualitative design is appropriate when “a problem or issue needs to be explored. This exploration is needed, in turn, because of a need to study a group or population, identify variables that cannot be easily measured, or hear silenced voices” (p. 47). The design of this case study is qualitative and gathers perspectives from participants with experience in residential care.

Theoretical Framework

The theoretical framework selected for this study was driven by a thorough review of the literature. Jin, Seo, and Shapiro (2016) strongly suggest, “Transformational leadership has emerged as one of the most prominent leadership theories during the past decade, drawing a great deal of scholarly attention and investigation” (p. 64). Numerous studies have researched transformational leadership and how transformation leaders influence organization and employee retention (Grant, 2012; Jin et al., 2016; Judge & Piccolo, 2004; Rafferty & Griffin, 2004; Rowold & Heinitz, 2007; Rubin, Munz, & Bommer, 2005). Leaders who are transformational in style and approach “inspire, energize, and intellectually stimulate their employees” (Bass, 1990, p. 19). The transformational leadership concepts, as Bass and Riggio (2006) noted, are the key components of this framework.

There are four components in transformational leadership (Bass & Riggio, 2006). The key components are idealized influence, individualized consideration, inspirational motivation, and intellectual stimulation.

Idealized influence refers to transformation leaders acting as role models in whom their followers will pursue to emulate their behavior (Bass & Riggio, 2006). The second component is individualized consideration, which refers to transformational leaders acting as mentors or coaches, providing special attention to each follower's needs for success and growth.

Inspirational motivation refers to transformational leaders acting in ways that motivate and inspire by providing meaning to their work as well as providing their followers with work challenges (Bass & Riggio, 2006). Last, intellectual stimulation refers to transformational leaders involving their followers in solving organizational problems and encouraging innovation and creativity by approaching old situations in new ways, questioning assumptions, and reframing problems. These four transformational leadership elements make up this study's theoretical framework foundation.

Significance and Relevance of the Study

The significance of this study is that it intends to inform the field of leadership, specifically in health care and residential care as well as employee retention. According to Spinelli (2006), "There is a need to evaluate the efficiency of transformational leadership in administrative skills management in an attempt to develop a better understanding of the factors related to effective and optimal administration and CEO leadership" (p. 12). Transformational leaders help foster employees' commitment to an organization and inspire employees to support the mission, vision, and goals of the organization (Bass & Avolio, 1993).

Leadership is key to an organization's productivity and ability to "maximize the effectiveness of its work force" (McNeese-Smith, 1992, p. 393). There is a lot of research that focuses on leadership and its relation to financial management and employee management, yet there is a lack of literature that focuses on leadership and its relation to employee retention and employee potential (McNeese-Smith, 1992). Leiter and Maslach (2009) have called for more research to be done on leadership and employee retention within the health care system. The intention of this study is to add to the current body of literature.

This study is relevant to leaders and administrators in residential treatment centers. The results of this study assist leaders who are leading employees in residential treatment centers by identifying leadership practices that will increase employee retention. Spinelli (2006) stresses further assessment of transformational leadership in management in order to acquire further knowledge associated with factors pertaining to optimal leadership. Effective leadership strategies are pivotal for health care and mental health organizations to stay viable in order to meet the existing challenges of providing quality health care (Kent, Graber, & Johnson, 1996; Spinelli, 2006).

A new style of leadership is needed to assist health care providers in outlasting the current climate (Sofarelli & Brown, 1998; Spinelli, 2006). In the modern U.S. health care system, health care executives and administrative environments are "challenged with an intense need for subordinate cooperation and smooth working relationships" (Spinelli, 2006, p. 12), especially in an era of manpower shortages. The findings of this study are useful to health care policy makers in that the findings add information that might prove helpful in developing and increasing retention among the workforce.

Operational Definitions

The following operational definitions were culled from the literature.

Burnout: A psychological term that refers to long-term exhaustion and diminished interest in work (Maslach & Jackson, 1981).

Direct-care worker: A person who works within the daily milieu of the residential treatment facility (Gray-Stanley & Muramatsu, 2011).

Employee retention: An organization's ability to retain employees (Wong & Laschinger, 2015).

Idealized influence: Idealized influence refers to transformation leaders acting as role models whom their followers will pursue to emulate their behavior (Bass & Riggio, 2006).

Individualized consideration: Individualized consideration refers to transformational leaders acting as mentors or coaches, providing special attention to each follower's needs for success and growth (Bass & Riggio, 2006).

Inspirational motivation: Inspirational motivation refers to transformational leaders acting in ways that motivate and inspire by providing meaning to their work as well as providing their followers with work challenges (Bass & Riggio, 2006).

Intellectual stimulation: Intellectual stimulation refers to transformational leaders as involving their followers to solve organizational problems and encouraging innovation and creativity by approaching old situations in new ways, questioning assumptions, and reframing problems (Bass & Riggio, 2006).

Job satisfaction: An affective reaction to one's job environment and/or situation (Broome et al., 2009).

Leader: One who serves a lead role in an executive or administrative capacity in a health care-mental health organization (O'Connor & Fiol, 2006).

Leadership: The communication process through which interpersonal influence has a direct effect on the acquisition of a specific goal (Tannenbaum & Massarik, 1957).

Mental health professional: Individuals who specialize in the care of mental health patients and provide clinical and mental health services to individuals, families, and groups regardless of age, ethnicities, and disabilities (Hur, 2008).

Organizational commitment: An employee's level of participation and involvement within their organization (Leiter & Maslach, 1988).

Residential treatment centers: A live-in health care facility providing therapy for substance abuse, mental illness, and/ or other behavioral problems (Broome et al, 2009).

Residential treatment center leader: A residential treatment center leader is defined as a member in the organization who leads, oversees, and manages direct-care staff (Broome et al., 2009; Spinelli, 2006).

Transactional leadership: A leadership style in which reward is contingent upon task completion. Transactional leaders rely on passive management, generally interacting with employees when tasks are not being met (Bass, 1990).

Transformational leadership: A leadership style in which leaders attend to the needs of employees, establish trust among followers, and emphasize the organization's mission, vision, and overall goal or goals (Bass, 1990).

Summary

Many residential treatment centers are actively struggling with retaining direct-care staff. The continuous turnover rate can compromise the therapeutic services patients receive and

disrupt treatment (Robiner, 2006). Residential treatment centers rely on direct-care staff to care for the patients around the clock and implement the treatment plan for each individual (Harris, 2003).

Direct-care staff are the members of the team that is responsible for getting a patient up and ready in the morning and making it to therapeutic and other scheduled appointments. They are in charge of monitoring patients' daily routines, moods, and behaviors (Harris, 2003).

Residential treatment centers depend on direct-care staff to provide the majority of the services guaranteed to patients (Robiner, 2006). Consequently, all the responsibilities given to direct-care staff in addition to the complexity of diagnoses patients present with increase the development of stress and burnout among direct-care staff, ultimately leading to staff turnover (Maslach & Jackson, 1981). Leadership can play an important role in supporting staff through the levels of burnout and help support staff through difficult times (Graber & Kilpatrick, 2009).

This study focuses on the connections between leadership styles and retaining direct-care staff in residential treatment centers. Therefore, Bass's (1985) transformational leadership theory is used as the underlying concept for the study. Transformational leadership is a leadership style Godot (2010) described that can provide many distinct benefits to mental health organizations and should be considered as best practice for mental health leaders. Creativity, group cohesiveness, and psychological well-being are just some of the effects that can come from leaders being transformational in style. Bass's (1985) theory on transformational leadership, as it relates to the study, may significantly address the needs of direct-care staff as the mental health field evolves.

Several researchers (Bass, 1985; Kouzes & Posner, 2002; Rost, 1995) believe in transformational leadership as the most preeminent style to adapt. The results found from the

research are intended to contribute positively to leadership change in mental health organizations, more specifically in residential treatment centers. Chapter 2 presents a review of the literature pertaining to the history of residential treatment centers, direct-care staff, burnout, retention, and leadership.

Chapter 2: Literature Review

There has been a steady decrease in employee retention among direct-care workers in residential treatment centers (Green et al., 2013). While there is research on employee retention, there is little research on retaining employees who work for residential treatment centers. According to Munro (2015) in a *Forbes* article, the residential treatment business is a \$35 billion industry. There are more than 15,000 and counting licensed residential care centers throughout the state of California (Foster, 2002). Given the increase in residential care centers, this topic is important to increase employee retention. Therefore, this study looks at best practices of leaders in retaining direct-care workers in residential treatment centers. This literature review focuses on leadership and employee retention in residential treatment centers.

Chapter Structure

Chapter 2 presents a literature review examining a historical overview of residential care and residential treatment centers in the United States. Readers are presented with literature pertaining to direct-care staff in residential treatment centers in the United States, stress and burnout, leadership, leadership in residential treatment centers, and leadership and retention. The chapter concludes with a review of the theoretical framework and a chapter summary.

Historical Residential Care Overview

By the end of World War II, Vienna, Austria was at the forefront of fostering creative ideas for the education and art fields. At the intellectual center of it all was the Freud family (Cohler & Friedman, 2004). Sigmund Freud was a fundamental figure in psychoanalysis and attracted like-minded colleagues and students who spread his work and teachings into child development and education. Freud's youngest daughter and psychoanalysis student, Anna Freud, became a member of the Vienna Psychoanalytic Society and was fascinated with working with

orphaned children at a Jewish home. She became involved in the education curriculum for the children and began to formulate a mode of instruction with Willi Hoffer, a psychoanalytic educator. Aichhorn (1925), also a member of the Vienna Psychoanalytic Society, joined Anna Freud and Willi Hoffer. He specialized in working with juvenile delinquents. Together, they were pioneers in the field of education and psychoanalysis, establishing a psychoanalytic curriculum for children at the Vienna Psychoanalytic Institute and creating a professional journal (Cohler & Friedman, 2004).

Anna Freud later opened up her own practice and created a school, with the help of Eva Rosenfeld and Dorothy Burlingham, which offered refuge for children within the Viennese analysts' circle, including Aichhorn's son. Aichhorn (1925) continued his work with troubled youth at the Rosenfeld-Burlingham School documenting his analysis of the psychoanalytical residential program. Aichhorn recorded his analysis of residential programs in Vienna in *Wayward Youth*, which was translated by a group of psychoanalysts in Chicago. Aichhorn was very interested in children's relationships with their counselors and used the relationships to create positive transference (Bettelheim, 1955). Aichhorn (as cited in Cohler & Friedman, 2004) believed,

That it was important for therapeutic staff members who worked with the children to recognize that virtually all aspects of daily life, including the young person's moment-to-moment interactions with staff members and fellow students, have meanings that can be understood and may be connected with the child's actions that challenge his caregivers. The young person's responses to the therapeutic staff members are founded in large part on the repetition of relationships within the family circle, and young people can be helped to understand this connection between present and past. (p. 241)

The works of Anna Freud and Aichhorn contributed to the development of residential centers in the United States post-World War II.

Residential Treatment Centers in the United States

Residential treatment centers began to appear in the United States in the 1920s. Originally termed “inpatient services” (Magellan Health Services, 2008, p. 3), these centers were established to provide a safe environment for abused and neglected children, later taking on a therapeutic component, and began focusing on treating children and adolescents suffering from mental illness (Kolko, 1992). The term “residential treatment” (Magellan Health Services, 2008, p. 3), began to be used as Aid to Department Children and Social Security stopped being initial reasons to institutionalize children and adolescents for financial reasons (Magellan Health Services, 2008). Subsequently, social work, psychiatry, and psychotherapy gained greater respect within the medical community, influencing the community to foster residential programs aimed at treating mental illness.

Anna Freud’s audience grew as a result of her psychoanalytical work with children. Among her audience were Bruno Bettelheim, Rudolph Ekstein, and Fritz Redl. Ekstein and Redl immigrated to the United States, continuing Anna’s teachings. After spending time in a work camp, Bettelheim was allowed to immigrate to the United States (Cohler & Friedman, 2004). The three became prominent figures in the emergence of residential treatment. Ekstein began working at the Menniger Foundation, Redl was asked to establish a school based on the pioneering works of Aichhorn by the Junior League of Detroit, and the University of Chicago recruited Bettelheim. Ekstein, Redl, and Bettelheim’s overlapping careers are the extending result of intervention of child welfare in the United States.

Zimmerman (2004) states the concept of residential treatment in the United States was initiated by the clinical work piloted by “two innovative residential treatment programs for children and adolescents through the collaboration between Bruno Bettelheim at the University of Chicago and Fritz Redl and David Wineman at Wayne State University” (p. 348). Their efforts were influenced by Aichhorn’s integration of pedagogy and psychoanalysis as well as Anna Freud and Burlingham’s residential establishment for children seeking refuge.

Redl and Wineman continued their work at the Pioneer House in Detroit with Redl transitioning to a children’s inpatient unit in Maryland at the National Institute of Mental Health (Zimmerman, 2004). During that time, Bettelheim began working at the Sonia Shankman Orthogenic School of the University of Chicago. These pioneers made important contributions in the United States by developing residential treatment as a therapeutic modality and centrally focused on developing residential treatment in urban areas of the United States. Eskein transitioned from the Menninger Foundation, a treatment center for children and adults, in Los Angeles to the Menninger to the Southard School of the Menninger Clinic in Kansas (Cohler & Friedman, 2004; Zimmerman, 2004).

The psychoanalytic approach to residential treatment grew in popularity during the 20 years after World War II, with numerous residential treatment centers introducing a humanistic perspective to milieu treatment (Trieschman, Whittaker, & Brendtro, 1969). On top of the psychodynamic approach, other therapeutic approaches were on the rise and emerging into residential treatment centers for troubled youth (Zimmerman, 1990). These therapeutic modalities include the behavior approach-model, psychoeducational approach, positive peer culture model, and the cognitive behavior model now known as cognitive behavioral therapy.

Cognitive-behavior and behavioral-based modalities increased in popularity, influencing a renewed interest in attachment theory techniques in residential treatment and inpatient settings (Cohler & Zimmerman, 1997). The need for residential treatment centers increased followed by the substantial revival of interest in attachment theory and growing numbers of abused and neglected children (Fritsch & Goodrich, 1990).

The American Orthopsychiatric Association held a conference in 1954 on residential treatment, resulting in the establishment of the American Association of Children's Residential Centers directed by Bruno Bettelheim, Morris Fritz Mayer, and Edward Greenwood two years later (Magellan Health Services, 2008). By 1971, the National Institute of Mental Health counted 261 established residential treatment centers, increasing in the 1980s, serving approximately 125,000 children and adolescents. It was during this time that the term residential treatment grew in popularity to distinguish itself from hospitals. Policy makers were called to action as a result of the increasing number of children and adolescents being placed in residential treatment centers at a high cost (Lieberman, 2004).

In 1980, the Adoption Assistance and Child Welfare Act introduced the expectation that a child not be taken out of his or her home unless he or she presents an imminent danger to himself or herself or others (Lieberman, 2004). The expectation presented by the Adoption Assistance and Child Welfare Act had an effect over residential treatment center admissions for about six years. The number of children placed in residential treatment decreased from 1980 to 1986, during which residential treatment centers began to include family involvement. This led to an open debate on whether youth coming out of intense hospitalization should be immediately reintroduced into the family unit. This reaffirmed the need and necessity of residential treatment centers to treat at-risk or disturbed youth that families could not handle.

Residential treatment centers were and are still typically operated by psychiatrists, psychologists, and social workers, whereas hospitals are run by doctors and nurses. By 2000, a quarter million children and adolescents were being treated in residential treatment centers (Magellan Health Services, 2008).

Direct-Care Staff in Residential Treatment Centers

In residential treatment centers, direct-care staff includes residential technicians, residential counselors, and independent-living specialists. The role of direct-care staff is crucial to a patient's transition back into the community (Knowles & Landesman, 1986). Direct-care staff must have obtained an undergraduate degree or at least two years of experience in a residential setting or working with children and adolescents (Harris, 2003). Direct-care staff is usually entry-level positions in residential treatment centers but have the most contact with patients, holding the majority of the responsibility for the day-to-day care of the patients.

Residential treatment centers are open seven days a week, 24 hours a day—meaning that direct care staff is needed around the clock (Harris, 2003). Direct-care staff is composed of the team members responsible for getting a patient up and ready in the morning, and making it to therapeutic and other scheduled appointments. They are in charge of monitoring patient's daily routines, moods, and behaviors. Direct-care staff is also responsible for enforcing rules and regulations as well as adhering to any behavioral system put in place by upper management and clinicians.

Residential treatment centers usually have a rating system that correlates to patients' behaviors and actions throughout the day (Harris, 2003). Behavioral systems are used to help patients learn appropriate and socially accepted behaviors. This helps keep the patients accountable for their behaviors and rewards those who exhibit good and appropriate behaviors.

Rewards can range from later curfew, allowance increase, computer usage, visitors, etc. Patients who display unacceptable behaviors usually get many privileges taken away and added consequences. It is the direct-care staff members who report their observations of patients to the clinical staff and who enforce the behavioral system consequences. This means that if direct-care staff members are taking away privileges and enforcing consequences, they get the brunt of the blame from the patients.

Patients' treatment plans are usually adjusted as a result of direct-care staff members' observations, and, therefore, play a valuable role. Along with enforcing the residential treatment center rules and behavioral systems, direct-care staff members play the role of mentor. They are the patients' daily support system, physically and emotionally. Direct-care staff members must be validating and empathetic with patients to provide the support needed (Harris, 2003).

Baldwin (1990) states that most direct-care staff enters into the field with a lack of training and experience. Although direct-care staff members may understand the array and difficulty of problems that patients present with at residential treatment centers, the staff struggles with figuring out the exact role members play and how the treatment process works in residential care. In addition, Baldwin reports direct-care staff members frequently feel criticized because of the lack of resources available to them. Direct-care staff members are given the responsibility to care for patients and control crisis situations that occur throughout the shift (Davison, 1995). The staff members deal with the unhappiness and pain on a daily basis and often take on the transference from the patients, while at the same time trying to develop positive interactions and relationships.

Direct-care staff does purposeful and meaning work, which demands a level of commitment that differs from other vocations (Davison, 1995). At this level of work, it is

necessary for direct-care staff members to make genuine commitments to the patients with whom they work. This requires resiliency, both emotionally and psychologically. Many residential treatment centers struggle to find and keep qualified, ideal staff. Davison (1995) claimed that unqualified direct-care staff members are charged with caring for patients and are, at times, made to work alone, depending on the staff-client ratio at certain residential treatment centers. Because of the lack of experience, unqualified direct-care staff members struggle with handling crisis situations and behave in ways that are not beneficial to patients.

Many studies have explored the developmental phases direct-care staff goes through in residential work settings. Sutton (1977) discovered that within a direct-care staff member's first year of employment, there is an increased willingness to offer emotional support to patients. Between or after one to three years of work, direct-care staff members' motivation decreased, resulting in a decrease in satisfaction with the work.

Sheahan et al. (1987) further researched the developmental stages of direct-care staff. The inexperienced or beginner direct-care staff member usually struggles with transitioning into the job. Establishing firm boundaries is a challenge to someone new in the field. They may blur the boundaries and befriend the patient, may become overinvolved in a patient's treatment, may take things personally, may struggle with countertransference, and may be reactive to or fearful of situations. Once time moves on, direct-care staff becomes more skillful in maintaining boundaries and becomes more self-aware. Over time, direct-care staff members still may take a patient's treatment progress personally; however, they develop distinct skills, learn to maintain firm and clear boundaries, have an increase in self-awareness, and really take in the crucial role they play in a patient's life. Phelan (1990) also believed that it takes approximately three years for direct-care staff members to transition from inexperienced to professional. At the beginning

stages, direct-care staff members lack confidence, which increases over time. Between the first and third year, the direct-care staff member is able to apply classroom knowledge into practice and he or she displays competence in the field. This perspective sheds lights on the development of a direct-care staff member.

In addition to providing for the patients' emotional and physical needs, direct-care staff is responsible for providing timely and accurate documentation, depending on the accreditation of the residential treatment center. Direct-care staff holds many responsibilities at residential treatment centers. With all of these responsibilities, it is easy to see how direct-care staff members can easily burnout (Harris, 2003; Sheahan et al., 1987; Sutton, 1977).

Burnout

Maslach and Jackson (1981) define burnout as “a syndrome of emotional exhaustion and cynicism that occurs frequently among individuals who do ‘people-work’ of some kind” (p. 99). Landrum, Knight, and Flynn (2012) state that burnout is “especially salient in human service organizations and specifically in substance abuse treatment where clients are apt to deny and minimize their problems” (p. 223). Individuals who work in the human service field often spend a lot of time involved in other people's lives.

Interaction between staff and patient is focused on the problems with which the patient is currently dealing. These problems can be psychological, physical, and/or social and can show up as feelings of anger, fear, despair, and/or embarrassment (Maslach & Jackson, 1981). Working in the helping profession and interacting with clients who are continuously struggling in these areas can be emotionally draining and can result in burnout. Maslach and Jackson present three key characteristics of burnout. The first characteristic of burnout is intense feelings of emotional exhaustion and refers to feelings of being drained and emotionally overextended by the

interaction with other people (Leiter & Maslach, 1988). Emotional exhaustion can lead to staff members to feel that they can no longer provide psychological support to patients (Maslach & Jackson, 1981).

Another characteristic of the burnout syndrome is that staff members may begin to develop negative and cynical feelings and attitudes toward their patients. This can be related to staff members being emotionally exhausted (Maslach & Jackson, 1981). Staff members' negative feelings toward patients can lead to staff members feeling that their patients somewhat deserve what they are going through (Ryan, 1971). The last characteristic of burnout is the tendency for staff members to feel unhappy about their job performance and evaluate their performance negatively (Maslach & Jackson, 1981).

The effects of the burnout syndrome can significantly affect staff, patients, and organizations and can progressively worsen the quality of care that staff provides to patients (Freudenberger, 1974). Consequently, burnout seems to play an integral role in low morale, absenteeism, and job turnover (Maslach & Jackson, 1981). Many studies have looked into the role burnout plays in direct-care staff retention.

Organizational Commitment

There is a growing interest in studying employees' commitment to an organization (Deniz, Noyan, & Ertosun, 2013). Organizational commitment is defined as an employee's level of participation and involvement within the organization (Leiter & Maslach, 1988). Organizational commitment may occur for several reasons and is reflected in the individual's emotional, moral commitment and beliefs about the organization (Deniz et al., 2013). High levels of organizational commitment are reflected in higher retention among employees (Steers, 1977). It is reasonable to assume that the impact of burnout can lead to lower levels of

organizational commitment, increasing the likelihood of employees leaving their jobs. Leiter and Maslach (1988) state that when employees,

Are feeling emotionally exhausted by their work, are developing depersonalized views of the people they serve, and are feeling that they are not accomplishing much, then they would probably become less enthusiastic and accepting of the organization's goals, less dedicated to achieving them, and more prone to withdrawing from work (both psychologically and physically). (p. 299)

Organizational commitment has been found as a variable linking to both burnout and employee turnover. Similarly, burnout has been found as a variable linking to both role conflict between supervisor and employee and organizational commitment (Chullen, 2014).

Direct-care staff members are integral to patient care and roughly provide more than 80% of the care (Porter, 2015). Studies suggest organizational commitment is associated with higher turnover rates, which negatively effect organizations (Liou, 2008; Smith & Baughman, 2007). High turnover can be costly for organizations and is estimated to cost an organization more than \$3,000 for each turnover (Smith & Baughman, 2007; Stone, 2004). Porter (2015) states that from a policy point of view, turnover is a big concern to reforming health care, effecting the existing regulations of the Affordable Care Act and Patient Protection. Further studies focused on gaining a better understanding of the degree to which organizational commitment and transformational leadership are related is essential to the development and establishment of current and future health care policies and direct care staff supply.

Employee Satisfaction

Employee satisfaction is an area worth focusing on for managers in any organizational setting. Employee satisfaction and burnout are two psychological factors that effect job turnover

(Johnco, Salloum, Olson, & Edwards, 2014). There is a lot of research that supports the importance of studying employee satisfaction in great detail (Aarons, Sommerfield, Hecht, Silovsky, & Chaffin, 2009).

Employees' satisfaction with a job directly affects staff retention in an organization along with other factors such as organizational effectiveness and morale (Aarons et al., 2009). Broome et al. (2009) state, "Some common themes for measurement include value or interest in the work itself, sufficiency of rewards, connections with peers, and appraisals of supervisors and the organization as a whole" (p. 161). The work of direct-care workers can be very stressful, causing employees to experience emotional exhaustion and burnout that can lead to a decrease in job satisfaction. Elpers and Westhuis (2008) conducted a study revealing a connection between occupational stress and job dissatisfaction. Leaders have the ability to influence job satisfaction among employees.

There is an inverse correlation between employee satisfaction and turnover in which a decrease in employee satisfaction increases employee turnover (Mossholder, Settoon, & Henagan, 2005). Voluntary turnover is a result of a decrease in job satisfaction that can also have a financial effect on an organization such as replacement and training costs (Bright, 2008). A positive work environment can increase job satisfaction. In addition to staff retention, employee satisfaction with a job can influence other factors such as lower absenteeism, and improvements to work efficiency, productivity, and performance that can generate financial burdens on the organization (Kerr, Miller, & Norris, 2002).

The quality of supervision can also impact job satisfaction. Garland, McCarty, and Zhao (2009) discovered that the quality of supervision employees perceived was the greatest predictor of job satisfaction. An increase in job dissatisfaction can risk the overall health of an

organization by hindering the effectiveness and performance of an organization. Smerek and Peterson (2007) list several factors such as organization policies, quality of supervision, work environment, supervisor-employee relationship, and job security that contributes to job dissatisfaction. Leadership can play a significant role in influencing those factors, and the researcher hopes that this study will add to the literature.

Burnout and Staff Retention

The key aspects of burnout syndrome have been the focal point of many studies examining its causes and effects. It has been proposed that burnout is the result of both environmental and personal factors (Leiter & Maslach, 1988). However, findings suggest work setting elements (environmental factors) are specifically more correlated to burnout than personality characteristics (personal factors).

Much of the work setting factors in investigation of burnout syndrome have been connected to the interactions with patients or coworkers (Leiter & Maslach, 1988). For instance, “Burnout has been correlated with a greater percentage of time in direct care of clients, more difficult client problems, and a low degree of peer support” (p. 298). In many cases, it is suggested that interactions between coworkers have been significantly associated with burnout (Gaines & Jermier, 1983). These outcomes propose that frustration, distress, or conflict are the main results of human interaction in helping professions and play an important role in job satisfaction and organizational commitment (Leiter & Maslach, 1988).

There is a difference between types of support versus sources of support. Coworkers, supervisors, and spouses have all been identified as sources of support versus the types of support identified as emotional and instrumental (Leiter & Maslach, 1988). It was presumed that the number and/or frequency of contact with people resulted in positive social support; however,

in Barrera's (1985) analysis of the distinction between the concepts of social support, interactions between people (coworkers, supervisor, and spouses) are not always supportive. Barrera's study led Leiter and Maslach (1988) to investigate burnout and organizational commitment as they relate to positive and negative contacts.

Leiter and Maslach (1988) conducted a study to distinguish job contact between an employee and a supervisor, and an employee and his or her coworker. It was hypothesized that the relationship between these different types of contact would be very different. Positive contact with a coworker may involve comfort, help, and friendship while positive contact with a supervisor may include guidance, promotion, and praise. It is reasonable to believe that an employee's job contact with a coworker and supervisor could each have distinct relationships to burnout and organizational commitment. The same could be said with regard to negative job contact. In a study using 74 support staff members at a private institute, Leiter and Maslach confirmed that emotional exhaustion was positively and independently related to unpleasant supervisor contact and role conflict.

A Dubreuil, Laughrea, Morin, Courcy, and Loiselle (2009) study, consisting of 263 participants, looked at the effects of social relationships in a workplace setting. Dubreuil et al. discovered that role conflict along with a negative working relationship with a supervisor have a direct effect of the level of organizational commitment, subsequently leading to burnout development.

Similarly, Hernandez, Luthanen, Ramsel, and Osatuke (2015) conducted a study using information collected from 3,674 participants and discovered a high correlation between role conflict and emotional exhaustion, and burnout and organizational commitment. Emotional

exhaustion is increased by workplace settings that have high levels of role conflict between employee and supervisor, creating an unpleasant work environment (Leiter & Maslach, 1988).

Rose, Jones, and Fletcher (1998) conducted a study revealing results implicating direct care staff members who experienced higher levels of stress interacted less with patients, which decreased the quality of care as opposed to staff members who reported lower levels of stress.

Another study focused surveyed 242 direct-care staff members in a residential setting (Rose, Madurai, Thomas, Duffy, & Oyebode, 2010). The results of this study denoted that the majority of the direct-care staff members felt as if they had invested more of their time with the organization and received very little in return, leading to higher levels of burnout. Lakin, Leon, and Miller (2008) conducted a study that revealed reasons for direct-care staff members leaving their organization after experiencing high levels of emotional exhaustion coupled with the demanding responsibilities of direct-care staff. In this study, direct-care staff members reported they were not given the necessary attention or training required to handle the severity of patients' illnesses.

In a similar study, Colton and Roberts (2006) reported that direct-care staff members left their organization as a result of feeling undervalued, reporting that management did not pay attention to staff members' feelings of being exhausted by the challenging work they do.

According to Johnco et al. (2014):

Organizational supports, including supervisory support, can be both a protective and risk factor when it comes to staff turnover. Lack of supervisory support, including poor availability or quality is generally associated with increased intentions to leave, while good supervisory support can increase employee retention by 46%. (p. 398)

Similarly, Garland (2004) reported direct-care staff members leaving their organization as a result of their perceptions of their leaders being ineffective, poor communicators and noncaring. Such work environments generate higher levels of burnout with employees, subsequently lowering organization commitment (Hernandez et al., 2015). While concern over voluntary turnover is spread across many organizations, the loss of direct-care staff has a strong impact on residential treatment centers (Knudsen et al., 2006). The loss of direct-care staff effects the quality of care delivered to patients as well as the management of the program. Leadership practices can play an integral role in affecting burnout.

Historical Views on Leadership

Leadership is a term widely used around the world and is described as the communication process or technique through which interpersonal influence has a direct effect on followers' behaviors (Tannenbaum & Massarik, 1957). The first serious research on leadership began in the 1920s, starting with trait theory (Jasper & Jumaa, 2005). The concept of leadership was originally thought of in terms of individual abilities (Bavelas, 1960; Tannenbaum & Massarik, 1957). An exceptional leader was linked to having special powers, for example, a leader having the capability to hypnotize an individual to obey (Bavelas, 1960). However, this type of measurement failed, as many viewed it as untrustworthy. Additionally, throughout this period of time, researchers defined leadership traits according to what they thought leaders should be like.

Prior to World War II, Ready (1964) reviewed the literature on leadership pertaining to the social sciences in determining the makeup of a leader and the possible challenges that could arise throughout the remaining years of the 20th century. Studies focused on leadership as an entity, which consisted of acquiring characteristics such as personality, intellectual, and physical traits.

Tannenbaum and Massarik's (1957) research offered another perspective on leadership in which physical and psychological characteristics were excluded, leaving the researchers to focus solely on the individual leader. Other historical approaches to the concept and theories of leadership were viewed from the scientific management and human relations perspective, including transformational leadership (Bass, 2000; Bennis, 1961; Hersey & Blanchard, 1979). Bennis (1961) used scientific management, including bureaucracy and human relations, to describe leadership theory. Fredrick W. Taylor and Max Weber developed scientific management that added to establishing fully the theory of bureaucracy.

Between 1910 and 1935, the theory behind scientific management and bureaucracy was relative to formal, large-scale organizations that operated on a hierarchy status (Bennis, 1961). The human relations approach to leadership theory rose in popularity from 1938 to 1950, when management, in addition to formal organizational charts, began to consider the interpersonal and informal contexts.

The development of leadership began to shift when researchers presented two schools of thought toward the concepts and theories of leadership. These schools of thoughts were generated from a situational and personality point of view (Stogdill, 1975). Before World War II, individual traits were the focal point in describing leadership. At the end of the war, the behaviors and role of leaders focused on explaining leadership. Contemporary developments then began to pay attention to how leaders' behavior affected performance and job satisfaction.

Earlier thinking on leadership theory initially believed that specific traits distinguished leaders from followers (Johns & Moser, 1989); however, after 40 years of research, not one single characteristic or personality trait has been identified to differentiate leaders from followers

(Jennings, 1972). This then led leadership theory to emphasize situations rather than a specific personality trait (Hersey & Blanchard, 1979).

There are several explanations of the term leadership, many of which define similar characteristics that influence a group or organization (Yukl, 1989). Johns and Moser (1989) centered on the influential component of leadership, offering a definition that focused more on personal influence and its affect on communication and fulfillment. Maxwell's (1998) definition of leadership referred to the influential connection between leaders and those being led, adding that honesty and trustworthiness must be traits a leader must possess in order to have a positive influence and reach a mutual goal. There is a commonality among all of these leadership definitions in which an influential relationship is a key component of leadership (Block, 2003).

Leadership in Residential Treatment Centers

A good amount of research is devoted to leadership in many different fields; however, there is a lack of research focusing on leadership in the mental health setting. Wong and Laschinger (2015) pointed out that the role of supervisor in residential treatment centers “is pivotal to the development of safe and healthy working conditions and optimal staff and patient care outcomes” (p. 1). Because of the high levels of burnout and retention rate in residential treatment settings, along with the responsibilities of patient care, more studies focusing on the impact of leadership in mental health is needed (Kilpatrick, 2009). A study Porter (2015) conducted found:

High quality leadership and management, including the offering of recognition, feedback, and a culture of value and respect for [direct-care workers] has been associated with low turnover. Low turnover is generally positively perceived, but if employees have low

levels of organizational commitment, then other factors such as quality, customer satisfaction, and resident well-being can suffer. (p. 72)

Munich (2000) reported a gap in leadership between supervisors and direct-care staff because supervisors generally develop, coordinate, and delegate the care being provided while direct-care staff provide the care to the patients. Supervisors (leaders) cannot control every factor in an organization; however, they can have an influence on their direct care staff members' well-being and state of mind (Edwards, 2009). In times of change and instability, leaders can play a significant role. By practicing humanism, leaders can demonstrate creative new ways of thinking and offer direct-care staff optimism during difficult times. Leaders facilitate humanism by providing their employees a supportive, positive, and empowering work environment (Graber & Kilpatrick, 2009).

In recent years, there seems to be a lack of thoughtfulness and warmth in the health care environment in the United States, specifically in mental health. Mental health leaders have disregarded the human dimension and heavily focus on programs that contribute to efficiency, clinical distinction, technical advancements, and financial success (Graber & Kilpatrick, 2009). Not to take away the importance of financial stability and success, efficiency, advancements, and distinction have to residential treatment centers, the interpersonal rapport between supervisors and direct care staff is of equal importance. A study was conducted that researched the humanistic approach between top-level management and direct-care staff, which revealed that not only do leaders play an integral role in caring for patients, but they can be instrumental in fostering positive relationships among direct-care staff members within the organization (Castle, Ferguson, & Hughes, 2009). An exemplary residential treatment center will focus on providing

excellent mental health services and retaining high quality direct-care staff; however, to become this type of center, an organization must provide compassionate and strong leadership practices.

In addition to the important role humanism plays in mental health organizations, there are specific leadership styles that add to the development of strong leadership (Godot, 2010).

Transformational leadership is a leadership style Godot described that can provide many distinct benefits to mental health organizations and should be considered as best practice for mental health leaders. Creativity, group cohesiveness, and psychological well-being are just some of the effects that can come from leaders using transformational style. Leaders can have a profound impact on employee job satisfaction. Godot discovered that relationships exist among transformational leadership and creativity and psychological well-being. Direct-care staff members interact most with patients and usually handle the majority of the documentation. The workload can be stressful and can lead to burnout. Direct-care staff usually does not have control over the treatment plan, which can suppress direct-care staff member's creativity. Direct-care staff members who have the ability at an organization to exercise creativity are more adept at modifying their skills based on the patients' needs, which can deliver higher quality of care and services and ultimately improve clinical outcomes.

Additional studies have been conducted to determine the correlation between transformational leadership and creativity. Wang and Rode (2010) conducted a study using a sample size of 212 participants consisting of employees and their direct supervisors. The results of the survey revealed a direct correlation between supervisors who exhibited a transformational leadership style with their employees and those who encouraged innovation, which improved employee creativity. Transformational leadership allows employees the space to identify with leaders and have positive interaction that foster trust between supervisor and employee.

Group cohesiveness is another result of transformational leadership (Godot, 2010). Leaders who acknowledge a group of workers' unique talents and skills, and show respect for their abilities, can positively improve job satisfaction and lower employee burnout. The use and benefits of transformational leadership in mental health can be persuasive since burnout is common throughout the field. Transformation leadership can help with increasing levels of group cohesiveness, subsequently increasing the support direct-care staff members receive from each other.

In addition to transformational leadership, studies have examined the role transactional leadership can have in mental health settings (Corrigan & Garman, 1999). In a study examining 187 social workers' perceptions of transformational and transactional leadership in a hospital setting, Gellis (2001) revealed transformational elements, including idealized behaviors, inspirational motivation, individual consideration, intellectual stimulation, and contingent reward, were noticeably linked to job effectiveness and overall job satisfaction.

Similar to the transformational elements, perceived effectiveness and an increase in job satisfaction were also linked to the contingent reward aspect present in transactional leadership. The study showed social workers put in extra effort (Gellis, 2001). To emphasize the effectiveness of transformational and transactional leadership in mental health settings, Corrigan and Garman (1999) utilized Bass and Avolio's (1993) multifactor leadership questionnaire. The authors highlighted the importance of strong leadership to build a strong team of direct-care staff. A team of direct-care staff will perform its best under the direction of a strong, effective leader. This is imperative in a residential treatment setting, as direct-care staff provides patient care.

Leaders in residential treatment centers not only are responsible for creating unique programs, but they also have to maintain these programs (Corrigan & Garman, 1999).

Transactional leadership skills are necessary for reinforcing strategies that assist direct-care staff in helping to maintain such unique programs. Mental health leaders who manage to build strong, effective direct-care staff teams to help sustain such programs will see an improvement in quality of services.

Another study examined burnout, job satisfaction, and turnover intent among employees at a mental health facility (Scanlan & Still, 2013). Results expanded upon two main reasons for employees voluntarily leaving the job. Employees expressed leaving the organization was directly linked to having difficulties dealing with a supervisor and fatigue. These two reasons increase levels of exhaustion and disengagement within the employees, ultimately leading to turnover. Scanlan and Still suggest organizations put a recognition system in place to acknowledge the difficult work employees are challenged with on a daily basis. In addition to an employee recognition system, it was suggested that organizations improve management practice. Both suggestions are intended to enhance employees' psychological well-being and have a positive effect on job satisfaction.

Another research study conducted by Beckett, Field, Molloy, Yu, Holmes & Pile (2013) examined a practice development project and whether direct-care staff could deliver the same person-centered care principles that management and leadership adopted. This study's outcome considered efforts to enhance organizational culture. Barriers to change were identified as ineffective leadership, unresponsive organizational cultures, and employee resistance. The study discovered a positive correlation between transformational leadership and practice development in improving teamwork among staff and facilitating culture change in a mental health setting.

Further research on mental health leadership was conducted on an international level by Beinecke and Spencer (2007). The authors partnered with an international mental health organization to improve clinical services by incorporating innovative leadership practices. A transformational leader attempts to meet higher needs, uses the whole person approach, and looks for determination in followers. Leadership in mental health is a necessary issue that should be acknowledged in mental health settings and is imperative in transforming mental health structures.

Transformational Leadership

Participative leadership has transformed the way organizations view leadership (Rost, 1995). Leadership models such as visionary leadership, charismatic leadership, and transformational leadership have shifted to leading employees as opposed to managing employees (Elpers & Westhuis, 2008). New leadership models emphasize fostering self-respect, empowering employees, and cooperative teamwork (Ensley, Hmieleski, & Pearce, 2006). These new leadership paradigms were based on theorists discovering the notion that employees were much more efficient and productive when employees' basic needs were met (Hersey, Blanchard, & Johnson, 1996).

Although transformational leaders must still tend to the organization's daily transactions and outcomes, the main objective for these leaders is the evolving transformation of teams through positive employee interactions (Bass, 1999). Transformational leaders go beyond the basic relational level of transactional leadership in which the leader influences the follower and the follower influences the leaders (Bycio, Hackett, & Allen, 1995). Transformational leadership involves a heightened awareness of an organization's objectives and vision among its followers. The change from transactional leadership styles to transformational leadership styles resulted

from organizational changes, change in social values, and cultural change (Bycio, Hackett, & Allen, 1995).

Many theorists have had a large impact on understanding leadership and its effect on organizations. One theorist in particular, Burns (1978), categorized leadership as transactional leadership, transformational leadership, and laissez-faire leadership. Burns defined transactional leadership as a leadership style in which reward is contingent upon task completion.

Transactional leaders rely on passive management, generally interacting with employees when tasks are not being met (Bass, 1990). Bass and Riggio (2006) stated:

Transactional leadership occurs when the leader rewards or disciplines the follower, depending on the adequacy of the follower's performance. Transactional leadership depends on contingent reinforcement, either positive contingent reward (CR) or the more negative active or passive forms of management-by-exception (MBE-A or MBE-P). (p. 8)

Motivating factors of transactional leadership relied heavily on an individual's self-interest (Bass, 1985). In contrast to transactional leadership style, transformational leaders attend to the needs of employees, establish trust among followers, and emphasize the organization's mission, vision, and overall goals (Bass, 1990).

The transition from transactional leadership style to transforming leadership style mandated a reevaluation of organizational values and its impact on staff. Transforming leadership was described as an attribute that recognizes and supports the presenting needs and requests of possible followers (Burns, 1978). Transforming leadership was explained as a relationship concept. Burns described this concept as one in which leaders and followers work together to help each other advance to a higher level of motivation and morale.

Originally conceptualized by Burns (1978), Bass expanded the theory by describing the underlying psychological mechanisms of transformational and transactional leadership. Bass's concept of transformational leadership is used as the theoretical foundation for this study. Bass (1985) did not view transformational and transactional leadership as being on opposite ends of the leadership spectrum.

Contrary to Burns, Bass (1985) argued that both styles could be used concurrently. The fundamental objective of transformational leadership is the development of strong, positive relationship among leaders and followers, which results in higher levels of job satisfaction, motivation, increased morale, and self-awareness (Gellis, 2001). This management style is said to inspire followers to reach self-actualization through Maslow's hierarchy of needs (Xirasagar, 2008).

Characteristics of Transformational Leadership

Transformational leaders exhibit certain characteristics. Bass and Avolio (1993) identify charisma as an important characteristic of this style of leadership. Transformational leaders are able to utilize their intellect and skills to motivate followers. Bass (1998a) states:

Leaders are authentically transformational when they increase awareness of what is right, good, important, and beautiful, when they help to elevate followers' needs for achievement and self-actualization, when they foster in followers higher moral maturity, and when they move followers to go beyond their self-interests for the good of their group, organization, or society. (p. 171)

They have the ability to inspire transformation within their followers as well as the organization (Aaltio-Marjosola & Takala, 2000). Studies have shown that transformational leadership significantly increases organizational performance, generates higher commitment from staff,

enhances employee satisfaction, increases trust in management, and reduces stress while increasing staff members' well-being (Barine & Minja, 2012).

Transformational leaders allow followers to investigate new challenges and trust their followers to handle these challenges, encourage innovation, make decisions, and foster personal and professional development (Davidovitz et al., 2007). The trust and freedom transformational leaders provide have a profound effect on their followers (Aaltio-Marjosola & Takala, 2000).

Researchers have discovered a link between a leader's emotional experience and the emotional experiences of their employees. Bono, Foldes, Vinson, and Muros (2007) conducted a study among health care workers that revealed three themes associated with the emotional experiences between leaders and their employees. Bono et al. learned that when interacting with managers, employees experienced fewer positive emotions compared to the interactions between employees and their coworkers.

Bono et al. (2007) learned that employees with transformational leaders experienced more positive emotions throughout the day. Last, Bono et al. learned that an increase in stress and decrease in job satisfaction were associated with employees whose emotions were regulated as opposed to those employees working under transformational leadership when job satisfaction increased.

The study revealed the powerful impact supervisors and managers could have on employees' emotions (Bono et al., 2007). Bono et al. did not examine causation, so further research is recommended to follow up on their findings in a controlled environment.

Four Factors of Transformational Leadership

Bass (1985) included four components of transformational leadership theory. These components have evolved as refinements in the concept and measurement of transformational leadership (Bass & Riggio, 2006). A brief review of these components follows.

Idealized influence. Idealized influence refers to transformation leaders acting as role models the behaviors of whom their followers will try to emulate (Bass & Riggio, 2006). Followers respect, admire, and trust their leaders. Therefore, “There are two aspects to idealized influence: the leader’s behaviors and the elements that are attributed to the leaders by followers and other associates” (p. 6). According to Aailtio-Marjosola and Takala (2000), transformational leaders who measured high in Idealized Influence were considered by their followers to be consistent in their behavior, trustworthy, and more determined. Additionally, leaders who measure high in Idealized Influence are able to increase enthusiasm within followers toward the mission and vision of the organization (Gumusluoglu & Ilsev, 2009).

Individualized consideration. Individualized consideration refers to transformational leaders acting as mentors or coaches, providing special attention to each follower’s needs for success and growth (Bass & Riggio, 2006). Leaders recognize the individual differences and needs within each employee and demonstrate “acceptance of individual differences (e.g., some employees receive more encouragement, some more autonomy, others firmer standards, and still others more task structure)” (Bass & Avolio, p. 4). Leaders employing high Individualized Consideration encourage two-way communication. They initiate conversation around the organization to collect information. Leaders are good listeners and remember information from previous conversation with followers (Bass, 1985).

Inspirational motivation. Inspirational motivation refers to transformational leaders acting in ways that motivate and inspire by providing meaning to followers' work as well as providing their followers with work challenges (Bass & Riggio, 2006). Bass and Riggio state that followers get "involved in envisioning attractive future states; they create clearly communicated expectations that followers want to meet and also demonstrate commitment to goals and the shared vision" (p. 6). Transformational leaders who use inspirational motivation support open communication and inspire followers to reach self-actualization through Maslow's hierarchy of needs (Xirasagar, 2008).

Intellectual stimulation. Intellectual stimulation refers to transformational leaders involving their followers in solving organizational problems and encouraging innovation and creativity by approaching old situations in new ways, questioning assumptions, and reframing problems (Bass & Riggio, 2006). Leaders encourage followers "to try new approaches, and their ideas are not criticized because they differ from the leaders' ideas" (p. 7). Followers who think differently and challenge the status quo are not criticized but are valued (Van Eeden, Cilliers, & Van Deventer, 2008).

Leaders appreciate and seek out the unconventional thinker in order to help the organization solve and/or manage unexpected future issues (Bass, 1990). Transformational leaders cultivate their followers' awareness and work interests, while supporting the purpose and mission of the organization. They show respect to their employees and want their employees to be valued. The researcher summarized Bass's characteristics of transformational leadership in Table 1.

Table 1

Bass's Four Characteristics of Transformational Leadership

| The four I's—Leaders who demonstrate transformational leadership embody one or more of these traits/behaviors | |
|---|--|
| Idealized Influence | <ul style="list-style-type: none"> • Leaders act as role models • Develop trust • Instill pride in followers • Work toward a shared vision |
| Individualized Consideration | <ul style="list-style-type: none"> • Leaders act as mentors • Recognize individual differences • Good listeners • Acknowledge followers' need for success and growth |
| Inspirational Motivation | <ul style="list-style-type: none"> • Leaders motivate • Provide challenges and inspire confidence • Demonstrate commitment • Articulate clear vision for the future |
| Intellectual Stimulation | <ul style="list-style-type: none"> • Value creativity and autonomy • Involve followers in decision-making process • Encourage innovation • Seek different perspectives |

Adapted from "From transactional to transformational leadership: Learning to share the vision" by B.M. Bass, 1990, [http://dxdoi.org/10.1016/0090-2616\(90\)90061-S](http://dxdoi.org/10.1016/0090-2616(90)90061-S)

Theoretical Framework

Bass's (1985) transformational leadership theory is used as the underlying theoretical framework for this study. Originally conceptualized by Burns (1978), Bass expanded the theory by describing the underlying psychological mechanisms of transformational and transactional leadership. Initially, transforming leadership was described in terms of extraordinary (transforming) leaders and ordinary (transactional) leaders, with each leader operating at opposite ends of the spectrum. Transforming leadership was described as an attribute that recognizes and supports the presenting needs and requests of possible followers.

Transforming leadership was explained as a relationship concept. Burns (1978) described this concept as one in which leaders and followers work together in order to help each other advance to a higher level of motivation and morale. Lovaglia, Lucas, and Baxter (2012) posit:

Transformational leadership seeks to motivate followers by transforming their conceptions of self and their private goals to coincide with larger purposes of the group. Rather than working for money, employees work to be part of the success of a larger mission. (p. 28)

Burns's (1978) transforming leadership theory was later renamed transformational leadership theory by Bass (1985), who also provided additional subcategories. In the past decade, transformational leadership theory has begun to draw a great deal of attention and scholarly investigation, emerging as one of the top leadership theories (Grant, 2012; Judge & Piccolo, 2004; Rafferty & Griffin, 2004; Rowold & Heinitz, 2007; Rubin et al., 2005). Jin et al. (2016) reiterate Bass's belief about leadership stating:

Leaders are transformational when they: (1) hold high standards of moral, ethical, and personal conduct (referred to as "idealized influence"), (2) provide a strong vision for the future (referred to as "inspirational motivation"), (3) challenge organizational norms and encourage creative thinking (referred to as "intellectual stimulation"), and (4) identify and meet their followers' developmental needs (referred to as "individualized consideration"). (p. 64)

Bass (1985) included four elements of transformational leadership theory.

Idealized Influence

Idealized influence refers to transformational leaders acting as role models the behaviors of whom their followers will try to emulate (Bass & Riggio, 2006). Green et al. (2013) define idealized influence as the trust, respect, and admiration an employee has toward a leader.

Various studies in which leaders have been trained in transformational leadership have reported higher levels of charisma, leading to higher levels of organizational commitment from employees (Avolio & Bass, 1998; Barling, Weber, & Kelloway, 1996; Kelloway, Barling, & Helleur, 2000; Parry & Sinha, 2005). When trust is established between leaders and employees, leaders are then able to have a strong influence on employee behavior and engagement (Leithwood & Jantzi, 2000; Shamir, House, & Arthur, 1993; Tims, Bakker, & Xanthopoulou, 2011).

Describing a situation as cooperative and supporting involves employees thinking in similar ways as leaders, merging their own interest with the leader's interest. The merging of the two creates trust (Deutsch, 1973). Trust between leaders and followers allows employees to be vulnerable and is a key requirement of idealized influence (Conger & Kanungo, 1987; Gardner & Avolio, 1998). Trust aids in contributing positive characteristics and increasing leadership effectiveness (Dasborough and Ashkanasy, 2002; Gebert, Heinitz, & Buengeler, 2016; House, Spangler, & Woycke, 1991).

Howell and Avolio (1992) highlight the need for authentic transformational leaders to foster within their organizations ethical policies, procedures, and processes. Ethical policies, procedures, and processes should be clearly stated and enforced in order to assist in developing consistent organizational standards. Consistency is valuable to employees developing trust within the organization.

Wong and Cummings (2009) agree with Bass by stating:

Trustworthy leaders instill in health care staff a sense of commitment and pride in work that is manifested in increased engagement in the exploration of new ideas, a willingness to speak up about problems and make suggestions for workplace changes, and greater sensitivity to others' words and ideas. (p. 7)

Organizations in which staff trust and respect their leaders create a trusting, open, and nonpunitive atmosphere that encourages staff to speak openly about any issues or concerns without fear of reprisal (Firth-Cozens, 2004; Khatri, Halbesleben, Petroski, Meyer, 2007; Premeaux & Bedeian, 2003; Van Dyne & LePine, 1998; Weiner, Hobgood, & Lewis, 2008).

Similarly, Burch and Guarana (2014) state that employees begin to “develop job engagement through feelings of work, meaning their ability to express ideas and opinions without fear of retribution, and access to the resources they need to perform their work” (p. 7). Yorges, Weiss, and Strickland (1999) suggest charismatic leaders have a positive influence on followers, allowing the leader to divert employees' attention from themselves to focus on the organization. Employees, in turn, become more invested in the leader's vision and are willing to put in the work to attain the vision (House & Howell, 1992). In addition, Mayer and Gavin (2005) discovered a positive correlation between trust and performance when studying levels of trust and commitment between leaders and followers.

Further studies have found positive relationships among trust in leadership and its effect on job satisfaction, job performance, and organizational commitment (Dirks & Ferrin, 2002; Laschinger, Finegan, Shamian, & Casier, 2000; Laschinger, Shamian, & Thompson, 2001; Lowe, 2006; Shamir & Lapidot, 2003). Bono and Judge (2004) argue that leaders are liked and more accepted as role models for their employees (i.e. idealized influence) when leaders have an

open mind-set, treat employees with respect, and acknowledge each individual's differences without prejudice. Tse, Huang, and Lam (2013) suggest that interpersonal trust and strong emotional identification between employee and leader will increase the propensity for employees staying with their organization.

Individualized Consideration

Individualized consideration refers to transformational leaders acting as mentors or coaches, providing special attention to each follower's needs for success and growth (Bass & Riggio, 2006). Burch and Guarana (2014) state, "In receiving personalized consideration, employees experience the freedom to contribute to organizational performance, which increases their sense of job meaningfulness" (p. 9).

Leaders' supportive behavior and consideration of employees have been shown to increase employee satisfaction and organizational commitment (Judge, Piccolo, & Ilies, 2004; Lowe, 2006). Gardner, Avolio, Luthans, May, and Walumbwa (2005) contend that leaders who show authentic interest in employees' needs positively contribute to higher levels in group cohesion and commitment to the organization's mission and vision. In the literature, support from leaders had a positive correlation with encouraging and open work environments (Bass, Avolio, Jung, & Berson, 2003; Jung & Sosik, 2002).

Similar studies have found leaders who show great interest in individual employees will see an increase in organizational commitment among employees (Chalofsky, 2003; Fairlie, 2011; Gillet & Vandenberghe, 2014). Gillet and Vandenberghe (2014) reiterate, from a "human resource development perspective, such leaders achieve these affects because they possibly increase the purposeful characteristics of work, and hence help people realize their potential and recognize their value as members of the community" (p. 335).

Tse et al. (2013) note, “Transformational leader’s idealized influence not only induces subordinates’ identification with, and trust in their leader, but can also help to transfer these feelings to identification with, and trust in the organization” (p. 766). Trust then becomes conducive to higher levels of organization commitment and positive leader-follower work relationships (Walumbwa, Cropanzano, & Hartnell, 2009). Tse et al. (2013) suggest, “Leaving the organization means leaving the high-quality exchange relationships with their leaders, which would entail psychological loss and emotional suffering, making personal withdrawal from the organization costly for subordinates” (p. 766).

Several studies suggest that the more leaders invest in their employees, the more committed employees are to the organization (Avolio & Bass, 1995; Judge & Bono, 2000; Sarros, Gray, & Densten, 2002; Sosik, 2006; Yukl, 1999). Corrigan et al. (2002) discovered a negative link between individualized consideration and idealized influence to emotional exhaustion and burnout. Individualized consideration plays an important role in inspiring loyalty and motivating employees to succeed (Arnold & Connelly, 2013; Desvaux & Devillard-Hoellinger, 2008; Desvaux, Devillard-Hoellinger, & Baumgarten, 2007).

Intellectual Stimulation

Intellectual stimulation refers to transformational leaders involving their followers in solving organizational problems and encouraging innovation and creativity by approaching old situations in new ways, questioning assumptions, and reframing problems (Bass & Riggio, 2006). Many researchers have focused on intellectual stimulation between a leader and an employee. However, studies have shown positive results when intellectual stimulation is focused in teams, leading to positive team outcomes (Boies, Fiset, & Gill, 2015; Dionne, Yammarino, Atwater, & Spangler, 2004; Kark & Shamir, 2002; X. H. Wang & Howell, 2010).

In a study Green et al. (2013) conducted, results suggested that intellectual stimulation improved,

the ability of staff to problem solve around the variety of problems presented by clients, while inspirational motivation may build on providers' desire to help clients to create an environment in which team members support one another in their pursuit of shared goals. (p. 377)

Another study Shin and Zhou (2003) conducted discovered a positive correlation between employees' creativity and transformational leadership. The results showed those leaders who clearly instill an innovative vision have better organizational outcomes. Inculcating a vision enriches creative output (Shamir, House, & Arthur, 1993). Further studies have linked vision to levels of performance and motivation (De Jong, 2006; Shamir et al., 1993). De Jong (2006) discovered innovative work behavior and attitude were positively linked to an innovative-based vision, further expanding on the notion that a clearly stated vision fosters an organization's direction and guidelines for the future. Previous studies suggest transformational leadership affects innovation, encouraging organizations to become more innovative (Gumusluoglu & Ilsev, 2009).

Leaders who demonstrate intellectual stimulation provide employees with confidence to challenge existing beliefs and assumptions, and, in turn, challenge employees with new ways of thinking (Babcock-Roberson & Strickland, 2010; Jex & Bliese, 1999; Tims et al., 2011; Zhu, Avolio, & Walumbwa, 2009). Similar to Bass's intellectual stimulation component, Landrum, Knight, and Flynn (2012) stated, "Bandura's (1997) behavior change theory states that people with high efficacy (i.e., belief that they can perform a task well) will view difficult tasks as a challenge, carry out more challenging tasks, set higher goals, and achieve them" (p. 223).

Studies suggest that lowers levels of stress and burnout among direct-care workers in residential treatment centers result the more confident employees are at performing their job well and the more willing they are to take on challenging tasks (Borucki, 1987; Iverson, Olekalns, & Erwin, 1998; Jex & Thomas, 2003; Schwarzer, 1992; Schwarzer & Hallum, 2008).

Further studies suggest that when leaders offer their employees intellectual stimulation in dealing with work-related issues, employees are then likely to reciprocate the positive exchange with their leaders by showing higher levels of organizational commitment (Avolio, 1999a; Avolio, Zhu, Koh, & Bhatia, 2004; Becker, Billings, Eveleth, & Gilbert, 1996; Meyer, Becker, & Vandenberghe, 2004; Piccolo & Colquitt, 2006).

Intellectual stimulation promotes creative and independent thinking while fostering the development of problem-solving skills. Leaders who resonate with this characteristic view themselves and their followers as part of a creative and interactive process, not only by solving problems creatively but also by acknowledging out of the box possibilities (Avolio & Bass, 1993; Forgas & Bower, 1987; George, 1995).

Inspirational Motivation

Inspirational motivation refers to transformational leaders acting in ways that are motivating and inspirational by providing meaning to their work as well as providing their followers with work challenges (Bass & Riggio, 2006). Leaders tend look for the best in people (Kanungo & Mendonca, 1996). Similar to idealized influence and individualized consideration, inspirational motivation has been negatively related to burnout and increased employee retention (Arnold & Connelly, 2013; Burch & Guarana, 2014; Corrigan et al., 2002; Densten, 2005; Lavelle, Rupp, & Brockner, 2007).

Studies suggest inspirational motivation can have a profound influence on employees who tend to be anxious, nervous, fearful, and lack self-confidence (Costa & McCrae, 1992; Furnham, Trickey, & Hyde, 2012; Guay & Choi, 2015; Judge, Piccolo, & Kosalka, 2009). Guay and Choi (2015) state, “Through inspirational motivation, transformational leaders provide challenging assignments and increased expectations” (p. 854). Leaders who display inspirational motivation behavior encourage creativity (Sosik, Kahai, & Avolio, 1998). Such actions result in employees’ increased self-confidence, leading employees to be more proactive in finding new creative solutions to various tasks and to increased team cohesion (Bass & Avolio, 1997; Howell & Shamir, 2005; Judge & Ilies, 2002). Similar studies have found that leaders utilizing inspirational motivation behavior inspire their employees by preparing meaningful work challenges (Avolio et al., 2004; Bass, 1999; Jung, Wu, & Chow, 2008; Sadeghi & Pihie, 2012). A sense of belonging and positive job interactions with coworkers are linked to an increase in employee satisfaction, which can decrease employee turnover (Bass, 1985; Mossholder et al., 2005).

In the mental health profession, many employees find satisfaction and meaning in the work. Through inspirational motivation, leaders provide meaning and inspiration that are positively linked to employee satisfaction and organizational commitment (Bannister & Griffeth, 1986; Daub, 2005; Locke, 1976; Maertz, Griffeth, Campbell, & Allen, 2007; Weiss, 2002).

Transformational leaders cultivate their followers’ awareness and work interests, while supporting the organization’s purpose and mission (Bass, 1990). Bass (1985) did not view transformational and transactional leadership as being on opposite ends of the leadership spectrum. Contrary to Burns (1978), Bass (1985) argued that both styles could be used concurrently. According to Bass and Riggio (2006):

Transformational leadership is in some ways an expansion of transactional leadership. Transactional leadership emphasizes the transaction or exchange that takes place among leaders, colleagues, and followers. This exchange is based on the leaders discussing with others what is required and specifying the conditions and rewards these others will receive if they fulfill those requirements. Transformational leadership, however, raises leadership to the next level. Transformational leadership involves inspiring followers to commit to a shared vision and goals for an organization or unit, challenging them to be innovative problem solvers, and developing followers' leadership capacity via coaching, mentoring, and provision of both challenge and support. (p. 4)

Support for the four components of Bass's (1985) transformational leadership theory, as depicted in Table 2, can be used to guide leaders to meet the interests and needs of direct-care staff in residential treatment centers.

Table 2

Theoretical Framework—Key Component and Authors

| Idealized Influence | Individualized Consideration | Intellectual Stimulation | Inspirational Motivation |
|-----------------------------------|--|---|--|
| Avolio & Bass (1998) | Arnold & Connelly (2013) | Avolio (1999a) | Arnold & Connelly (2013) |
| Barling, Weber, & Kelloway (1996) | Avolio & Bass (1995) | Avolio (1999b) | Bannister & Griffeth (1986) |
| Bass & Riggio (2006) | Bass, Avolio, Jung, & Berson (2003) | Avolio, Zhu, Koh, & Bhatia (2004) | Bass (1985) |
| Bono & Judge (2004) | Bass & Riggio (2006) | Babcock-Roberson & Strickland (2010) | Bass (1990) |
| Burch & Guarana (2014) | Burch & Guarana (2014) | Bass & Riggio (2006) | Bass & Avolio (1997) |
| Conger & Kanungo (1987) | Chalofsky (2003) | Becker, Billings, Eveleth, & Gilbert (1996) | Bass & Riggio (2006) |
| Dasborough & Ashkanasy (2002) | Corrigan, Diwan, Champion, & Rashid (2002) | Boies, Fiset, & Gill (2015) | Burch & Guarana (2014) |
| Deutsch (1973) | Desvaux, Devillard-Hoellinger, & Baumgarten (2007) | Borucki (1987) | Bycio, Hackett, & Allen (1995) |
| Dirks & Ferrin (2002) | Fairlie (2011) | De Jong (1996) | Corrigan, Diwan, Champion, & Rashid (2002) |
| Firth-Cozens (2004) | | | |
| Gardner & Avolio (1998) | | | |

(continued)

| Idealized Influence | Individualized Consideration | Intellectual Stimulation | Inspirational Motivation |
|---|--|---|--|
| Gebert, Heinitz, & Buengeler (2016) | Desvaux & Devillard-Hoellinger (2008) | Dionne, Yammarino, Atwater, & Spangler (2004) | Costa & McCrae (1992) |
| Green, Miller, & Aarons (2013) | Gardner, Avolio, Luthans, May, & Walumbwa (2005) | Forgas & Bower (1987) | Daub (2005) |
| House & Howell (1992) | Gillet & Vandenberghe (2014) | George (1995) | Densten (2005) |
| House, Spangler, & Woycke (1991) | Judge & Bono (2004) | Green, Miller, & Aarons (2013) | Furnahm, Trickey, & Hyde (2012) |
| Howell & Avolio (1992) | Judge, Piccolo, & Ilies (2004) | Gumusluouglu & Ilsev (2009) | Griffith (2004) |
| Kelloway, Barling, & Helleur (2000) | Jung & Sosik (2002) | Iverson, Olekalns, & Erwin (1998) | Guay & Choi (2015) |
| Khatri, Halbesleben, Petroski, & Meyer (2007) | Lowe (2006) | Jex & Bliese (1999) | Howell & Shamir (2005) |
| Laschinger, Finegan, Shamian, & Casier (2000) | Sarros, Gray, & Densten (2002) | Jex & Thomas (2003) | Judge & Ilies (2002) |
| Laschinger, Shamian, & Thompson (2001) | Sosik (2006) | Kark & Shamir (2002) | Judge, Piccolo, & Kosalka (2009) |
| Leithwood & Jantzi (2000) | Tse, Huang, & Lam (2003) | Landrum, Knight, & Flynn (2012) | Kanungo & Mendonca (1996) |
| Lowe (2006) | Walumbwa, Cropanzano, & Hartnell (2009) | Meyer, Becker, & Vandenberghe (2004) | Kerfoot & Wantz (2003) |
| Mayer & Gavin (2005) | Yukl (1999) | Piccolo & Colquitt (2006) | Kouzes & Posner (2002) |
| Parry & Sinha (2005) | | Schwarzer (1992) | Lavelle, Rupp, & Brockner (2007) |
| Premeaux & Bedeian (2003) | | Schwarzer & Hallum (2008) | Locke (1976) |
| Shamir, House, & Arthur (1993) | | Shamir, House, & Arthur (1993) | Maertz, Griffeth, Campbell, & Allen (2007) |
| Shamir & Lapidot (2003) | | Shin & Zhou (2003) | Mossholder, Settoon, & Henagan (2005) |
| Tims, Bakker, & Xanthopoulou (2011) | | Sosik, Kahai, & Avolio (1998) | Murphy (2005) |
| Tse, Huang, & Lam (2013) | | Tims, Bakker, & Xanthopoulou (2011) | Podsakoff, MacKenzie, Moorman, & Fetter (1990) |
| Van Dyne & LePine (1998) | | X. H. Wang & Howell (2010) | Rafferty & Griffin (2004) |
| Weiner, Hobgood & Lewis (2008) | | Zhu, Avolio, & Walumbwa (2009) | Rost (1995) |
| Wong & Cummings (2009) | | | Sosik, Khai, & Avolio (1998) |
| Yorges, Weiss & Strickland (1999) | | | Weiss (2002) |
| | | | Yang (2009) |

Transformational leadership theory relates to the research questions, as it will be beneficial to understand the effects of practicing transformational leadership and how it may be connected to retaining direct-care staff in residential treatment centers.

Bass's theory on transformational leadership, as it relates to the study, may significantly address the needs of direct-care staff as the mental health field evolves. Several researchers (Bass, 1985; Kouzes & Posner, 2002; Rost, 1995) believe in transformational leadership as the most preeminent style to adopt. Transformation leaders are change agents. These types of leaders establish trust among their followers and believe in their followers' intellect (Bass, 1985).

Transformational leaders also develop organizational commitment with their followers, and share a common goal and vision (Kerfoot & Wantz, 2003). A significant amount of research has linked transformational leadership and increased employee retention (Burch & Guarana, 2014; Bycio, Hackett, & Allen, 1995; Griffith, 2004; Podsakoff, Mackenzie, Moorman, & Fetter, 1990; Rafferty & Griffin, 2004). Studies on Bass's transformational leadership theory have reinforced the concept this style of leadership contributes to the success of an organization (Murphy, 2005). It is an effective leadership style that positively influences employees and the organization (Yang, 2009).

Summary

Chapter 2 encompassed an exhaustive literature review on residential treatment centers, direct-care staff, burnout and retention, and leadership. Bass's (1985) transformational leadership theory was used as the framework for this study. Throughout the literature review, books, research articles, and scholarly writings correlated to transformational leadership, retention of direct-care staff, and the mental health field (Bass & Avolio, 1990; Green et al., 2013; Spinelli, 2006). While there is sufficient literature surrounding each of these topics, there seem to be a

lack of literature centralized on transformational leadership and its impact on retention among direct-care staff in residential treatment centers (Green et al., 2013; Porter, 2015).

The literature addresses earlier points of view in regard to leadership theory and its association with staff retention within the mental health field (Liou, 2008). While there is a large amount on research pertaining to transformational leadership, there still is a lack of literature regarding transformational leadership in mental health. This study assesses the correlation between leadership style and its effects on staff retention in a mental health setting.

Burnout plays a huge role in staff retention in residential treatment centers. The key aspects of burnout syndrome have been the focal point of many studies examining its causes and effects. It has been proposed that burnout is the result of both environmental and personal factors (Leiter & Maslach, 1988). However, findings suggest work setting elements (environmental factors) are specifically more correlated to burnout than personality characteristics (personal factors).

In keeping with past investigations of burnout syndrome, much of the work-setting factors have been connected to the interactions with patients or coworkers. For instance, “Burnout has been correlated with a greater percentage of time in direct care of clients, more difficult client problems, and a low degree of peer support” (Leiter & Maslach, 1988, p. 298). Studies have discovered a high correlation between role conflict and emotional exhaustion, and burnout and organizational commitment (Hernandez et al., 2015).

Emotional exhaustion is increased by workplace settings that have high levels of role conflict between employee and supervisor, creating an unpleasant work environment (Leiter & Maslach, 1988). Bass’s theory on transformational leadership, as it relates to the study, may significantly address the needs of direct-care staff as the mental health field evolves, as several

researchers believe transformational leadership is the most preeminent style to adopt (Bass, 1985; Kouzes & Posner, 2002; Rost, 1995).

Chapter 3: Methods

Direct-care workers make up the majority of the personnel within a residential treatment center and play a critical role in providing care to the patients (Axer et al., 2013). Throughout the past few years, employee retention among direct-care workers in residential treatment centers has decreased steadily, with little research acquiring knowledge to retain employees (Green et al., 2013). Interest in the important role leadership plays within the mental health field has grown within the field. Leaders are gaining recognition for providing their employees stability in times of stress and change, which otherwise can lead to burnout and turnover (Conger & Kanungo, 1998). Therefore, the purpose of this study is to identify best leadership practices in retaining direct-care workers in residential treatment centers.

Chapter Structure

Chapter 3 details the methods used to conduct this study, describing this qualitative case study's nature, approach, and design. The purpose and research questions are restated, followed by the sampling strategies. In addition, Chapter 3 includes a description of how subjects were protected throughout the study along with the data collection strategies and the instruments used to ensure validity and reliability. The chapter concludes with data analysis techniques and the limitations of the study, followed by a chapter summary.

Nature of the Study

A qualitative research design and methods were chosen to identify best leadership practices for retaining direct-care workers in residential treatment centers. Creswell (2013) suggests using qualitative research when “exploration is needed, in turn, because of a need to study a group or population, identify variables that cannot be easily measured, or hear silenced voices” (p. 48).

Qualitative studies also involve lived experiences of people in real-life settings (Hatch, 2002). Merriam (2014) also suggests using qualitative research when interest arises in understanding people's interpretations of their real-world experiences, uncovering the meaning of their experiences, and how people construct their worlds. According to Patton (2002), "Qualitative findings grow out of three kinds of data collection: (1) in-depth, open-ended interviews; (2) direct observation; and (3) written documents" (p. 4). Data typically come from the researcher being out in the field, typically in the setting being studied.

Turnover rates among direct-care workers in residential treatment centers are high. Taking a qualitative approach to this study is useful in understanding, from a leader's perspective, the best practices for retaining staff. Through observations and interviews, the researcher is able to identify much more detailed information as to best leadership practices used as opposed to going through a quantitative approach. Patton (2002) stated it is imperative to note, "The quality of quantitative data depends to a great extent on the methodological, skill, sensitivity, and integrity of the researcher" (p. 5).

Another reason for applying a qualitative approach is that while there is a lack of research on staff retention within residential treatment centers, there is even less qualitative research being utilized to identify best practices for retaining staff. While quantitative research identifies relationships and trends, the goal for utilizing a qualitative approach is to go further into detail on the types of practices leaders apply in the workplace that may lead to a higher staff retention rate in residential treatment centers.

The qualitative methodology chosen for this study is case study research. Creswell (2013) suggests, "Single case is best when a need exists to study a critical case, an extreme or unique case, or a revelatory case" (p. 237). Yin (2014) notes the utilization of case study research as a

research method may contribute to the body of knowledge of group, individual, organizational, political, social, and/or related phenomena. An instrumental case study is utilized for this study. Stake (1995) suggests an instrumental case study be used when the focus is to gain insight to a specific phenomenon. Stake points out, “Case researchers seek out both what is common and what is particular about the case, but the end result regularly presents something unique” (p. 238).

The purpose of utilizing case study research for this study is to find out about real people and the situations they are experiencing (Willis, 2007). The use of case study research relies on gathering data about human behavior in a social context. Woodsmall (2012) (as cited in Willis, 2007) identified,

three characteristics of case study research: (a) it allows the researcher to gather rich, detailed data in an authentic setting; (b) it is holistic and supports the idea that much of what we can know about human behavior is best understood as lived experience in the social context; and (c) it can be done without predetermined hypotheses and goals, unlike experimental research. (p. 35)

Purpose and Research Questions

The purpose of this study is to identify best leadership practices in retaining direct-care workers in residential treatment centers. A review of the literature resulted in the theoretical framework suggested by Bass and Riggio (2006). This theory informed the research questions:

1. What idealized influence practices do leaders use to increase retention of direct-care workers in residential treatment centers?
2. What individualized consideration practices do leaders use to increase retention of direct-care workers in residential treatment centers?

3. What inspirational motivation practices do leaders use to increase retention of direct-care workers in residential treatment centers?
4. What intellectual stimulation do leaders use to increase retention of direct-care workers in residential treatment centers?

Population

The population for this case study consist of participants from one residential treatment center located in southern California identified as an exemplar organization as evidenced by an annual turnover rate of 27%, which is almost half than the national average turnover rate of 50% to 60% (Latta, 2012). The organization's director of human resources provided the annual turnover percentage rates and granted the researcher access to the selected leaders. Seven leaders who work in the residential treatment center and who voluntarily consented serve as participants for the study. The seven leaders who have been identified were chosen because they have assisted the residential treatment center in retaining a higher retention rate among its direct-care workers. Identifying best leadership practices may contribute to the organization's success, which could potentially help other residential treatment center in retaining direct-care workers.

A purposeful sampling approach is used in which the "inquirer selects individuals and sites for study because they can purposefully inform an understanding of the research problem and central phenomenon in the study" (Creswell, 2013, p. 156). Purposeful sampling was utilized to select leaders who contribute to the organization's retention rate of direct-care workers and who have at least one-year's experience in a leadership role in the organization.

Participant criteria. For the purposes of this case study, the leaders at a residential treatment center serve as the population. Each participant meets the following criteria: (a) at least one-year's experience as a leader at a residential treatment center, (b) current employment in a

leadership position at the residential treatment center being studied, (c) works closely with direct-care staff at the residential treatment center, (d) the leader interacts and influences the direct-care staff.

Protection of Research Subjects

The Institutional Review Board was established to review all proposals and to approve any research conducted at its institution (Roberts, 2010). An application will be filed with the Institutional Review Board at Pepperdine University to ensure the protection of those participating in the study.

Following approval from the Institutional Review Board, participants will be contacted and provided information regarding the study. A consent form will be given to all participants to read over and sign before participating in the interview. Roberts (2010) suggests that the following guidelines for informed consent be provided to each participant:

1. A statement that the study involves research, an explanation of the purpose of the research and the expected duration of the subject's participation, a description of the procedures to be followed, and identification of any procedures which are experimental;
2. A description of any reasonably foreseeable risks or discomforts to the subject;
3. A description of any benefits to the subject or to others which may reasonably be expected from the research;
4. A disclosure of appropriate of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject;
5. A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained;

6. An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject; and
7. A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty of loss of benefits to which the subject is otherwise entitled. (p. 33)

The participants will be debriefed on the description and purpose of the study. The researcher will discuss the ethical considerations of the study and assure that the participants may withdraw from the study at any time, as their participation in the study is voluntary. The researcher will give every assurance that the participants' identities and all personal information will be kept confidential. Each participant will be given a letter between A and G. To ensure confidentiality, the researcher will ensure that participants' names are not used, and each participant will be assigned a letter. Each participant must read and sign the consent form agreeing that they are voluntarily consenting to participate in the study before participating. Participants will be informed they may withdraw from the study and any time without consequences.

Issues Related to the Researcher

The researcher has more than 10 years of experience working in residential treatment centers. The researcher started as a direct-care worker, which guided the path into becoming a therapist and most recently, the residential director of a residential treatment center. From past experiences as a leader in a residential treatment center, interest grew in retaining direct-care

workers, as the field struggles with employee turnover. Every effort will be made to mitigate for any biases by utilizing reflexivity (Creswell, 2013).

Creswell (2013) describes reflexivity as the concept “in which the writer is conscious of the biases, values, and experiences that he or she brings to a qualitative research study” (p. 216). It is the responsibility of the researcher to “not only detail his or her experiences with the phenomenon, but also be self-conscious about how these experiences may potentially have shaped the findings, the conclusions, and the interpretations drawn in the study” (p. 216). Roller (2012) suggests the use of a reflexive journal to help the researcher mitigate for bias by logging details of how the researcher may influence the results. A reflexive journal will help inform the researcher of any subjectivities and prejudices, “while more fully informing the researcher on the impact of these influences on the credibility of the research outcomes” (p. 2).

Data Collection

In order to identify best leadership practices in retaining direct-care staff, interviews will be conducted with seven leaders from a residential treatment center. An interview time will be scheduled with each participant that is convenient to the participants. A reminder will be sent out to each participant two days prior to data collection. Data will be collected through interviews with each participant separately.

Participants will be told that they may pause at any time during the interview to reflect about a question before answering if they wish. Each participant will have an opportunity to review the transcript of his or her interview.

Instrumentation

The interview instrument, composed of semi-structured questions, will be utilized for this study. Semi-structured interviews are best utilized when the researcher only gets one chance to

interview a participant. This style of interview provides the researcher and participants with a guided set of instructions for more reliable qualitative data (Bernard, 1988). A copy of the interview instrument is provided in APPENDIX B. The interview instrument was based on the literature review, the theoretical framework, and the research questions for this study.

The interview is designed to acquire responses from the perspectives and experiences of the participants who are residential treatment center leaders. The questions will provide each participant an opportunity to share their thoughts in regard to best leadership practices. Creswell (2013) suggests collaborative interviewing “where the researcher and the participant approach equality in questioning, interpreting, and reporting” (p. 173). The interview process is naturally set up for the interviewee to provide information to the interviewer. Such interviews may be taken from complete strangers. The unequal distribution of power in an interview process may not acquire the most accurate results, as interviewees may choose not to disclose important information. The flexibility of the semi-structured interview allows the researcher to utilize the resources of everyday conversation to help foster disclosure (Packer, 2011).

Validity and Reliability

Validity. Establishing validity plays a critical role in the development of the interview instrument process. Creswell (2013) proposes, “Validity is one of the strengths of qualitative research and is based on determining whether the findings are accurate from the standpoint of the research” (p. 201). The researcher will establish validity by ensuring that the interview questions are developed in a way that effectively identifies best leadership practices that these leaders have implemented in retaining direct-care workers. Patton (1987) notes, “Validity in qualitative methods hinges to a great extent on the skill, competence, and rigor of the evaluator because the observer is the instrument” (p. 12).

To ensure face validity, the interview questions were developed based on the definitions from the theoretical framework and developed to inform the research questions. To address content validity, an expert panel will review and assess the interview questions, determining whether the questions would elicit the data needed in answering the research questions. An exact copy of the expert panel review form provided to the experts can be found in APPENDIX C. The panel of experts will consist of three individuals who have completed a doctoral-level research course and have experience in research.

Reliability. To ensure results are reliable, the researcher utilized the process of inter-reviewer reliability in this qualitative study. Patton (1987) suggests utilizing more than one individual to look at the same data, as different perspectives and interpretations can surface.

To ensure inter-reviewer reliability in the coding process, 15 steps, as suggested by Hyatt (2012), were applied:

1. The primary researcher analyzes the transcripts using bracketing for reduction, horizontalization, and synthesis for textual description and conclusions.
2. The primary researcher meets with the reviewer(s) to review the coding process for identifying themes.
3. The primary researcher selects a transcript for the purpose of familiarizing the reviewer(s) [with] the coding process.
4. The researcher maintains the highlighted and analyzed version of the transcript.
5. The reviewer(s) is provided with a clean copy of the selected transcript.
6. Prior to analysis, the researcher and reviewer(s) will each read a transcript three times. The purpose of the initial reading is to merely familiarize the reviewer(s) with the data from the transcripts.

7. The purpose of the second reading is to further the reviewer(s) consideration of the information and to answer any questions about the transcript.
8. The purpose of the third reading is to analyze the data by bracketing for reduction, horizontalization, and synthesis of the text for structural descriptions and conclusions.
9. The researcher assists the reviewer(s) in completing the analysis of one selected transcript.
10. Meaning units are entered in the left margin. Structural descriptions and conclusions are entered into the right margin. This completes analysis of the transcript.
11. The additional reviewer(s) applies the same process to the remaining transcripts independent of the primary researcher. If there are multiple reviewers, each works independently.
12. After completion of the process for all transcripts, the primary researcher and reviewer(s) reconvene. The primary researcher and the reviewer(s) review their identified conclusions.
13. An analysis form may be used to identify the agreed-upon themes and help to discover any areas of disagreement.
14. The primary researcher and reviewer(s) discuss similarities and differences, and come to a consensus on the conclusions. A categorizing form may be created to identify overall themes.
15. Generally, criteria for themes are met when a minimum of 60% of participants provide supportive data for the theme(s).

Data Analysis Techniques

Roberts (2010) explains data analysis as, “making sense of the data and interpreting them appropriately so as not to mislead readers” (p. 38). It is the responsibility of the researcher to be accurate, honest, and nonbiased throughout the entire dissertation process. A qualitative method will be used to gather in-depth data from a residential treatment center’s leaders who have contributed to the organization’s above-average employee retention rate.

Interviews will be conducted with each leader to identify best leadership practices in retaining direct-care workers in residential treatment centers. The participants will have an opportunity to review and verify their interview transcription.

Coding

Creswell (2013) suggests reading the transcript multiple times before initiating the coding process. It will be important to understand the overall meaning of the data provided. The researcher will take notes during the interview, highlighting any important words or phrases. Creswell states, “Coding is the process of organizing data by bracketing chunks (or text or image segments) and writing a word representing a category in the margins” (p. 197).

Tesch (1990) provided a coding process that will be utilized to analyze the data. The first step consists of reading all transcripts and jotting down ideas. Tesch suggested picking one document, perhaps the most interesting, and thinking about the overall underlying meaning while writing thoughts and ideas in the margins. This task will be repeated for every participant’s transcript. Next, a list of topics, themes, and patterns will be noted and formed into columns. The researcher will use the list and refer back to the data, abbreviating the topics, themes, and patterns as codes. The researcher will follow up by grouping related topics together and finding the common theme. This technique will allow the researcher to identify best leadership practices

by identifying key topics, themes, and patterns from the data by coding the responses in categories.

Data Display

To ensure confidentiality, each participant will be assigned a letter, A through G, as a reference. Throughout the study, the letter representing each participant will accompany the results depicted in the narrative components and illustrations. Each research question will be presented, followed by the corresponding interview questions and answers. To assemble all of the information, a matrix will be created for each interview question with their identifying themes. The tables will illustrate participant responses corresponding to each theme.

Limitations

Like most research, this study is not without its limitations. The sample size of the study is small and not generalizable; however, the results are intended to add to the general knowledge of the field. The population from which the sample is drawn is limited to one site that was identified as exemplar, based on the national annual turnover rate of 50% to 60% (Latta, 2012). The sample population is geographically limited to residential treatment center leaders in one state. Other states may have different employment policies. Qualitative methods are used in this study and a qualitative approach may yield additional different data.

Summary

The purpose of the study is to identify best leadership practices in retaining direct-care workers in residential treatment centers. A qualitative approach will be utilized to identify best practices. Chapter 3 addresses the nature and design of the study, the purpose and research questions, and the interview questions.

The use of interviews will be effective in gathering more detailed information from leaders of a residential treatment center that one, otherwise, might not be able to obtain using a quantitative approach. The researcher will conduct interviews, which will then be transcribed. A panel of experts will review the interview protocol to assess validity. The use of a second reviewer to increase reliability was also discussed. The chapter presented the role of the researcher, mitigating for biases, as well as the strategy used to collect, analyze, and display the data.

Chapter 4: Analysis of Findings

The retention of direct-care staff is a key component in effectively running residential treatment centers, as its members make up the majority of the personnel. Direct-care workers' declining retention rate has been a continual concern throughout the past few years (Axer et al., 2013; Green et al., 2013). While research in leadership has been an area of interest, little research exists on retaining direct-care staff in mental health, primarily in the residential care sector (Conger & Kanungo, 1998). Therefore, this study aimed at discovering best practices leaders use to retain residential care staff. Leadership plays an important role in residential care, as leaders in the field can provide the support and stability needed for direct-care workers during stressful times. The theoretical framework for this study included Bass's four components of transformational leadership in addition to the literature: idealized influence, individualized consideration, inspirational motivation, and intellectual stimulation (Bass, 1985; Bass & Riggio, 2006; Burns, 1978).

Data were collected through individual face-to-face interviews from seven leaders at a residential treatment center that reported an annual turnover rate of 27%, as opposed to the national annual turnover rate of 50%-60% (Latta, 2012). Participants had the opportunity to view a transcript of their responses after the interview was completed for verification. To maintain neutrality, a second rater was utilized to review and code the transcripts in addition to the primary researcher (Hyatt, 2012). Through the coding process, bracketing was used to categorize major themes and patterns from the information provided (Creswell, 2013).

Chapter Structure

Chapter 4 details the analysis of the study's findings, including a brief overview of the study, a restatement of the purpose and research questions, along with a description of the

leaders participating in the study. In addition, Chapter 4 discusses the techniques used for data collection and analysis, including the instruments used to ensure validity and reliability. The data display section includes the data collected and analyzed from the research questions and associated interview questions. The chapter concludes with a summary.

Purpose and Research Questions

The purpose of the study. The purpose of this case study is to identify best leadership practices in retaining direct-care workers in residential treatment centers.

Research questions. The extant review of the literature identified transformational leadership as foundational for this research. Bass's (1985) transformational leadership theory provided the basis for the theoretical framework and research questions:

1. "What idealized influence practices do leaders use to increase retention of direct-care workers in residential treatment centers?"
2. "What individualized consideration practices do leaders use to increase retention of direct-care workers in residential treatment centers?"
3. "What inspirational motivation practices do leaders use to increase retention of direct-care workers in residential treatment centers?"
4. "What intellectual stimulation practices do leaders use to increase retention of direct care workers in residential treatment centers?"

Overview of Methods

Participant sample. Seven leaders were selected to participate in the study from one residential treatment center in southern California with an annual employee turnover rate of 27%, as opposed to the national average of 50%-60% (Latta, 2012). The selected leaders have assisted in retaining a higher retention rate among the staff at the residential treatment center. Purposeful

sampling was utilized to select leaders who contribute to the organization's retention rate of direct-care workers and who have at least one-year experience in a leadership role in the organization.

Participant criteria. For the purposes of this case study, the leaders at a residential treatment center served as the population for this study. The seven participants selected for this study met the following criteria:

1. Participants have at least one-year of experience as a leader at a residential treatment center.
2. Participants are currently employment in a leadership position at the residential treatment center being studied.
3. Participants works closely with direct-care staff at the residential treatment center.
4. Participants interact and influence the direct-care staff.

Participant A (PA)

PA has more than one-year of experience in a leadership position at the residential treatment center and is currently employed at the residential treatment center. PA works closely with direct-care staff at the residential treatment center. This participant interacts and influences the direct-care staff.

Participant B (PB)

PB has more than four-years of experience in a leadership position at the residential treatment center and is currently employed at the residential treatment center. PB works closely with direct-care staff at the residential treatment center. This participant interacts and influences the direct-care staff.

Participant C (PC)

PC has more than nine years of experience in a leadership position at the residential treatment center and is currently employed at the residential treatment center. PC works closely with direct-care staff at the residential treatment center. This participant interacts and influences the direct-care staff.

Participant D (PD)

PD has more than five years of experience in a leadership position at the residential treatment center and is currently employed at the residential treatment center. PD works closely with direct-care staff at the residential treatment center. This participant interacts and influences the direct-care staff.

Participant E (PE)

PE has more than six years of experience in a leadership position at the residential treatment center and is currently employed at the residential treatment center. PE works closely with direct-care staff at the residential treatment center. This participant interacts and influences the direct-care staff.

Participant F (PF)

PF has more than one year of experience in a leadership position at the residential treatment center and is currently employed at the residential treatment center. PF works closely with direct-care staff at the residential treatment center. This participant interacts and influences the direct-care staff.

Participant G (PG)

PG has more than one year of experience in a leadership position at the residential treatment center and is currently employed at the residential treatment center. PG works closely

with direct-care staff at the residential treatment center. This participant interacts and influences the direct-care staff.

Data Collection

Following the approval from Pepperdine University's Institutional Review Board, data were gathered from leaders at a residential treatment center in Southern California with an above average annual employee retention rate, and the results were compared to the theoretical framework.

The interview instrument was created to provide data to inform the research questions. To help obtain an accurate reflection of each participant's responses, detailed notes were taken of each interview to collect the data. An alphanumeric identifier was assigned to each participant in order to protect the participant's identities. Each participant had the opportunity to review the notes taken and add to, or further respond to, their comments. Participants were fully briefed regarding the informed consent process. The interview protocol is outlined in Appendix D. The interviews were conducted with seven leaders from a residential treatment center who voluntarily agreed to participate. The following steps involved:

1. Identifying participants who met criteria.
2. Participants were recruited using a recruitment flyer (see Appendix E)
3. Participants who were interested in voluntarily participating in study contacted the researcher.
4. Individual face-to-face meetings were set up with each participant.
5. The researcher reviewed the informed consent form, purpose of the study, and methods with each participant.

6. The researcher asked if any participants had any questions or needed further clarification.
7. Once consent was received from each participant, alphanumeric identifiers (PA-PG) were assigned to the participants.
8. The researcher asked about participants' position titles and verified the each participant had at least one year of experience as a leader in residential care and one year of experience in a current leadership position.
9. The researcher provided interview questions in a face-to-face talking format.
10. Participants responded to each question after it was asked.
11. Responses were organized and shown to participants for review.
12. Researcher expressed gratitude for participants' willingness to participate in study.
13. Concluding the study, each participant was provided with a summary of the results.

Data Analysis

Participants reviewed and verified their individual responses to the interview questions to ensure accurate recording (Creswell, 2013). Participants were given the opportunity to add or further elaborate on their responses. None of the participants added or modified any of their responses to the questions. The data were collected and organized in a way that allowed for the participant responses to be compared with the components of the theoretical framework. Once all the interviews were completed, the data were organized in chronological order for coding.

The researcher read each participant's responses multiple times before coding in order to get a full understanding of the responses (Creswell, 2013). While reading each transcript, similar words and/or phrases were highlighted. Bracketing was utilized in the coding process to identify themes. As Tesch (1990) suggested, the researcher jotted down ideas that were similar to other

participants or stood out, reflecting on the underlying meanings of each participant's response and writing ideas down along the margin of the interview transcript. Tesch suggested repeating this process for each interview transcript. Once all transcripts were reviewed, the researcher put all of the identified themes, topics, and patterns into columns to use as a reference when coding. Related topics were grouped together that resulted in a common theme.

Study Validity and Reliability

Validity. As Creswell (2013) stated, validity is one of the key components of qualitative research and imperative in determining the findings' accuracy. The semistructured interview questions were developed based on the definitions of the theoretical framework and asked in a way that would identify the leaders' best practices in retaining staff.

To ensure content validity, an expert panel of three individuals who had completed doctoral-level research courses and had experience in research were identified to review and assess the interview questions to determine if responses would elicit the necessary data needed to address the research questions. A copy of the expert panel form is provided in APPENDIX C.

Reliability. Creswell (2013) refers to the researcher's approach remaining stable and consistent. The process of interviewer reliability was utilized in this study (Hyatt, 2012). As Patton (1987) suggested, another person, who had completed doctoral-level research courses, independently reviewed the transcripts and provided interpretations and perspectives on the participant responses. The primary researcher and additional reviewer compared coding responses and findings for any consistencies and agreed-upon themes as well as discrepancies (Hyatt, 2012). To increase the level of accuracy, Hyatt's 15-step interviewer process was applied as follows:

1. The primary researcher analyzes the transcripts using bracketing for reduction, horizontalization, and synthesis for textual description and conclusions.
2. The primary researcher meets with the reviewer(s) to review the coding process for identifying themes.
3. The primary researcher selects a transcript for the purpose of familiarizing the reviewer(s) [with] the coding process.
4. The researcher maintains the highlighted and analyzed version of the transcript.
5. The reviewer(s) is provided with a clean copy of the selected transcript.
6. Prior to analysis, the researcher and reviewer(s) will each read a transcript three times. The purpose of the initial reading is to merely familiarize the reviewer(s) with the data from the transcripts.
7. The purpose of the second reading is to further the reviewer(s) consideration of the information and to answer any questions about the transcript.
8. The purpose of the third reading is to analyze the data by bracketing for reduction, horizontalization, and synthesis of the text for structural descriptions and conclusions.
9. The researcher assists the reviewer(s) in completing the analysis of one selected transcript.
10. Meaning units are entered in the left margin. Structural descriptions and conclusions are entered into the right margin. This completes analysis of the transcript.
11. The additional reviewer(s) applies the same process to the remaining transcripts independent of the primary researcher. If there are multiple reviewers, each works independently.

12. After completion of the process for all transcripts, the primary researcher and reviewer(s) reconvene. The primary researcher and the reviewer(s) review their identified conclusions.
13. An analysis form may be used to identify the agreed-upon themes and help to discover any areas of disagreement.
14. The primary researcher and reviewer(s) discuss similarities and differences, and come to a consensus on the conclusions. A categorizing form may be created to identify overall themes.
15. Generally, criteria for themes are met when a minimum of 60% of participants provide supportive data for the theme(s).

This process provided an additional perspective, increasing the reliability of the interpretation of the themes associated with the information the participants provided. This resulted in major common themes, identified by a minimum of 60% of the participants. Themes were then categorized, generating consistency and reliability (Creswell, 2013).

Research Findings

Research question 1 and corresponding interview question. Research question 1 asked: “What idealized influence practices do leaders use to increase retention of direct-care workers in residential treatment centers?” The corresponding interview question asked: “Describe ways in which you act as a positive role model for employees.”

The major themes identified by a minimum of 60% participants emerged as follows: (a) provide support, (b) positive attitude, and (c) lead by example. Table 3 shows participant responses that identified the primary themes.

Table 3

Concluding Participants' Responses That Identified the Primary Themes for Research Question 1

| Theme | PA | PB | PC | PD | PE | PF | PG |
|----------------------|----|----|----|----|----|----|----|
| a. Provide support | X | | X | | X | X | |
| b. Positive attitude | X | X | | X | | | X |
| c. Lead by example | X | X | X | X | X | X | X |

Note. PA refers to Participant A, PB refers to Participant B, and continues through to PG.

Theme 1a: Provide support. This theme emerged in four of the seven participant responses (60%). The following passages from the data reveal the theme:

You can take a hands-off approach or a more kind of immersive, very involved approach and what I have noticed in terms of having better outcome for staff is just getting really involved and providing them more support than they ask for, so if that's just doing more random check-ins at the apartments or if there is ever any type of client issue even if the staff don't ask for any type of follow up, still going to check-in both with the staff and with the clients. (PA, personal communication, April 5, 2016).

I give them guidance; walk them through situations. I constantly check in on them and ask them questions and encourage them to ask me questions. (PC, personal communication, April 5, 2016)

Making sure I am available to them for anything, to talk or to listen. (PE, personal communication, April 5, 2016)

Being honest about the challenges of this job so that they don't feel alone, and understand that that's part of the work that they're going to be doing and that I'm here to support them when they need to get away and just kind of process those things. (PF, personal communication, April 5, 2016)

Theme 1b: Positive attitude. This theme emerged in four of the seven participant responses (60%). The following passages from the data reveal the theme:

It's important to come in to work every day with a positive attitude and engage with people in a positive way. Even if I'm not doing well, I will still come and engage positively with the staff. I think that kind of helps create a really positive environment, which can facilitate that same behavior in staff. (PA, personal communication, April 5, 2016)

I'm friendly, come in with a positive attitude, approachable and show everyone the same respect. (PB, personal communication, April 5, 2016)

If I expect my employees to have a positive attitude or hold themselves accountable, then I have to do the same. (PD, personal communication, April 5, 2016)

I try to maintain a good attitude. Having a good attitude in the workplace is key for a supervisor. If a supervisor doesn't have a good attitude, sometimes that allows the employees to think it's alright for them too to have a bad attitude. (PG, personal communication, April 5, 2016)

Theme 1c: Lead by example. This theme emerged in seven of the seven participant responses (100%). The following passages from the data reveal the theme:

I think having those interactions with clients in front of other staff to model certain skills like validation or skills coaching can be really helpful. (PA, personal communication, April 5, 2016)

I want staff to model after the way I interact with clients. I make sure that when anyone sees me interact with anyone (whether its staff or clients), I am always respectful. I try to maintain professionalism at all times among our crew. Anytime I do use personal examples, I tie it into a situation at work as a way to coach staff. (PB, personal communication, April 5, 2016)

I usually lead by example. I don't ask employees anything that I wouldn't do myself. I definitely try to model for them, for example, I make sure I get in there and coach staff in creating a teaching moment as opposed to just telling the staff what to do. It's a great teaching moment, showing the staff what I am expecting out of them in terms of how to engage in a positive way. (PC, personal communication, April 5, 2016)

I think I try as hard as I can to practice what I preach. I think I'm always trying to push myself as much as I can in hopes it encourages the employees to sort of get inspired by that or motivated by that, and push themselves too in the same way. Trying to present and put out the strong work ethic that I think I have so that hopefully others adopt some of that. (PD, personal communication, April 5, 2016)

The way I do it is that I always have or maintain ethical work performance so that way when employees are watching me, they know exactly what I'm expecting. I don't just say, "Do this and do that." Instead I'm more into being a team player and saying "Hey, let's do it together. Like modeling." (PE, personal communication, April 5, 2016)

I try to model behavior in front of staff. Kind of show them how to then do their job in a way that will be most effective to our clients. So often, when they're at the apartments, just engage in conversations or giving like descriptive follow-up when our clients seeks me out to talk and letting their staff know exactly what we talked about in that conversation. (PF, personal communication, April 5, 2016)

I would like to think that my taking initiative would be a positive thing for the employees. I think that the main reason many people have problems with doing things is because the people in charge would not do the exact thing that they are asking their workers. If an employee sees that their boss is prepared to do the same type of work with no hesitation, that will make them work that much harder not only for their boss but also for their employer. I always try to be the first person to take on the bulk of the workload—whatever that may be. (PG, personal communication, April 5, 2016)

Research question 2 and corresponding interview question. Research question 2

asked: What individualized consideration practices do leaders use to increase retention of direct-care workers in residential treatment centers? The corresponding interview question asked:

Describe ways in which you coach employees to be successful.

The major themes indicated by at least 60% of participants emerged as follows: (a) take an active interest, and (b) shared experiences. Table 4 shows participant responses that identified the primary themes.

Table 4

Concluding Participants' Responses That Identified the Primary Themes for Research Question 2

| Theme | PA | PB | PC | PD | PE | PF | PG |
|----------------------------|----|----|----|----|----|----|----|
| a. Take an active interest | X | | X | X | | X | |
| b. Shared experiences | X | X | | | X | X | |

Note. PA refers to Participant A, PB refers to Participant B, and continues through to PG.

Theme 2a: Take an active interest. This theme emerged in four of the seven participant responses (60%). The following passages from the data reveal the theme:

I like to have face-to-face conversations with staff. If there's an area that I'm noticing that might need a little extra support, maybe they're struggling working with a specific client or specific issue that may be recurring in several other clients, when appropriate, I'd like to pull them to the side and just check-in with them, see how they're feeling around that client or that issue, and if it brings anything up for them that they care to share or any difficulties that they notice they're having. (PA, personal communication, April 5, 2016)

I believe consultation is key. Checking in with the staff regularly, see how they're feeling; make sure they aren't burning out. Provide a safe space for them to ask for help when needed. I let them know that it is much better to ask for help and ask those kinds of

questions than avoiding asking a supervisor that may lead to an error being made. (PC, personal communication, April 5, 2015)

I try to be as strength-based as possible. I think a lot of times when people are lacking confidence or feeling like they're not being successful, they need to be reminded of the natural strengths and assets that they bring to the table, and how they can then use those to create more successes. (PD, personal communication, April 5, 2016)

Checking in a lot and trying to make sure that I'm asking them to come to me, and be honest about how they're feeling and where they are. (PF, personal communication, April 5, 2016)

Theme 2b: Shared experiences. This theme emerged in four of the seven participant responses (60%). The following passages from the data reveal the theme:

I oftentimes speak to my experiences with either similar clients or with similar issues, and describe ways in which I have been both successful and not successful. It's important to share both sides and what I've learned. It shows how I've grown in this position. Letting them know that it's okay to not get it right every single time and we just learn from every interaction that we have. (PA, personal communication, April 5, 2016)

I think using personal work experiences to coach or train employees. I use scenarios that I've been in or seen in the past. I like to bring up the worst-case scenario a lot of the time so that staff can have an idea of what can happen and what to do when the scenario comes up [if at all]. I want them to be prepared as much as possible for the crazy situations that we all get put in on sometimes. (PB, personal communication, April 5, 2016)

I always like to use scenarios I've been in or give random scenarios and use those to help make things easier for staff when similar situations arise. I remind them it's trial and error and see what works best for them. (PE, personal communication, April 5, 2016)

Sharing my experiences or pairing them with a seasoned staff so they can model after that staff's behavior or actions, so that they are exposed to this thing that may be holding them back in some way and giving them confidence in themselves. (PF, personal communication, April 5, 2016)

Research question 3 and corresponding interview question. Research question 3 asked: What inspirational motivation practices do leaders use to increase retention of direct-care workers in residential treatment centers? The corresponding interview question asked: Describe ways in which you provide positive challenges for employees.

The major themes indicated by at least 60% of participants emerged as follows: (a) staffs' strengths-interests, and (b) nurture and build confidence. Table 5 shows participant responses that identified the primary themes.

Table 5

Concluding Participants' Responses That Identified the Primary Themes for Research Question 3

| Theme | PA | PB | PC | PD | PE | PF | PG |
|---------------------------------|----|----|----|----|----|----|----|
| a. Staffs' interests-strengths | X | | X | X | | | X |
| b. Nurture and build confidence | X | | X | X | | X | |

Note. PA refers to Participant A, PB refers to Participant B, and continues through to PG.

Theme 3a: Staffs' interests-strengths. This theme emerged in four of the seven participant responses (60%). The following passages from the data reveal the theme:

I think it's definitely important what you staffs' strengths are in providing those challenges. You want to make sure that at the end of it they feel successful. We don't want to put our staff in a sink-or-swim situation when we know that they may come out having sunk. That doesn't make us good supervisors. So knowing what their strengths are and easing them into the situations that they may not be comfortable with while not inundating them with too much, and offering them support along the way. (PA, personal communication, April 5, 2016)

I focus on their interests and strengths. If I see something in an employee, whether it be skills or an interest they have, I would try to bring out by, for example, encouraging them to start a club or run a group. (PC, personal communication, April 5, 2016)

A lot of times employees will tell me that they're interested in a certain career path or area of growth, and so we'll try to find opportunities currently for them to just test it out and practice it and try some things that are about their future career path either to aid or increase their confidence. (PD, personal communication, April 5, 2016)

Knowing your employees and what their future goal is key. Provide them with projects that you know they are interested in taking on. Not only does this teach them new skills but makes them feel like they are completing extra tasks, which often leaves a sense of completion and positivity. (PG, personal communication, April 5, 2016)

Theme 3b: Nurture and build confidence. This theme emerged in four of the seven participant responses (60%). The following passages from the data reveal the theme:

It's important to check-in with them, and make sure that as they are getting comfortable in the job role that you continue to provide support. (PA, personal communication, April 5, 2016)

I think it's important to put them in situation that you know a staff is hesitant to go, but making sure at the same time that they have the full support of myself and the team to succeed. (PC, personal communication, April 5, 2016)

I take the opportunity of whenever an employee mentions to me that they don't like doing something or that something makes them nervous, I will push them and encourage them to try it while reassuring and supporting them. (PD, personal communication, April 5, 2016)

If I know there's an area where they've expressed that they're not as confident, then I will put them in a situation with support from someone who is definitely confident in that area so that they have exposure to it. I encourage autonomy with support instead of doing the job for them. (PF, personal communication, April 5, 2016)

Research question 4 and corresponding interview question. Research question 4 asked: What intellectual stimulation practices do leaders use to increase retention of direct-care workers in residential treatment centers? The corresponding interview question asked: Describe ways in which you encourage participation and creativity of employees.

The major themes indicated by at least 60% of participants emerged as follows: (a) Encourage employee involvement, and (b) promote ideas. Table 6 shows participant responses that identified the primary themes.

Table 6

Concluding Participants' Responses That Identified the Primary Themes for Research Question 4

| Theme | PA | PB | PC | PD | PE | PF | PG |
|-----------------------------------|----|----|----|----|----|----|----|
| a. Encourage employee involvement | | X | X | X | | X | |
| b. Promote ideas | X | X | X | X | X | | X |

Note. PA refers to Participant A, PB refers to Participant B, and continues through to PG.

Theme 4a: Encourage employee involvement. This theme emerged in four of the seven participant responses (60%). The following passages from the data reveal the theme:

I encourage the staff to take the clients out and venture out into the community, and show

the clients a new skill or hobby that they enjoy. (PB, personal communication, April 5, 2016)

It's important for the supervisor team to be involved and know their staff, their career path is, what their goals are, and use those to both our advantage. (PC, personal communication, April 5, 2016)

I look at each individual employee's natural gifts and talents and assets, and what they bring to the table. I ask them what they do for fun in their personal life and what skills they have to figure out how that can be utilized within their employment here. (PD, personal communication, April 5, 2016)

I encourage staff to advocate for themselves in starting a new club for our clients because I feel the clubs are a really solid way in which the staff can get actively involved and also feel like they're making a difference, which is sometimes hard because you don't necessarily feel that on a day-to-day basis. (PF, personal communication, April 5, 2016)

Theme 4b: Promote ideas. This theme emerged in six of the seven participant responses (85%). The following passages from the data reveal the theme:

I have conversations with staff letting them know that it's okay to have ideas, that if something we're doing is not working to please use your voice. I'm all about listening to the staff and letting them know that their voice is valued and we want to know what they're thinking and what ideas they have. (PA, personal communication, April 5, 2016)

I always ask staff if they have any ideas of any group or clubs that they feel may be needed or that they would like to run. I bring up past clubs we've had as examples as well and provide them a space to be able to voice their opinions and suggestions. (PB, personal communication, April 5, 2016)

I think we are lucky that we have such a team-building culture. I think our staff can see that in our weekly meetings and observe us working in as team by brainstorming together. We ask everyone for feedback and ideas. My hope is that this type of environment encourages our staff to voice their suggestions. (PC, personal communication, April, 5, 2016)

I love for employees to feel like they can have a safe space to be creative. I try my hardest to not say no when they have ideas and give them that opportunity. I think coming from a place of, yes, try it, allows the staff to feel like they have the room and support, and increases their confidence. (PD, personal communication, April 5, 2016)

I ask for ideas and feedback from everybody and provide brainstorming opportunities. (PE, personal communication, April 5, 2016)

I ask my staff how they feel we could improve our job. By asking this, employees will feel they have the freedom to speak freely and also give their opinions. I feel like giving the employees a place to speak freely makes them participate more and eventually become creative in hopes of making their shift work better. (PG, personal communication, April 5, 2016)

Summary

The data for this research study were collected using semistructured interview questions via face-to-face communication. Each participant was assigned individual alphanumeric identifiers to ensure confidentiality. Participants were given the opportunity to review their responses and modify responses. The interviewer process included a review of the data by a second rater to increase reliability. The emergence of a primary theme needed to surface in at least 60% of responses. Each of the primary themes was developed based on the responses from the participants.

Chapter 5: Findings and Conclusions

This case study was qualitative in nature and focused on identifying best practices in increasing the retention rate among direct-care staff in residential care. While research exists on employee retention, there is a lack of research focused on employee retention in residential care. How leaders engage with direct-care staff members in residential care can have a significant influence on increasing employee retention rate (Green et al., 2013). The theoretical framework for this study included the four components of Bass's transformational leadership theory and was supported in the literature: idealized influence, individualized consideration, inspirational motivation, intellectual stimulation (Avolio & Bass, 1993; Bass, 1985; Bass, 1990; Bono & Judge, 2004).

Chapter Structure

Chapter 5 of this study begins with an overview of the study, reviewing the problem, and a synthesis of the theoretical framework. A restatement of the purpose is provided along with the research questions and a summary of the methods used for this study. An explanation of the findings and conclusions are discussed. In addition, implications of the study are presented along with recommendations for further research. The chapter concludes with a summary.

Overview of the Study

Review of the problem. The declining retention rate among direct-care staff has serious repercussions on residential treatment centers and the quality of care clients receive (Knudsen et al., 2006). In 2014, the U.S. Department of Labor reported an average voluntary turnover rate to be 15.7% across all occupations. In addition, it was reported that anything below a turnover rate of 15% was considered healthy (Small Business Chronicles, 2016). Conversely, within the mental health field, this percentage is reported to be much larger than any other field. Latta

(2012) reports the national turnover rate to be 50% to 60% within the mental health and residential care field.

Residential treatment centers are faced with a constant decline in retention among direct-care staff. The turnover inevitably affects morale and team performance, which can ultimately reduce the effectiveness of the organization (Green et al., 2013). While working in the health care and mental health field can be difficult, many suggest reducing work stress and burnout may increase the retention rate of direct-care staff (Axer et al., 2013; Green et al., 2013). The problem is that best leadership practices have not been identified in increasing employee retention.

Theoretical framework synthesis. A number of studies have researched transformational leadership and explored ways transformational leaders can influence an organization and its employee retention rate (Grant, 2012; Jin et al., 2016; Judge & Piccolo, 2004; Rafferty & Griffin, 2004; Rowold & Heinitz, 2007; Rubin et al., 2005). The theoretical framework for this study was driven by the literature review and based on Bass's (1990) transformational leadership and its four components. Bass states that transformational leaders "inspire, energize, and intellectually stimulate their employees" (p. 19). Transformational leadership is receiving a great deal of scholarly attention and emerging as one of the most influential leadership theories (Jin et al., 2016).

Bass presents four components in transformational leadership (Bass & Riggio, 2006). Idealized influence refers to leaders acting as role models while individualized consideration refers to transformational leaders acting as mentors or coaches. Inspirational motivation refers to leaders acting in ways that motivate and inspire, and intellectual stimulation refers to encouraging innovation and creativity.

Table 7

Literature Support for Theoretical Framework

| Idealized Influence | Individualized Consideration | Intellectual Stimulation | Inspirational Motivation |
|---|--|---|--|
| Avolio & Bass (1998) | Arnold & Connelly (2013) | Avolio (1999a) | Arnold & Connelly (2013) |
| Barling, Weber, & Kelloway (1996) | Avolio & Bass (1995) | Avolio (1999b) | Bannister & Griffeth (1986) |
| Bass & Riggio (2006) | Bass, Avolio, Jung, & Berson (2003) | Avolio & Bass (1993) | Bass (1985) |
| Bono & Judge (2004) | Bass & Riggio (2006) | Avolio, Zhu, Koh, & Bhatia (2004) | Bass (1990) |
| Burch & Guarana (2014) | Bass & Guarana (2014) | Babcock-Roberson & Strickland (2010) | Bass & Avolio (1997) |
| Conger & Kanungo (1987) | Chalofsky (2003) | Bass & Riggio (2006) | Bass & Riggio (2006) |
| Dasborough & Ashkanasy (2002) | Corrigan, Diwan, Champion, & Rashid (2002) | Becker, Billings, Eveleth, & Gilbert (1996) | Burch & Guarana (2014) |
| Deutsch (1973) | Desvaux & Devillard-Hoellinger (2008) | Boies, Fiset, & Gill (2015) | Bycio, Hackett, & Allen (1995) |
| Dirks & Ferrin (2002) | Desvaux, Devillard-Hoellinger, & Baumgarten (2007) | Borucki (1987) | Corrigan, Diwan, Champion, & Rashid (2002) |
| Firth-Cozens (2004) | Fairlie (2011) | De Jong (1996) | Costa & McCrae (1992) |
| Gardner & Avolio (1998) | Gardner, Avolio, Luthans, May, & Walumbwa (2005) | Dionne, Yammarino, Atwater, & Spangler (2004) | Daub (2005) |
| Gebert, Heinitz, & Buengeler (2016) | Gillet & Vandenberghe (2014) | Forgas & Bower (1987) | Densten (2005) |
| Green, Miller, & Aarons (2013) | Judge & Bono (2004) | George (1995) | Furnahm, Trickey, & Hyde (2012) |
| House & Howell (1992) | Judge, Piccolo, & Ilies (2004) | Green, Miller, & Aarons (2013) | Griffith (2004) |
| House, Spangler, & Woycke (1991) | Jung & Sosik (2002) | Gumusluouglu & Ilsev (2009) | Guay & Choi (2015) |
| Howell & Avolio (1992) | Lowe (2006) | Iverson, Olekalns, & Erwin (1998) | Howell & Shamir (2005) |
| Kelloway, Barling, & Helleur (2000) | Sarros, Gray, & Densten (2002) | Jex & Bliese (1999) | Judge & Ilies (2002) |
| Khatri, Halbesleben, Petroski, & Meyer (2007) | Tse, Huang, & Lam (2003) | Jex & Thomas (2003) | Judge, Piccolo, & Kosalka (2009) |
| Laschinger, Finegan, Shamian, & Casier (2000) | Walumbwa, Cropanzano, & Hartnell (2009) | Kark & Shamir (2002) | Kanungo & Mendonca (1996) |
| Laschinger, Shamian, & Thompson (2001) | Yukl (1999) | Landrum, Knight, & Flynn (2012) | Kerfoot & Wantz (2003) |
| Leithwood & Jantzi (2000) | | Meyer, Becker, & Vandenberghe (2004) | Kouzes & Posner (2002) |
| Lowe (2006) | | Piccolo & Colquitt (2006) | Lavelle, Rupp, & Brockner (2007) |
| Mayer & Gavin (2005) | | Schwarzer (1992) | Locke (1976) |
| Parry & Sinha (2005) | | Schwarzer & Hallum (2008) | Maertz, Griffeth, Campbell, & Allen (2007) |
| | | Shamir, House, & Author (1993) | Mossholder, Settoon, & Henagan (2005) |
| | | | Murphy (2005) |

(continued)

| Idealized Influence | Individualized Consideration | Intellectual Stimulation | Inspirational Motivation |
|-------------------------------------|------------------------------|-------------------------------------|--|
| Premeaux & Bedeian (2003) | Sosik (2006) | Shin & Zhou (2003) | Podsakoff, MacKenzie, Moorman, & Fetter (1990) |
| Shamir, House, & Arthur (1993) | | Sosik, Kahai, & Avolio (1998) | Rafferty & Griffin (2004) |
| Shamir & Lapidot (2003) | | Tims, Bakker, & Xanthopoulou (2011) | Rost (1995) |
| Tims, Bakker, & Xanthopoulou (2011) | | X. H. Wang & Howell (2010) | Sosik, Khai, & Avolio (1998) |
| Tse, Huang, & Lam (2013) | | Zhu, Avolio, & Walumbwa (2009) | Weiss (2002) |
| Van Dyne & LePine (1998) | | | Yang (2009) |
| Weiner, Hobgood & Lewis (2008) | | | |
| Wong & Cummings (2009) | | | |
| Yorges, Weiss & Strickland (1999) | | | |

Restatement of purpose and research questions. The purpose of this study is to identify best leadership practices in retaining direct-care workers in residential treatment centers. A review of the literature resulted in the theoretical framework suggested by Bass and Riggio (2006). This theory informed the research questions:

1. What idealized influence practices do leaders use to increase retention of direct-care workers in residential treatment centers?
2. What individualized consideration practices do leaders use to increase retention of direct-care workers in residential treatment centers?
3. What inspirational motivation practices do leaders use to increase retention of direct-care workers in residential treatment centers?
4. What intellectual stimulation do leaders use to increase retention of direct-care workers in residential treatment centers?

Methods Summary

Data collection. The interview instrument was utilized to gather information among seven leaders in a residential treatment center and inform the research questions. Data were collected via in-person interviews individually scheduled with each participant. The researcher took down detailed notes of the interview and was able to review the notes with each participant to ensure accuracy of their comments. To increase confidentiality, all identifying information was removed and each participant was assigned an alphanumeric identifier. The researcher fully disclosed the process through informed consent.

Data analysis. As Creswell (2013) suggested to increase accuracy, participants had the opportunity to review their individual responses for verification. Each participant reviewed his or her own responses. These responses represented the data for coding.

Coding. Responses to the interview questions were read several times to gain a greater understanding. Common words and themes that stood out were highlighted. Bracketing was used to identify topics and patterns (Creswell, 2013). Once all the transcripts were reviewed, the data were then coded and compared to the components of the theoretical framework. To enhance the level of consistency, Hyatt's (2012) 15-step interviewer process was utilized as follows:

1. The primary researcher analyzes the transcripts using bracketing for reduction, horizontalization, and synthesis for textual description and conclusions.
2. The primary researcher meets with the reviewer(s) to review the coding process for identifying themes.
3. The primary researcher selects a transcript for the purpose of familiarizing the reviewer(s) [with] the coding process.
4. The researcher maintains the highlighted and analyzed version of the transcript.

5. The reviewer(s) is provided with a clean copy of the selected transcript.
6. Prior to analysis, the researcher and reviewer(s) will each read a transcript three times. The purpose of the initial reading is to merely familiarize the reviewer(s) with the data from the transcripts.
7. The purpose of the second reading is to further the reviewer(s) consideration of the information and to answer any questions about the transcript.
8. The purpose of the third reading is to analyze the data by bracketing for reduction, horizontalization, and synthesis of the text for structural descriptions and conclusions.
9. The researcher assists the reviewer(s) in completing the analysis of one selected transcript.
10. Meaning units are entered in the left margin. Structural descriptions and conclusions are entered into the right margin. This completes analysis of the transcript.
11. The additional reviewer(s) applies the same process to the remaining transcripts independent of the primary researcher. If there are multiple reviewers, each works independently.
12. After completion of the process for all transcripts, the primary researcher and reviewer(s) reconvene. The primary researcher and the reviewer(s) review their identified conclusions.
13. An analysis form may be used to identify the agreed-upon themes and help to discover any areas of disagreement.
14. The primary researcher and reviewer(s) discuss similarities and differences, and come to a consensus on the conclusions. A categorizing form may be created to identify overall themes.

15. Criteria for major themes are met when a minimum of 60% of participants provide supportive data for the theme(s).

Hyatt's interviewer process increased the likelihood of reliability of the interpretation from the information each participant provided. Common themes identified by at least 60% of participants were classified as major themes and grouped together and categorized.

Results and Conclusions

Findings for research question 1. What idealized influence practices do leaders use to increase retention of direct-care workers in residential treatment centers? The major themes that emerged were as follows: (a) provide support, (b) positive attitude, and (c) lead by example.

Table 8 shows participant responses that identified the major themes.

Table 8

Percentage of Participants That Identified the Primary Themes for Research Question 1

| Theme | % |
|----------------------|------|
| a. Provide support | 60% |
| b. Positive attitude | 60% |
| c. Lead by example | 100% |

Theme 1a: Provide support. This theme emerged in four of the seven participant responses (60%). The following passages from the data are examples of the theme:

I have noticed in terms of having better outcome for staff is just getting really involved and providing them more support. (PA, personal communication, April 5, 2016)

I give them guidance; walk them through situations. I constantly check in on them and ask them questions and encourage them to ask me questions. (PC, personal communication, April 5, 2016)

Providing employees with the support they need is a key component in establishing trust (Hersey et al., 1996; Wong & Cummings, 2009). Employees need to trust that leaders are available and willing to provide the support needed during times of instability and change (Bass

& Steidlmeier, 1999; Corrigan et al., 2000). There is an increasing focus on the importance of connections among employees and their leaders. Leaders who employees consider to be trustworthy and consistent in their behavior measure high in Idealized Influence (Aailtio-Marjosola & Takala, 2000). Wong and Cummings (2009) suggest trust is needed in developing relationships between leaders and followers. When trust is established, followers are more inclined to model after their leaders.

Theme 1b: Positive attitude. This theme emerged in four of the seven participant responses (60%). The following are example passages that reveal the theme:

It's important to come in to work every day with a positive attitude and engage with people in a positive way. (PA, personal communication, April 5, 2016)

I try to maintain a good attitude. Having a good attitude in the work place is key for a supervisor. (PG, personal communication, April 5, 2016)

Leaders who accent positivity in the workplace and present a positive attitude can significantly affect employees' attitude. Positive employee engagement is key to determining how employees emulate and model after their leaders (Avolio & Gardner, 2005; Bass & Riggio, 2006). Leaders who display positivity and measure high in Idealized Influence are able to increase enthusiasm within followers toward the mission and vision of the organization (Gumusluoglu & Ilsev, 2009; Leithwood & Jantzi, 2000; Shamir et al., 1993; Tims et al., 2011).

Theme 1c: Lead by example. This theme emerged in seven of the seven participant responses (100%). The following are examples:

I think having those interactions with clients in front of other staff to model certain skills like validation or skills coaching can be really helpful. (PA, personal communication, April 5, 2016)

I want staff to model after the way I interact with clients. Anytime I do use personal examples, I tie it into a situation at work as a way to coach staff. (PB, personal communication, April 5, 2016)

I usually lead by example so I don't ask employees anything that I wouldn't do myself. I definitely try to model for them, for example, I make sure I get in there and coach staff in creating a teaching moment as opposed to just telling the staff what to do. (PC, personal communication, April 5, 2016)

Merging a leader's interest with employees' interest involves employees thinking in similar ways as their leaders (Deutsch, 1973). The merging of these interests creates trust within the leader-employee relationship and fosters continual modeling of leaders (Avolio & Bass, 1998). In essence, employees' interests merge with their leader's interests. Employees become more invested in their leaders, leading to higher levels of organizational commitment (Avolio & Bass, 1998; Barling et al., 1996; House & Howell, 1992; Kelloway et al., 2000). Leaders who exhibit idealized influence practices have a positive influence on followers, allowing the leader to divert employees' attention from themselves to focus on the organization (Yorges et al., 1999). House and Howell (1992) posit employees become more invested in the leader's vision and are willing to put in the work to attain the vision.

Findings for research question 2. Research question 2 asked: What individualized consideration practices do leaders use to increase retention of direct-care workers in residential treatment centers? The major themes that emerged were as follows: (a) take an active interest, and (b) shared experiences. Table 9 shows examples of the primary themes.

Table 9

Percentage of Participants That Identified the Primary Themes for Research Question 2

| Theme | % |
|----------------------------|-----|
| a. Take an active interest | 60% |
| b. Shared experiences | 60% |

Theme 2a: Take an active interest. This theme emerged in four of the seven participant responses (60%). The following examples reveal the theme:

If there's an area that I'm noticing that might need a little extra support, maybe they're struggling working with a specific client or specific issue that may be recurring in several other clients, when appropriate, I'd like to pull them to the side and just check-in with them. (PA, personal communication, April 5, 2016)

I believe consultation is key. Checking in with the staff regularly, see how they're feeling, make sure they aren't burning out. Provide a safe space for them to ask for help when needed. (PC, personal communication, April 5, 2015)

Checking in a lot and trying to make sure that I'm asking them to come to me and be honest about how they're feeling and where they are. (PF, personal communication, April 5, 2016)

Providing extra attention to each follower's is essential for employees' success and growth (Bass & Riggio, 2006). Burch and Guarana (2014) suggest a sense of job meaningfulness increases when leaders take an active interest in employees. Researchers posit that supportive behaviors among leaders and consideration of employees increase employee satisfaction and organizational commitment (Judge et al., 2004; Lowe, 2006). Further research asserts that a higher level of group cohesions and organizational commitment occurs when leaders show authentic interest in employee's needs (Gardner, Avolio, Luthans, May, & Walumbwa, 2005).

Theme 2b: Shared experiences. This theme emerged in four of the seven participant responses (60%). The following examples reveal the theme:

I often speak to my experiences with either similar clients or with similar issues, and describe ways in which I have been both successful and not successful. It's important to share both sides and what I've learned. It shows how I've grown in this position. (PA, personal communication, April 5, 2016)

I think using personal work experiences to coach or train employees. I use scenarios that I've been in or seen in the past. (PB, personal communication, April 5, 2016)

I always like to use scenarios I've been in or give random scenarios and use those to help make things easier for staff when similar situations arise. (PE, personal communication, April 5, 2016)

The literature supports a positive correlation among leaders who encourage open and honest interactions with employees and increased productivity (Bass et al., 2003; Jung & Sosik,

2002). Leaders who show interest in helping employees grow increases organizational commitment (Chalofsky, 2003; Fairlie, 2011). Sharing personal work experiences shows investment in the employee, which increases trust in the leader as well as in the organization (Walumbwa et al., 2009).

Findings for research question 3. Research question 3 asked: What inspirational motivation practices do leaders use to increase retention of direct-care workers in residential treatment centers? The major themes that emerged were as follows: (a) staffs' strengths-interests, and (b) nurture and build confidence. Table 10 shows participant responses that identified the primary themes.

Table 10

Percentage of Participants That Identified the Primary Themes for Research Question 3

| Theme | % |
|---------------------------------|-----|
| a. Staffs' interests-strengths | 60% |
| b. Nurture and build confidence | 60% |

Theme 3a: Staffs' interests-strengths. This theme emerged in four of the seven participant responses (60%). The following examples reveal the theme:

I think it's definitely important to know what your staffs' strengths are in providing those challenges. You want to make sure that at the end of it they feel successful. It's important to know what their strengths are and easing them into the situations that they may not be comfortable with, while not inundating them with too much, and offering them support along the way. (PA, personal communication, April 5, 2016)

I focus on their interests and strengths. If I see something in an employee, whether it be skills or an interest they have, I would try to bring out by, for example, encouraging them to start a club or run a group. (PC, personal communication, April 5, 2016)

Researchers suggest it is beneficial for organizations to understand employee's interests and skills, and present opportunities where employees can practice those skills (Corrigan et al., 2000; Yukl, 2005). It's important for employees to feel of value to an organization and provide

meaning to their work (Bass & Riggio, 2006). Encouraging employees to share their interests with clients provides value into the job that they are doing (Bass, 1990; Shin & Zhou, 2003).

Theme 3b: Nurture and build confidence. This theme emerged in four of the seven participant responses (60%). The following example passages reveal the theme:

“It’s important to check-in with them, and make sure that as they are getting comfortable in the job role.” (PA, personal communication, April 5, 2016).

“If I know there’s an area where they’ve expressed that they’re not as confident, then I will put them in a situation with support from someone who is definitely confident in that area so that they have exposure to it. I encourage autonomy with support instead of doing the job for them.” (PF, personal communication, April 5, 2016).

Research suggests that inspirational motivation can have a significant influence on employees who tend to be anxious and lack self-confidence (Costa & McCrae, 1992; Furnham et al., 2012; Guay & Choi, 2015; Judge et al., 2009; Trickey & Hyde, 2012). Davidovitz et al. (2007) suggest transformational leaders provide autonomy, guidance, listen to the needs of employees, and nurture and build confidence in employees. Increasing employees’ self-confidence leads employees to be more proactive and increases team cohesions (Bass & Avolio, 1997; Howell & Shamir, 2005).

Findings for research question 4. Research question 4 asked: What intellectual stimulation practices do leaders use to increase retention of direct-care workers in residential treatment centers? The major themes that emerged were as follows: (a) Encourage employee involvement, and (b) promote ideas. Table 11 shows participant responses that identified the primary themes.

Table 11

Percentage of Participants That Identified the Primary Themes for Research Question 4

| Theme | % |
|-----------------------------------|-----|
| a. Encourage employee involvement | 60% |
| b. Promote ideas | 85% |

Theme 4a: Encourage employee involvement. This theme emerged in four of the seven participant responses (60%). The following passages from the data reveal the theme:

I encourage the staff to take the clients out and venture out into the community, and show the clients a new skill or hobby that they enjoy. (PB, personal communication, April 5, 2016)

I look at each individual employee's natural gifts and talents and assets, and what they bring to the table. I ask them what they do for fun in their personal life and what skills they have to figure out how that can be utilized within their employment here. (PD, personal communication, April, 5, 2016)

Direct-care staff members are the individuals who spend the most amount of time with clients than any other person on the treatment team (Harris, 2003). Direct-care staff members are instrumental in mentoring clients and play an important role in assisting clients' transition back into the community (Knowles & Landesman, 1986). Leaders who encourage direct-care staff members to engage actively with clients by utilizing their skills and interests to help clients find joy create meaning in the work they do (Green et al., 2013). Studies suggest that employees taking on tasks that they enjoy reduces the level of burnout and stress (Borucki, 1987; Iverson et al., 1998; Jex & Thomas, 2003). Using employees' interests to engage clients motivates employees and increases levels of performance (De Jong, 2006). This can result in increased self-confidence, which, in turn, motivates employees to take on more challenging tasks (Schwarzer, 1992; Schwarzer & Hallum, 2008).

Theme 4b: Promote ideas. This theme emerged in six of the seven participant responses (85%). The following passages from the data reveal the theme:

I have conversations with staff letting them know that it's okay to have ideas, that if something we're doing is not working to please use your voice. I'm all about listening to the staff and letting them know that their voice is valued and we want to know what they're thinking and what ideas they have. (PA, personal communication, April 5, 2016)

I always ask staff if they have any ideas of any group or clubs that they feel may be needed or that they would like to run. I bring up past clubs we've had as examples as well and provide them a space to be able to voice their opinions and suggestions. (PB, personal communication, April 5, 2016)

I ask for ideas and feedback from everybody and provide brainstorming opportunities. (PE, personal communication, April 5, 2016)

Leader-employee support instills trust and safety in the workplace (Avolio & Gardner, 2005; Wong & Cummings, 2009). Wong and Cummings (2009) state, "In work environments that are safe for patients and staff, health care professionals are able to speak openly in a trusting and nonpunitive atmosphere about issues that concern them and do so without fear of organizational reprisals" (p. 7). Openness to such feedback promotes followers to question assumptions and brainstorm solutions, openly and creatively, and to solve problems (Avolio, 1999b; Bass & Avolio, 1997; Bass & Steidlmeier, 1999). Hur (2008) proposes that effective leadership occurs when employees are encouraged to think outside the box and present ideas. Bass and Steidlmeier (1999) suggest, "Organizations could improve if the members were empowered to try out their ideas and learn from feedback" (p. 200).

Overview of the Results

This study identified best leadership practices in retaining direct-care staff in residential treatment centers through the theoretical framework, based on Bass's transformational leadership theory and its components (Bass, 1990; Bass & Avolio, 1993; Burns, 1978). Seven leaders were asked to identify common practices that are used to increase retention of direct-care workers in residential treatment centers. Participant responses yielded nine major themes used at their residential treatment center.

This study resulted in nine common practices: (a) provide support, (b) positive attitude, (c) lead by example, (d) take an active interest, (e) shared experiences, (f) staff's interests-strengths, (g) nurture and build confidence, (h) encourage employee involvement, and (i) promote ideas. These best practices are relative to retaining direct-care staff members through the theoretical framework of this research study: idealized influence, individualized consideration, inspirational motivation, and intellectual stimulation. The resultant practices are displayed in Table 12.

Table 12

Best Practices Aligned With Transformational Leadership Used to Retain Residential Care Staff

| Idealized Influence | Individualized Consideration | Inspirational Motivation | Intellectual Stimulation |
|---------------------|------------------------------|------------------------------|--------------------------------|
| Provide support | Take an active interest | Staffs' interests strengths | Encourage employee involvement |
| Positive attitude | Shared experiences | Nurture and build confidence | Promote ideas |
| Lead by example | | | |

Implications of the Study

This study was designed to identify best leadership practices in retaining employees in residential care. The responses yielded from current leaders in the field delivered valuable information, given the lack of research pertaining to leadership in the mental health field. The research findings discussed vital leadership practices that help increase employee retention in residential care. The practices leaders use in engaging with employees can significantly influence organizational commitment (Axer et al., 2013; Bass, 1985; Green et al., 2013).

Information yielded from this study could be used to help leaders in health care and mental health identify best leadership practices that will assist in increasing retention rate among direct-care staff. Direct-staff care members play a vital role in the treatment process of the

clients. It would be valuable to explore how employee retention rate affects client outcomes. As a result of the active involvement direct-care staff have with clients in the health care and mental health field, losing one or more direct-care staff members could have a negative influence on client care.

Recommendations for Further Research

A review of the literature identified the theoretical framework used for this study in identifying leadership practices to increase staff retention. The research methods used produced nine common practices used at one residential treatment center to retain an above average retention rate. It would be valuable to conduct the same study using the direct-care staff as participants to then compare the results to those from the leaders. Another recommendation would be to conduct a study to discover areas of improvement related to retention leadership practices as well as another study that may focus on a site within healthcare that is not residential care to gather further valuable information. Further research could be conducted at more residential treatment centers that report lower annual turnover rates than the national turnover rate of 50%-60% (Latta, 2012).

This study was specific to a residential treatment center that reports a high employee retention rate. Further research could compare as well as contrast practices used in other industries. Expanding the number of participants interviewed might also increase the data's value.

Every study has limitations. One way to address those limitations is to conduct further studies. This study could possibly be used at multiple facilities that meet the same criteria. A quantitative approach utilizing surveys could be used to reach a wider population sample that may yield different data.

Summary

The purpose of this study was to identify best leadership practice in retaining direct-care staff in residential treatment centers. Residential treatment centers have increased in popularity with serving those who struggle with behavioral or psychiatric challenges (Langner, 2001). While the future of residential treatment centers looks bright because of the growing and continued needs of therapeutic and psychiatry support, there is great concern over the decreasing retention rate among direct-care staff. Research suggests burnout and stress have a direct influence on retention rates; however, leadership can impact levels of burnout and stress, which can significantly lower direct-care staff turnover (Selden, 2010).

The leadership practices that were identified in this study align with Bass's transformational leadership theory and its four components: idealized influence, individualized consideration, inspirational motivation, and intellectual stimulation (Avolio & Bass, 1998; Avolio et al., 2004; Bass, 1990). The practices identified in the study could, therefore, help other organizations increase retention rate among residential care facilities.

REFERENCES

- Aaltio-Marjosola, L., & Takala, T. A. (2000). Charismatic leadership, manipulation, and the complexity of organizational life. *Journal of Workplace Learning, 12*(4), 146–158. <http://dx.doi.org/10.1108/13665620010332750>
- Aarons, G. A., Sommerfield, D. H., Hecht, D. B., Silovsky, J. F., & Chaffin, M. J. (2009). The impact of evidence-based practice implementation and fidelity monitoring on staff turnover: Evidence for a protective effect. *Journal of Consulting and Clinical Psychology, 77*, 270–280. <http://dx.doi.org/10.1037/a0013223>
- Aichhorn, A. (1925). *Wayward youth*. New York, NY: Viking Press.
- Arnold, K. A., & Connelly, C. E. (2013). Transformational leadership and psychological well-being. in H. S. Leonard, R. Lewis, A. M. Freedman, & J. Passmore (Eds.), *Wiley-Blackwell handbook of the psychology of leadership, change, and organizational development* (pp.175–194). Oxford, MS: John Wiley & Sons. doi:10.1002/9781118326404.ch9
- Avolio, B. J. (1999a). Are leaders born or made? *Psychology Today, 32*, 18. Retrieved from <https://www.psychologytoday.com/articles/199909/are-leaders-born-or-made>
- Avolio, B. J. (1999b). *Full leadership development*. Thousand Oaks, CA: Sage.
- Avolio, B. J., & Bass, B. M. (1993). Transformational leadership: A response to critiques. In M. M. Chemers & R. Ayman (Eds.), *Leadership theory and research: Perspectives and directions* (pp. 49–80). New York, NY: Academic Press. <http://dx.doi.org/10.1002/job.283>
- Avolio, B. J., & Bass, B. M. (1995). Individual consideration viewed at multiple levels of analysis: A multi-level framework for examining the diffusion of transformational leadership. *Leadership Quarterly, 6*(2), 199–218. [http://dx.doi.org/10.1016/1048-9843\(95\)90035-7](http://dx.doi.org/10.1016/1048-9843(95)90035-7)
- Avolio, B. J., & Bass, B. M. (1998). You can drag a horse to water, but you can't make it drink except when it's thirsty. *Journal of Leadership Studies, 5*, 1–17. Retrieved from <http://www.au.af.mil/au/awc/awcgate/au-24/avolio.pdf>
- Avolio, B. J., & Gardner, W. L. (2005). Authentic leadership development: Getting to the root of positive forms of leadership. *Leadership Quarterly, 16*, 315–338. doi:10.1016/j.leaqua.2005.03.001
- Avolio, B. J., Zhu, W., Koh, W., & Bhatia, P. (2004). Transformational leadership and organizational commitment: Mediating role of psychological empowerment and moderating role of structural distance. *Journal of Organizational Behavior, 25*, 951–968. <http://dx.doi.org/10.1002/job.283>

- Axer, A., Donohue, M., Moore, D., & Welch, T. (2013). Training and supervision of residential staff in community-based treatment facilities. *Archives of Psychiatry & Psychotherapy, 15*(3), 49–56. <http://dx.doi.org/10.12740/APP/18144>
- Babcock-Roberson, M. E., & Strickland, O. J. (2010). The relationship between charismatic leadership, work engagement, and organizational citizenship behaviors. *The Journal of Psychology, 144*(3), 313–326. <http://dx.doi.org/10.1080/00223981003648336>
- Baldwin, N. (1990). *The power to care in children's homes: Experiences of residential workers*. Brookfield, VT: Avebury.
- Bannister, B. D., & Griffeth, R. W. (1986). Applying a causal analytic framework to the Mobley, Horner, and Hollingsworth (1978) turnover model: A useful reexamination. *Journal of Management, 12*, 433–443. doi:10.1177/014920638601200312
- Barine, A. K., & Minja, D. (2012). *Transformational corporate leadership*. Wake Forest, NC: Integrity Publishers.
- Barling, J., Weber, T. J., & Kelloway, E. K. (1996). Effects of transformational leadership training on attitudinal and financial outcomes: A field experiment. *Journal of Applied Psychology, 81*, 827–832. <http://dx.doi.org/10.1037/0021-901081.6.827>
- Barrera, M. (1985). *Distinctions between social support concepts, measures, and models*. Unpublished manuscript, Arizona State University, Tempe, Arizona.
- Bass, B. M. (1985). *Leadership and performance*. New York, NY: Free Press.
- Bass, B. M. (1990). From transactional to transformational leadership: Learning to share the vision. *Organizational Dynamics, 18*, 19–31. [http://dx.doi.org/10.1016/0090-2616\(90\)90061-S](http://dx.doi.org/10.1016/0090-2616(90)90061-S)
- Bass, B. M. (1998). The ethics of transformational leadership. In J. Ciulla (Ed.), *Ethics, the heart of leadership* (pp. 169–192). Westport, CT: Praeger.
- Bass, B. M. (1999). Two decades of research and development in transformational leadership. *European Journal of Work and Organizational Psychology, 8*(1), 9–32. <http://dx.doi.org/10.1080/135943299398410>
- Bass, B. M., & Avolio, B. J. (1993). Transformational leadership and organizational culture. *Public Administration Quarterly, 17*(1), 112–121. <http://dx.doi.org/10.1080/01900699408524907>
- Bass, B. M., & Avolio, B. J. (1994). *Improving organizational effectiveness through transformational leadership*. Thousand Oaks, CA: Sage Publications.

- Bass, B. M., & Avolio, B. J. (1997). *Full-range of leadership development: Manual for the multifactor leadership questionnaire*. Palo Alto, CA: Mind Garden.
- Bass, B. M., Avolio, B. J., Jung, D., & Berson, Y. (2003). Predicting unit performance by assessing transformational and transactional leadership. *Journal of Applied Psychology*, 88, 207–218. <http://dx.doi.org/10.1037/0021-9010.88.2.207>
- Bass, B. M., & Riggio, R. E. (2006). *Transformational leadership* (2nd ed.). Mahwah, NJ: Erlbaum.
- Bavelas, A. (1960). Leadership: Man and function. *Administrative Science Quarterly*, 4, 491–498. Retrieved from <http://www.jstor.org/discover/10.2307/2390770?uid=3739256&uid=2134&uid=2&uid=70&uid=4&sid=21106510887293>
- Becker, T. E., Billings, R. S., Eveleth, D. M., & Gilbert, N. W. (1996). Foci and bases of commitment: Implications for performance. *Academy of Management Journal*, 39, 464–482. doi:10.2307/256788
- Beckett, P., Field, J., Molloy, L., Yu, N., Holmes, D., & Pile, E. (2013). Practice what you preach: Developing person-centered culture in inpatient mental health settings through strengths-based, transformational leadership. *Issues in Mental Health Nursing*, 34, 595–601. doi:10.3109/01612840.2013.790524
- Beinecke, R., & Spencer, J. (2007). International leadership competencies and issues. *The International Journal of Leadership in Public Services*, 3(3), 4–14. doi:10.1108/17479886200700017
- Bennis, W. G. (1961). Revisionist theory of leadership. *Harvard Business Review*, 39, 26–150. Retrieved from <https://hbr.org/>
- Bernard, H. R. (1988). *Research methods in cultural anthropology*. Newbury Park, CA: Sage Publications.
- Bettelheim, B. (1955). *Truants from life*. New York, NY: Free Press.
- Block, L. (2003). The leadership-culture connection: An exploratory investigation. *Leadership & Organization Development Journal*, 24, 318–334. <http://dx.doi.org/10.1108/014377303010494293>
- Boies, K., Fiset, J., & Gill, H. (2015). Communication and trust are key: Unlocking the relationship between leadership and team performance and creativity. *The Leadership Quarterly*, 26(6), 1080–1094. <http://dx.doi.org/10.1016/j.leaqua.2015.07.007>
- Bono, J. E., Foldes, H. J., Vinson, G., & Muros, J. P. (2007). Workplace emotions: The role of supervision and leadership. *Journal of Applied Psychology*, 92(5), 1357–1367. doi:10.1037/0021-9010.92.5.1357

- Bono, J. E., & Judge, T. A. (2004). Personality and transformational and transactional leadership: A meta-analysis. *Journal of Applied Psychology, 89*, 901–910. doi:10.1037/0021-9010.89.5.901
- Borucki, Z. (1987). Perceived organizational stress, emotions, and negative consequences of stress: Global self-esteem and sense of interpersonal competence as moderator variables. *Polish Psychological Bulletin, 18*, 139–148. Retrieved from <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.705.776&rep=rep1&type=pdf>
- Bright, L. (2008). Does public service motivation really make a difference on the job satisfaction and turnover intentions of public employees? *The American Review of Public Administration, 38*, 1–149. doi:10.1177/0275074008317248
- Broome, K. M., Knight, D. K., Edwards, J. R., & Flynn, P. M. (2009). Leadership, burnout, and job satisfaction in outpatient drug-free treatment programs. *Journal of Substance Abuse Treatment, 37*(2), 160–170. doi:10.1016/j.jsat.2008.12.002
- Burch, T. C., & Guarana, C. L. (2014). The comparative influences of transformational leadership and leader-member exchange on follower engagement. *Journal of Leadership Studies, 8*(3), 6–25. doi:10.1002/jls.21334
- Burns, J. M. (1978). *Leadership*. New York, NY: Harper and Row.
- Bycio, P., Hackett, R. D., & Allen, J. S. (1995). Further assessments of Bass's (1985) conceptualization of transactional and transformational leadership. *Journal of Applied Psychology, 80*, 468–478. doi:10.1037/0021-9010.80.4.468
- Castle, N., Ferguson, J., & Hughes, K. (2009). Humanism in nursing homes: The impact of top management. *Journal of Health and Human Services Administration, 31*, 483–516. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/19385423>
- Chalofsky, N. (2003). An emerging construct for meaningful work. *Human Resource Development International, 6*, 69–83. doi:10.1080/1367886022000016785
- Chullen, C. L. (2014). How does supervisor burnout affect leader-member exchange? A dyadic perspective. *International Business & Economic Research Journal, 13*(5). Retrieved from <https://cluteinstitute.com/ojs/index.php/IBER/article/viewFile/8777/8751>
- Cohler, B. J., & Friedman, D. H. (2004). Psychoanalysis and the early beginnings of residential treatment for troubled youth. *Child and Adolescent Psychiatric Clinics of North America, 13*(2), 237–254. [http://dx.doi.org/10.1016/S1056-4993\(03\)00115-9](http://dx.doi.org/10.1016/S1056-4993(03)00115-9)
- Cohler, B. J., & Zimmermann, D. P. (1997). Youth in residential care: From war nursery to therapeutic milieu. *The Psychoanalytical Study of the Child, 52*, 359–385. http://dx.doi.org/10.1300/J007v18n02_01

- Colton, M., & Roberts, S. (2006). The retention of residential group care workers. *International Journal of Child & Family Welfare*, 3, 160–177. Retrieved from https://www.researchgate.net/publication/248399501_Care_workers_and_residential_care
- Conger, J. A., & Kanungo, R. N. (1987). Toward a behavioral theory of charismatic leadership in organizational settings. *Academy of Management Review*, 12, 637–647. <http://dx.doi.org/10.5465/AMR.1987.4306715>
- Conger, J. A., & Kanungo, R. N. (1998). *Charismatic leadership in organizations*. Thousand Oaks, CA: Sage Publications.
- Corrigan, P. W., Diwan, S., Campion, J., & Rashid, F. (2002). Transformational leadership and the mental health team. *Administration & Policy in Mental Health*, 30(2), 97–108. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/12680615>
- Corrigan, P. W., & Garman, A. N. (1999). Transformational and transactional leadership skills for mental health teams. *Community Mental Health Journal*, 35, 301–312. doi:10.1023/A:1018757706316
- Corrigan, P. W., Garman, A. N., Lam, C., & Leary, M. (1998). What mental health teams want in their leaders. *Administration and Policy in Mental Health*, 26, 111–123. doi:10.1023/A:1021298210552
- Corrigan, P. W., Lickey, S. E., Campion, J., & Rashid, F. (2000). Mental health team leadership and consumers' satisfaction and quality of life. *Psychiatric Services*, 51(6), 781–785. Retrieved from <http://www.kwi.ku.edu/research/WorkforceEvidenceReviews/SupervisionConsumerOutcomes/Corriganetal2000.pdf>
- Costa, P. T., Jr., & McCrae, R. R. (1992). *Revised NEO personality inventory (NEO-PI-R) and NEO five-factor (NEO-FFI) inventory professional manual*. Odessa, FL: PAR.
- Creswell, J. W. (2013). *Research design: Qualitative, quantitative and mixed method approaches* (2nd ed.). Thousand Oaks, CA: Sage Publications.
- Dasborough, M. T., & Ashkanasy, N. M. (2002). Emotion and attribution of intentionality in leader-member relationships. *Leadership Quarterly*, 13, 615–634. [http://dx.doi.org/10.1016/S1048-9843\(02\)00147-9](http://dx.doi.org/10.1016/S1048-9843(02)00147-9)
- Daub, C. (2005). The relationship between staff burnout and patient satisfaction in outpatient community mental health. *Dissertation Abstract International*, 65, 5395–5395. doi:10.1177/1473325011408998
- Davidovitz, R., Mikulincer, M., Shaver, P. R., Izak, R., & Popper, M. (2007). Leaders as attachment figures: Their attachment orientations predict leadership-related mental representations and followers' performance and mental health. *Journal of Personality and Social Psychology*, 93, 632–650. doi:10.1037/0022-3514.93.4.632

- Davison, A. J. (1995). *Residential care: The provision of quality care in residential and educational group care settings*. Brookfield, VT: Ashgate Publishing.
- De Jong, J. P. (2006). Individual innovation: The connection between leadership and employees' innovative work behavior. Paper provided by EIM Business and Policy Research in its series Scales Research Reports with number R200604. Retrieved from <http://www.entrepreneurship-sme.eu/pdf-ez/R200604.pdf>
- Deniz, N., Noyan, A., & Ertosun, O. G. (2013). The relationship between employee silence and organizational commitment in a private healthcare company. *Procedia Social and Behavioral Sciences*, 99, 691–700. <http://dx.doi.org/10.1016/j.sbspro.2013.10.540>
- Densten, I. L. (2005). The relationship between visioning behaviours of leaders and follower burnout. *British Journal of Management*, 16, 105–118. <http://dx.doi.org/10.1111/j.1467-8551.2005.00428.x>
- Desvaux, G., & Devillard-Hoellinger, S. (2008). *Women matter 2: Female leadership, a competitive edge for the future*. Paris, France: McKinsey & Company.
- Desvaux, G., Devillard-Hoellinger, S., & Baumgarten, P. (2007). *Women matter: Gender diversity, a corporate performance driver*. Paris, France: McKinsey & Company.
- Deutsch, M. (1973). *The resolution of conflict*. New Haven, CT: Yale University Press.
- Dionne, S. D., Yammarino, F. J., Atwater, L. E., & Spangler, W. D. (2004). Transformational leadership and team performance. *Journal of Organizational Management*, 17(2), 177–193. <http://dx.doi.org/10.1108/09534810410530601>
- Dirks, K. T., & Ferrin, D. L. (2002). Trust in leadership: Meta-analytic findings and implications for research and practice. *Journal of Applied Psychology*, 87(4), 611–628. <http://dx.doi.org/10.1037/0021-9010.87.4.611>
- Dubreuil, P., Laughrea, M., Morin, A. J. S., Courcy, F., & Loïselle, O. (2009). Role stressors and burnout: Effects of social relationships. *International Journal of Business and Management*, 4(9), 3–16. Retrieved from <http://www.ccsenet.org/journal/index.php/ijbm/article/viewFile/2598/3321>
- Edwards, D. (2009, April). Leaders' role in tough times. *Behavioral Healthcare*, 29(4), 6. Retrieved from <http://www.behavioral.net/article/leaders-role-tough-times>
- Elpers, K., & Westhuis, D. J. (2008). Organizational leadership and its impact on social workers' job satisfaction: A national study. *Administration in Social Work*, 32(3), 26–43. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/03643100801922399>

- Ensley, M. D., Hmieleski, K. M., & Pearce, C. L. (2006). The importance of vertical and shared leadership within new venture top management teams: Implications for the performance of startups. *The Leadership Quarterly*, *17*(3), 217–231. <http://dx.doi.org/10.1016/j.leaqua.2006.02.002>
- Fairlie, R. W. (2011). *Entrepreneurship, economic conditions, and the great recession*. Santa Cruz, CA: Institute for the Study of Labor.
- Fiedler, F. E., & Chemers, M. M. (1974). *Leadership and effective management*. Glenview, IL: Scott, Foresman.
- Firth-Cozens, J. (2004). Organizational trust: The keystone to patient safety. *Quality and Safety in Health Care*, *13*, 56–61. doi:10.1136/qshc.2003.007971
- Forgas, J. P., & Bower, G. H. (1987). Mood effects on person perception judgments. *Journal of Personality and Social Psychology*, *53*, 53–60. <http://dx.doi.org/10.1037/0022-3514.53.1.53>
- Foster, L. K. (2002). *Residential care facilities in the neighborhood: Federal, state, and local requirements*. Retrieved from <https://www.library.ca.gov/crb/02/18/02-018.pdf>
- Freudenberger, H. J. (1974). Staff burn-out. *Journal of Social Issues*, *30*(1), 159–165. doi:10.1111/j.1540-4560.1974.tb00706.x
- Fritsch, R. C., & Goodrich, W. (1990). Adolescent inpatient attachment as treatment process. *Adolescent Psychiatry*, *17*, 246–263. Retrieved from <https://eurekamag.com/research/029/914/029914100.php>
- Furnham, A., Trickey, G., & Hyde, G. (2012). Bright aspects to dark side traits: Dark side traits associated with work success. *Personality and Individual Differences*, *52*, 908–913. <http://dx.doi.org/10.1016/j.paid.2012.01.025>
- Gaines, J., & Jermier, J. M. (1983). Emotional exhaustion in a high stress organization. *Academy of Management Journal*, *26*, 567–586. <http://dx.doi.org/10.2307/255907>
- Gardner, W. L., & Avolio, B. A. (1998). The charismatic relationship: A dramaturgical perspective. *Academy of Management Review*, *23*, 32–58. <http://dx.doi.org/10.5465/AMR.1998.192958>
- Gardner, W., Avolio, B. J., Luthans, F., May, D. R., & Walumbwa, F. (2005). “Can you see the real me?” A self-based model of authentic leaders and follower development. *Leadership Quarterly*, *16*, 343–372. <http://dx.doi.org/10.1016/j.leaqua.2005.03.003>
- Garland, B. (2004). The impact of administrative support on prison treatment staff burnout: An exploratory study. *The Prison Journal*, *84*, 452–471. <http://dx.doi.org/10.1177/0032885504269343>

- Garland, B. E., McCarty, W. P., & Zhao, R. (2009). Job satisfaction and organizational commitment in prisons: An examination of psychological staff, teachers, and unit management staff. *Criminal Justice and Behavior*, *36*, 163–183. <http://dx.doi.org/10.1177/0093854808327343>
- Gebert, D., Heinitz, K., & Beungeler, C. (2016). Leaders' charismatic leadership and followers' commitment: The moderating dynamics of value erosion at the societal level. *The Leadership Quarterly*, *27*, 98–108. doi:10.1016/j.leaqua.2015.08.006
- Gellis, Z. D. (2001). Social work perceptions of transformational and transactional leadership in health care. *Social Work Research*, *25*(1), 17–25. doi:10.1093/swr/25.1.17
- George, J. M. (1995). Leader positive mood and group performance: The case of customer service. *Journal of Applied Social Psychology*, *25*, 778–794. doi:10.1111/j.1559-1816.1995.tb01775.x
- Gillet, N., & Vendenbergh, C. (2014). Transformational leadership and organizational commitment: The mediating role of job characteristics. *Human Resource Development Quarterly*, *25*(3), 321–347. doi:10.1002/hrdq.21192
- Godot, D. (2010). *Examination of mental health leadership competencies across IIMHL countries*. Retrieved from <http://chicagopsychology.org/influence>
- Graber, D., & Kilpatrick, A. (2009). Introduction to the symposium—humanism in healthcare management. *Journal of Health and Human Services Administration*, *31*, 405–411. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/19385419>
- Grant, A. M. (2012). Leading with meaning: Beneficiary contact, prosocial impact, and the performance effects of transformational leadership. *Academy of Management Journal*, *55*, 458–476. doi:10.5465/amj.2010.0588
- Gray-Stanley, J. A., & Muramatsu, N. (2011). Work stress, burnout, and social and personal resources among direct care workers. *Research in Developmental Disabilities*, *32*(3), 1065–1074. doi:10.1016/j.ridd.2011.01.025
- Green, A., Miller, E., & Aarons, G. (2013). Transformational leadership moderates the relationship between emotional exhaustion and turnover intention among community mental health providers. *Community Mental Health Journal*, *49*(4), 373–379. doi:10.1007/s10597-011-9463-0
- Griffith, J. (2004). Relation of principal transformational leadership to school staff satisfaction, staff turnover, and school performance. *Journal of Education Administration*, *42*, 333–356. doi:10.1108/09578230410534667

- Guay, R. P., & Choi, D. (2015). To whom does transformational leadership matter more? An examination of neurotic and introverted followers and their organizational citizenship behavior. *The Leadership Quarterly*, *26*(5), 851–862. doi:10.1016/j.leaqua.2015.06.005
- Gumusluoglu, L., & Ilsev, A. (2009). Transformational leadership, creativity, and organizational innovation. *Journal of Business Research*, *62*, 461–473. doi:10.1016/j.busres.2007.07.032
- Harris, J. (2003). *Respecting residential work with children*. Holyoke, MA: NEARI Press.
- Hatch, J. A. (2002). *Doing qualitative research in education settings*. Albany, NY: State University of New York Press.
- Hernandez, W., Luthanen, A., Ramsel, D., & Osatuke, K. (2015). The mediating relationship of self-awareness on supervisor burnout and workgroup civility and psychological safety: A multilevel path analysis. *Burnout Research*, *2*(1), 36–49. doi:10.1016/j.burn.2015.02.002
- Hersey, P., & Blanchard, K. H. (1979). Life cycle theory of leadership. *Training and Development Journal*, *33*, 94–94. doi:1970-19661-001
- Hersey, P., Blanchard, K. H., & Johnson, D. E. (1996). *Management of organizational behavior: Utilizing human resources* (7th ed.). Upper Saddle River, NJ: Prentice-Hall.
- House, R. J., & Howell, J. M. (1992). Personality and charismatic leadership. *Leadership Quarterly*, *3*, 81–108. doi:10.1016/1048-9843(92)90028-E
- House, R. J., Spangler, W. D., & Woycke, J. (1991). Personality and charisma in the U.S. presidency: A psychological theory of leader effectiveness. *Administrative Science Quarterly*, *36*, 364–396. doi:10.2307/2393201
- Howell, J. M., & Avolio, B. J. (1992). The ethics of charismatic leadership: Submission or liberation? *Academy of Management Executive*, *6*(2), 43–54. doi:10.5465/AME.1992.4274395
- Howell, J. M., & Shamir, B. (2005). The role of followers in the charismatic leadership process: Relationships and their consequences. *Academy of Management Review*, *30*, 96–112. doi:10.5465/AMR.2005.15281435
- Hur, M. H. (2008). Exploring differences in leadership styles: A study of manager tasks, follower characteristics, and task environments in Korean human service organizations. *Social Behavior and Personality*, *36*(3), 359–372. doi:10.2224/sbp.2008.36.3.359
- Hyatt, L. (2012, March). *Qualitative data processes*. Paper presented at the Research Methods Colloquium, La Verne, CA.

- Iverson, R., Olekalns, M., & Erwin, P. (1998). Affectivity, organizational stressors, and absenteeism: A causal model of burnout and its consequences. *Journal of Vocational Behavior*, *52*, 1–23. doi:10.1006/jvbe.1996.1556
- Jasper, M., & Jumaa, M. (2005). *Leadership for evidence-based practice, in effective healthcare leadership*. Oxford, UK: Blackwell Publishing. doi:10.1002/9780470774984.ch9
- Jennings, E. (1972). *The anatomy of leadership*. New York, NY: McGraw Hill.
- Jex, S. M. & Bliese, P. D. (1999). Efficacy beliefs as a moderator of the impact of work-related stressors: A multilevel study. *Journal of Applied Psychology*, *84*, 349–361. doi:10.1037/0021-9010.84.3.349
- Jex, S. M., & Thomas, J. L. (2003). Relations between stressors and group perceptions: Main and mediating effects. *Work & Stress*, *17*(2), 158–169. doi:10.1080/0267837031000146804
- Jin, S., Seo, M., & Shaprio, D. L. (2016). Do happy leaders lead better?: Affective and attitudinal antecedents of transformational leadership. *The Leadership Quarterly*, *(27)*, 64–84. doi:10.1016/j.leaqua.2015.09.002
- Johnco, C., Salloum, A., Olson, J. R., & Edwards, L. M. (2014). Child welfare workers' perspectives on contributing factors to retention and turnover: Recommendations for improvement. *Children & Youth Services Review*, *(47)*, 397–407. Retrieved from http://econpapers.repec.org/article/eeecysrev/v_3a47_3ay_3a2014_3ai_3ap3_3ap_3a397-407.htm
- Johns, H., & Moser, H. (1989). From trait to transformation: The evolution of leadership theories. *Education*, *110*, 115–122. Retrieved from <https://www.wesmen.ca/faculty/pass/kah/faculty/sterichowparrott/Leadership/leadershiptheories0001.pdf.pdf>
- Judge, T. A., & Bono, J. E. (2000). Five-factor model of personality and transformational leadership. *Journal of Applied Psychology*, *85*, 751–765. doi:10.1037/0021-9010.85.5.751
- Judge, T. A., & Ilies, R. (2002). Relationship of personality to performance motivation: A meta-analysis. *Journal of Applied Psychology*, *87*, 797–807. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/12184582>
- Judge, T. A., & Piccolo, R. F. (2004). Transformational and transactional leadership: A meta-analytic test of their relative validity. *Journal of Applied Psychology*, *89*, 755–768. doi:10.1037/0021-9010.89.5.755
- Judge, T. A., Piccolo, R. F., & Ilies, R. (2004). The forgotten ones? The validity of consideration and initiating structure in leadership research. *Journal of Applied Psychology*, *89*(1), 36–51. doi:10.1037/0021-9010.89.1.36

- Judge, T. A., Piccolo, R. F., & Kosalka, T. (2009). The bright and dark side of leader traits: A review and theoretical extension of the leader trait paradigm. *The Leadership Quarterly*, *20*, 855–875. doi:10.1016/j.leaqua.2009.09.004
- Jung, D., & Sosik, J. (2002). Transformational leadership in work groups: The role of empowerment, cohesiveness, and collective efficacy on perceived group performance. *Small Group Research*, *33*, 313–36. doi:10.1177/10496402033003002
- Jung, D., Wu, A., & Chow, C. W. (2008). Towards understanding the direct and indirect effects of CEOs' transformational leadership on firm innovation. *The Leadership Quarterly*, *19*(5), 582–594. doi:10.1016/j.leaqua.2008.07.007
- Kanungo, R. N., & Mendonca, M. (1996). *Ethical dimensions in leadership*. Beverly Hills, CA: Sage Publications.
- Kark, R., & Shamir, B. (2002). The dual effect of transformational leadership: Priming relational and collective selves and further effects on followers. In B. J. Avolio & F. J. Yammarino (Eds.), *Transformational and charismatic leadership: The road ahead* (Vol 2.; pp. 67–91). Bingley, UK: Emerald.
- Kelloway, K. E., Barling, J., & Helleur, J. (2000). Enhancing transformational leadership: The roles of training and feedback. *Leadership and Organizational Development Journal*, *21*, 145–149. doi:10.1108/01437730010325022
- Kent, T., Graber, D. R., & Johnson, J. A. (1996). Leadership in the formation of new healthcare environments. *Health Care Supervisor*, *15*(2), 27–34. Retrieved from <http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol31998/No3Dec1998/EthicsGap.html>
- Kerfoot, K., & Wantz, S. L. (2003). Compliance leadership: The 17th century model that doesn't work. *Pediatric Nursing*, *29*(2), 154–189. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/12723831>
- Khatri, N., Halbesleben, J. M. R., Petroski, G. F., & Meyer, W. (2007). Relationship between management philosophy and clinical outcomes. *Health Care Management Review*, *32*(2), 128–129. doi:10.1097/01.HMR.0000267789.17309.18
- Kilpatrick, A. (2009, Spring). The health care leader as humanist. *Journal of Health and Human Services Administration*, *31*, 451–465. Retrieved from <http://www.jstor.org/stable/25790742>
- Knowles, M., & Landesman, S. (1986). National survey of state-sponsored training for residential direct care staff. *Mental Retardation*, *25*, 293–300. Retrieved from <https://eric.ed.gov/?id=EJ345405>

- Knudsen, H. K., Ducharme, L. J., & Roman, P. M. (2006). Counselor emotional exhaustion and turnover intention in therapeutic communities. *Journal of Substance Abuse Treatment, 31*, 173–180. doi:10.1016/j.jsat.2006.04.003
- Kolko, D. J. (1992). Historical overview. In V. B. Van Hasselt & D. J. Kolko (Eds.), *Inpatient behavior therapy for children and adolescents* (pp. 3-21). New York, NY: Plenum Press.
- Kouzes, J. M., & Posner, B. Z. (2002). *The leadership challenge*. San Francisco, CA: Jossey-Bass.
- Lakin, B. L., Leon, S. C., & Miller, S. (2008). Predictors of burnout in children's residential treatment center staff. *Residential Treatment for Children & Youth, 25*(3), 249–270. doi:10.1080/08865710802429697
- Landrum, B., Knight, D. K., & Flynn, P. M. (2012). The impact of organizational stress and burnout on client engagement. *Journal of Substance Abuse, 42*, 222–230. doi:10.1016/j.jsat.2011.10.011
- Langner, D. E. (2001). *Burnout and leadership styles in residential mental health workers* Order No. 3024551). Available from ProQuest Dissertation and Theses Global. (275830695). Retrieved from <https://lib.pepperdine.edu/login?url=http://search.proquest.com.lib.pepperdine.edu/docview/275830695?accountid=13159>
- Laschinger, H. K., Finegan, J., Shamian, J., & Casier, S. (2000). Organizational trust and empowerment in restructured healthcare settings: Effects on staff nurse commitment. *Journal of Nursing Administration, 30*(9), 413–425. doi:10.1097/00005110-200009000-00008
- Laschinger, H. K., Shamian, J., & Thompson, D. (2001). Impact of magnet hospital characteristics on nurses' perceptions of trust, burnout, quality of care, and work satisfaction. *Nurse Economics, 19*(5), 209–219. Retrieved from <http://connection.ebscohost.com/c/articles/5333201/impact-magnet-hospital-characteristics-nurses-perceptions-trust-burnout-quality-care-work-satisfaction>
- Latta, S. M. (2012). Save your staff, improve your business. *Society for Human Resource Management, 57*(1), 1–9. Retrieved from <https://www.shrm.org/hr-today/news/hr-magazine/pages/0112latta.aspx>
- Lavelle, J. J., Rupp, D. E., & Brockner, J. (2007). Taking a multifoci approach to the study of justice, social exchange, and organizational citizenship behavior: The target similarity model. *Journal of Management, 3*, 841–866. Retrieved from <http://journals.sagepub.com/doi/pdf/10.1177/0149206307307635>
- Leiter, M. P., & Maslach, C. (1988). The impact of interpersonal environment on burnout and organizational commitment. *Journal of Organizational Behavior, 9*, 297–308. doi:10.1002/job.4030090402

- Leiter, M. P., & Maslach, C. (2009). Nurse turnover: The mediating role of burnout. *Journal of Nursing Management, 17*(3), 331–339. doi:10.1111/j.1365-2834.2009.01004.x
- Leithwood, K., & Jantzi, D. (2000). The effects of transformational leadership on organizational conditions and student engagement with school. *Journal of Educational Administration, 38*(2), 112–129. doi:10.1108/09578230010320064
- Lieberman, R. E. (2004). Future directions in residential treatment. *Child and Adolescent Psychiatric Clinics of North America, 13*, 279–294. doi:10.1016/S1056-4993(03)00118-4
- Liou, S. (2008). An analysis of the concept of organizational commitment. *Nursing Forum, 43*(3), 116–125. doi:10.1111/j.1744-6198.2008.00103.x
- Locke, E. A. (1976). The nature and causes of job satisfaction. In M. D. Dunnette (Ed.), *Handbook of industrial and organizational psychology* (pp.1297–1349). Chicago, IL: Rand McNally.
- Lovaglia, M. J., Lucas, J. W., & Baxter, A. R. (2012). Transactional and transformational leadership: Their foundations in power and influence. In C. S. Pearson (Ed.), *The transforming leaders: New approaches to leadership for the twenty-first century* (pp. 23–31). San Francisco, CA: Berrett-Koehler.
- Lowe, G. S. (2006). *Creating a quality work environment: Results from the health sciences association of Alberta 2006 work environment survey*. Edmonton, Alberta: Graham Lowe Group.
- Maertz, C. P., Griffeth, R. W., Campbell, N. S., & Allen, D. G. (2007). The effects of perceived organizational support and perceived supervisor support on employee turnover. *Journal of Organizational Behavior, 28*, 1059–1075. doi:10.1002/job.472
- Magellan Health Services. (2008). *Perspectives on residential and community-based treatment for youth and families*. Retrieved from http://www.magellanhealth.com/media/876271/childrens_residential_white_paper_2008.pdf
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behaviour, 2*, 99–113. doi:10.1002/job.4030020205
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology, 52*, 397–422. doi:10.1146/annurev.psych.52.1.397
- Maxwell, J. C. (1998). *The 21 irrefutable laws of leadership: Follow them and people will follow you*. Nashville, TN: Thomas Nelson.
- Mayer, R. C., & Gavin, M. B. (2005). Trust in management and performance: Who minds the shop while employees watch the boss? *Academy of Management Journal, 48*(5), 874–888. doi:10.5465/AMJ.2005.18803928

- McLellan, A. T., Carise, D., & Kleber, H. D. (2003). Can the national addiction treatment infrastructure support the public's demand for quality care? *Journal of Substance Abuse Treatment, 25*(2), 117–121. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/14680015>
- McNeese-Smith, D. (1992). The impact of leadership on productivity. *Nursing Economics, 10*(6), 393–396. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/1494366>
- Merriam, S. B. (2014). *Qualitative research: A guide to design and implementation*. San Francisco, CA: Jossey-Bass.
- Meyer, J. P., Becker, T. E., & Vandenberghe, C. (2004). Employee commitment and motivation: A conceptual analysis and integrative model. *Journal of Applied Psychology, 89*, 991–1007. doi:10.1037/0021-9010.89.6.991
- Mossholder, K. W., Settoon, R. P., & Henagan, S. C. (2005). A relational perspective on turnover: Examining structural, attitudinal, and behavioral predictors. *Academy of Management Journal, 48*, 607–618. doi:10.5465/AMJ.2005.17843941
- Munich, R. L. (2000). Leadership and restructured roles: The evolving inpatient treatment team. *Bulletin of the Menninger Clinic, 64*, 482–493. Retrieved from <http://www.menningerclinic.com/research/bulletin>
- Munro, D. (2015) Forbes: *Inside the \$35 billion addiction treatment industry*. Retrieved from <http://www.forbes.com/sites/danmunro/2015/04/27/inside-the-35-billion-addiction-treatment-industry/>
- O'Connor, E. J., & Fiol, C. M. (2006). Stuff matters: Artifacts, social identity, and legitimacy in the U.S. medical profession. In A. Rafaeli & M. Pratt (Eds.), *Artifacts and organizations: beyond mere symbolism* (pp. 241–257). Mahwah, NJ: Lawrence Erlbaum.
- Packer, M. (2011). *The science of qualitative research*. New York, NY: Cambridge University Press.
- Parry, K. W., & Sinha, P. N. (2005). Researching the trainability of transformational organizational leadership. *Human Resource Development International, 8*, 165–183. doi:10.1080/13678860500100186
- Patton, M. Q. (1987). *How to use qualitative methods in evaluation*. Newbury Park, CA: Sage.
- Patton, M. Q. (2002). *Qualitative research and evaluation methods* (3rd ed.). Thousand Oaks, CA: Sage.
- Pazaratz, D. (2003). Skills training for managing disturbed adolescents in a residential treatment program. *Clinical Child Psychology and Psychiatry, 8*, 119–130. doi:10.1177/1359104503008001011

- Phelan, J. (1990). Child care supervision: The neglected skill of evaluation. In J. P. Anglin, C. J. Denholm, R. V. Ferguson, & A. R. Pence (Eds.), *Perspectives in professional child and youth care*. New York, NY: Haworth.
- Piccolo, R. F. & Colquitt, J. A. (2006). Transformational leadership and job behaviors: The mediating role of core job characteristics. *Academy of Management Journal*, *49*, 327–340. doi:10.5465/AMJ.2006.20786079
- Podsakoff, P. M., MacKenzie, S., Moorman, R., & Fetter, R. (1990). Transformational leader behaviors and their effects on followers' trust in leader, satisfaction, and organizational citizenship behaviors. *The Leadership Quarterly*, *1*, 107–142. Retrieved from http://www.academia.edu/4978326/TRANSFORMATIONAL_LEADER_BEHAVIORS_AND_THEIR_EFFECTS_ON_FOLLOWERS_TRUST_IN_LEADER_SATISFACTION_AND_ORGANIZATIONAL_CITIZENSHIP_BEHAVIORS
- Premeaux, S. F., & Bedeian, A. G. (2003). Breaking the silence: The moderating effects of self-monitoring in predicting speaking up in the workplace. *Journal of Management Studies*, *40*(6), 1537–1562. doi:10.1111/1467-6486.00390
- Rafferty, A. E., & Griffin, M. A. (2004). Dimensions of transformational leadership: Conceptual and empirical extensions. *The Leadership Quarterly*, *15*, 328–354. doi:10.1016/j.leaqua.2004.02.009
- Ready, R. K. (1964). Leadership in the 1960's. *California Management Review*, *6*(3), 37–46. Retrieved from <http://cmr.berkeley.edu/search/articleDetail.aspx?article=4389>
- Roberts, C. M. (2010). *The dissertation journey: A practical and comprehensive guide to planning, writing, and defending your dissertation*. Thousand Oaks, CA: Sage.
- Robiner, W. N. (2006). The mental health professions: Workforce supply and demand, issues, and challenges. *Clinical Psychology Review*, *26*, 600–625. doi:10.1016/j.cpr.2006.05.002
- Roller, M. R. (2012). Interviewer bias and reflexivity in qualitative research. *Research Design Review*. Retrieved from <http://researchdesignreview.com/2012/11/14/interviewer-bias-reflexivity-in-qualitative-research/>
- Rose, J., Jones, F., & Fletcher, B. C. (1998). Stress management: The impact of an organizational intervention on staff well-being and performance at work. *Work and stress*, *12*(2), 112–124. doi:10.1080/02678379808256854
- Rose, J., Madurai, T., Thomas, K., Duffy, B., & Oyeboode, J. (2010). Reciprocity and burnout in direct care staff. *Clinical Psychology and Psychotherapy*, *17*, 455–462. doi:10.1002/cpp.688
- Rost, J. (1995). Leadership: A discussion about ethics. *Business Ethics Quarterly*, *5*(1), 129–142. doi:10.2307/3857276

- Rowold, J., & Heinitz, K. (2007). Transformational and charismatic leadership: Assessing the convergent, divergent and criterion validity of the MLQ and the CKS. *The Leadership Quarterly*, *18*, 121–133. doi:10.1016/j.leaqua.2007.01.003
- Rubin, R., Munz, D., & Bommer, W. (2005). Leading from within: The effects of emotion recognition and personality on transformational leadership behavior. *Academy of Management Journal*, *48*, 845–858. doi:10.5465/AMJ.2005.18803926
- Ryan, W. (1971). *Blaming the victim*. New York, NY: Pantheon Books.
- Sadeghi, A., & Pihie, Z. A. (2012). Transformational leadership and its predictive effects on leadership effectiveness. *International Journal of Business and Science*, *3*, 186–197. Retrieved from <https://pdfs.semanticscholar.org/8b9c/0e1ba007d7585ab24e074492bdbad4c741fa.pdf>
- Sarros, J. C., Gray, J. H., & Densten, I. L. (2002). Leadership and its impact on organizational culture. *Journal of International Business Studies*, *10*(2), 1–26. Retrieved from [http://www.research.lancs.ac.uk/portal/en/publications/leadership-and-its-impact-on-organizational-culture\(eb3dac76-8e98-4be2-bb27-c42125d2e519\)/export.html](http://www.research.lancs.ac.uk/portal/en/publications/leadership-and-its-impact-on-organizational-culture(eb3dac76-8e98-4be2-bb27-c42125d2e519)/export.html)
- Scanlan, J., & Still, M. (2013). Job satisfaction, burnout and turnover intention in occupational therapists working in mental health. *Australian Occupational Therapy Journal*, *60*(5), 310–318. doi:10.1111/1440-1630.12067
- Schwarzer, R. (Ed.). (1992). *Self-efficacy: Thought control of action*. Washington, DC: Hemisphere.
- Schwarzer, R., & Hallum, S. (2008). Perceived teacher self-efficacy as a predictor of job stress and burnout. *Applied Psychology: An International Review*, *57*, 152–171. doi:10.12691/education-4-7-8
- Selden, D. (2010). The effects of turnover on psychiatric rehabilitation programs. *Psychiatric Rehabilitation Journal*, *34*(1), 71–73. doi:10.2975/34.1.2010.71.73
- Shamir, B., House, R., & Arthur, M. B. (1993). The motivational effects of charismatic leadership: A self-concept based theory. *Organization Science*, *4*, 577–594. doi:10.1287/orsc.4.4.577
- Shamir, B., & Lapidot, Y. (2003). Trust in organizational superiors: Systemic and collective considerations. *Organization Studies*, *24*(3), 463–491. doi:10.1177/0170840603024003912
- Sheahan, E., Garber, T., Graf, D., Hoffman, B., Mitchell, L., Stingley, J., & Taylor, B. (1987). Developmental stages of child care workers. *Journal of Child and Youth Care Work*, *3*, 55–59. Retrieved from <http://www.cyc-net.org/lz/a-1-3.html>

- Shin, S. J., & Zhou, J. (2003). Transformational leadership, conservation and creativity: Evidence from Korea. *Academic Management Journal*, 46(6), 703–714. Retrieved from <http://amj.aom.org/content/46/6/703>
- Small Business Chronicles. (2016). *What is a healthy employee turnover rate?* Retrieved from <http://smallbusiness.chron.com/healthy-employee-turnover-rate-12145.html>
- Smerek, R., & Peterson, M. (2007). Examining Herzberg's theory: Improving job satisfaction among non-academic employees at a university. *Research in Higher Education*, 48(2), 229–250. doi:10.1007/s11162-006-9042-3
- Smith, K., & Baughman, R. (2007). Caring for America's aging population: A profile of the direct-care workforce. *Monthly Labor Review*, 20–26. Retrieved from http://scholars.unh.edu/cgi/viewcontent.cgi?article=1013&context=soc_facpub
- Sofarelli, D., & Brown, D. (1998). The need for nursing leadership in uncertain times. *Journal of Nursing Management*, 6(4), 201–207. doi:10.1046/j.1365-2834.198.00075.x
- Sosik, J. J. (2006). *Leading with character: Stories of valor and virtue and the principles they teach*. Greenwich, CT: Information Age Publishing.
- Sosik, J. J., Kahai, S. S., & Avolio, B. J. (1998). Transformational leadership and dimensions of creativity: Motivating idea generation in computer-mediated groups. *Creativity Research Journal*, 11(2), 111–121. doi:10.1207/s15326934crj1102_3
- Spinelli, R. (2006). The applicability of Bass's model of transformational, transactional, and laissez-faire leadership in the hospital administrative environment. *Hospital Topics*, 84(2), 11–18. doi:10.3200/HTPS.84.2.11-19
- Stake, R. E. (1995). *The art of case study research*. Thousand Oaks, CA: Sage.
- Steers, R. M. (1977). Antecedents and outcomes of organizational commitment. *Administrative Science Quarterly*, 22, 46–56. doi:10.2307/2391745
- Stogdill, R. M. (1975). The evolution of leadership theory. *Academy of Management Proceedings*, 4–6. doi:10.5465/AMBPP.1975.4975786
- Stone, R. (2004). The direct care worker: The third rail of home care policy. *Annual Review of Public Health*, 25, 521–537. doi:10.1146/annurev.publhealth.25.102802.124343
- Sutton, B. (1977). Consideration of career time in child care work: Observations of child care work experiences. *Child Care Quarterly*, 6, 121–126. doi:10.1007/BF01554698
- Swedish, J. R. (2009, Winter). Leadership: Meeting the demands of the times. *Frontiers of Health Services Management*, 26(2), 31–33. Retrieved from <https://www.questia.com/library/journal/1P3-1935138091/leadership-meeting-the-demands-of-the-times>

- Tannenbaum, R., & Massarik, F. (1957). Leadership: A frame of reference. *Management Science*, 4(1), 1–19. doi:10.1287/mnsc.4.1.1
- Tesch, R. (1990). *Qualitative research: Analysis types and software tools*. New York, NY: Falmer.
- Tims, M., Bakker, A. B., & Xanthopoulou, D. (2011). Do transformational leaders enhance their followers' daily work engagement? *The Leadership Quarterly*, 22, 121–131. doi:10.1016/j.leaqua.2010.12.011
- Trieschman, A., Whittaker, J., & Brendtro, L. (1969). *The other 23 hours: Child-care work with emotionally disturbed children*. Chicago, IL: Aldine.
- Tse, H. H. M., Huang, X., & Lam, W. (2013). Why does transformational leadership matter for employee turnover? A multi-focal social exchange perspective. *The Leadership Quarterly*, 24(5), 763–776. doi:10.1016/j.leaqua.2013.07.005
- Van Eeden, R., Cilliers, F., & Van Deventer, V. (2008). Leadership styles and associated personalities traits: Support for the conceptualization of transactional and transformational leadership. *South African Journal of Psychology*, 38, 253–267. doi:10.1177/008124630803800201
- Van Dyne, L., & LePine, J. A. (1998). Helping and extra-role behaviors: Evidence of construct and predictive validity. *Academy of Management Journal*, 41(1), 108–119. doi:10.2307/256902
- Walumbwa, F. O., Cropanzano, R., & Hartnell, C. A. (2009). Organizational justice, voluntary learning behavior, and job performance: A test of the mediating effects of identification and leader-member exchange. *Journal of Organizational Behavior*, 30, 1103–1126. doi:10.1002/job.611
- Wang, P., & Rode, J. (2010). Transformational leadership and follower creativity: The moderating effects of identification with leader and organizational climate. *Human Relations*, 63, 1105–1128. doi:10.1177/0018726709354132
- Wang, X. H., & Howell, J. M. (2010). Exploring the dual-level effects of transformational leadership on followers. *Journal of Applied Psychology*, 95, 1134–1144. doi:10.1037/a0020754
- Weiner, B. J., Hobgood, C., & Lewis, M. A. (2008). The meaning of justice in safety incident reporting. *Social Science & Medicine*, 66, 403–413. doi:10.1016/j.socscimed.2007.08.013
- Weiss, H. (2002). Deconstructing job satisfaction: Separating evaluations, beliefs and affective experiences. *Human Resource Management Review*, 12, 163–194. doi:10.1016/S1053-4822(02)00045-1

- Willis, J. W. (2007). *Foundations of qualitative research: Interpretive and critical approaches*. Thousand Oaks, CA: Sage.
- Wong, C. A., & Cummings, G. G. (2009). The influence of authentic leadership behaviors on trust and work outcomes of health care staff. *Journal of Leadership Studies*, 3(2), 6-23. doi:10.1002/jls.20104
- Wong, C. A., & Laschinger, H. K. (2015). The influence of frontline manager job strain on burnout, commitment and turnover intention: A cross-sectional study. *International Journal of Nursing Studies*, 52(12), 1824–1833. doi 10.1016/j.ijnurstu.2015.09.006
- Woodsmall, R. S. S. (2012). *Transformational leadership and organizational effectiveness: A case study of a rural Indiana community action agency*. (Doctoral dissertation). Available from ProQuest Dissertations & Theses database. (UMI No. 3542694)
- Wright, T. A., & Cropanzano, R. (1998). Emotional exhaustion as a predictor of job performance and voluntary turnover. *Journal of Applied Psychology*, 83(3), 486–494. doi:10.1037/0021-9010.83.3.486
- Xirasagar, S. (2008). Transformational, transactional and laissez-faire leadership among physician executives. *Journal of Health Organization and Management*, 22, 599–613. doi:10.1108/14777260810916579
- Yang, Y. (2009). An investigation of group interaction functioning stimulated by transformational leadership on employee intrinsic and extrinsic job satisfaction: An extension of the resource-based theory perspective. *Social Behavior and Personality*, 37(9), 1259–1278. doi:10.2224/sbp.2009.37.9.1259
- Yin, R. K. (2014). *Case study research: Design and methods* (5th ed.). Thousand Oaks, CA: Sage.
- Yorges, S. L., Weiss, H. M., & Strickland, O. J. (1999). The effect of leader outcomes on influence, attributions, and perceptions of charisma. *Journal of Applied Psychology*, 84(3), 428–436. doi:10.1037/0021-9010.84.3.428
- Yukl, G. A. (1989). Managerial leadership: A review of theory and research. *Journal of Management*, 15(2), 251–289. doi:10.1177/014920638901500207
- Yukl, G. A. (1999). An evaluation of conceptual weaknesses in transformational and charismatic leadership theories. *The Leadership Quarterly*, 10(2), 285–305. doi:10.1016/S1048-9843(99)00013-2
- Yukl, G. A. (2005). *Leadership in organizations* (6th ed.). Upper Saddle River, NJ: Pearson-Prentice Hall.

Zhu, W., Avolio, B. J., & Walumbwa, F. O. (2009). Moderating role of follower characteristics with transformational leadership and follower work engagement. *Group and Organization Management, 34*, 590–619. doi:10.1177/1059601108331242

Zimmerman, D. P. (1990). *Notes on the history of adolescent inpatient and residential treatment. Adolescence, 25*(97), 9–38.

Zimmerman, D. P. (2004). Psychotherapy in residential treatment: Historical development and critical issues. *Child and Adolescent Psychiatric Clinics of North America, 13*(2), 347–361. doi:10.1016/S1056-4993(03)00122-61

APPENDIX A

Informed Consent

PEPPERDINE UNIVERSITY*Graduate School of Education and Psychology***INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES****Best Leadership Practices in Retaining Direct Care Staff in Residential Treatment Centers**

You are invited to participate in a research study conducted by the researcher at Pepperdine University, because you are **a leader in a residential treatment center**. Your participation is voluntary. You should read the information below, and ask questions about anything that you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You may also decide to discuss participation with your family or friends. If you decide to participate, you will be given a copy of this form for your records though no signature will be collected.

PURPOSE OF THE STUDY

The purpose of this study is to identify best leadership practices in retaining direct care staff in residential treatment centers.

STUDY PROCEDURES

If you volunteer to participate in this study, you will be asked the following questions:

1. Describe ways in which you act as a positive role model for employees?
2. Describe ways in which you coach employees to be successful?
3. Describe ways in which you provide positive challenges for employees?
4. Describe ways in which you encourage participation and creativity of employees?

POTENTIAL RISKS AND DISCOMFORTS

The potential and foreseeable risks associated with participation in this study is the same experienced in normal daily routine.

POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY

There are no direct benefits to participants however the results of this study are anticipated to add to the existing body of knowledge to leadership, specifically in healthcare and residential care.

CONFIDENTIALITY

I will keep your records for this study *confidential* as far as permitted by law.

DATA STORAGE

All data stored on hard drive will be password protected and be in a locked cabinet in a locked office of the home of the principal researcher. All interview content will also be transcribed solely by the principal researcher. In addition, all of the collected data, including interview notes and transcriptions, will be stored in a locked cabinet in a locked office in the principal researcher's home for three years and, thereafter, will be destroyed.

Unique alphanumeric identifiers will be assigned to the participants and all identifying information will be removed from the transcripts.

PARTICIPATION AND WITHDRAWAL

Your participation is completely voluntary. Your refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may withdraw your consent at any time and discontinue participation without repercussions. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

ALTERNATIVES TO FULL PARTICIPATION

Your alternative is to not participate in this study. Your relationship with your employer as well as the researcher will not be affected whether you participate or not in this study.

EMERGENCY CARE AND COMPENSATION FOR INJURY

If you are injured as a direct result of research procedures you will receive medical treatment; however, you or your insurance will be responsible for the cost. Pepperdine University does not provide any monetary compensation for injury.

INVESTIGATOR'S CONTACT INFORMATION

I understand that the investigator is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact *the researcher*, if I have any other questions or concerns about this research.

RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION

If you have questions, concerns or complaints about your rights as a research participant or research in general please contact Dr. Judy Ho, Chairperson of the Graduate & Professional Schools Institutional Review Board at Pepperdine University 6100 Center Drive Suite 500 Los Angeles, CA 90045, 310-568-5753 or gpsirb@pepperdine.edu.

APPENDIX B

Interview Questions

- 1) Describe ways in which you act as a positive role model for employees?
- 2) Describe ways in which you coach employees to be successful?
- 3) Describe ways in which you provide positive challenges for employees?
- 4) Describe ways in which you encourage participation and creativity of employees?

APPENDIX C

Expert Panel Review Form

Instructions: Please indicate under the rating column whether the interview questions are (1) relevant to the research question, (2) not relevant to the research questions or (3) should be modified.

| | | |
|--|---|---|
| <p>1. Research Question:</p> <p>What idealized influence practices do leaders use to increase retention of direct care workers in residential treatment centers?</p> | <p>1. Interview Question:</p> <p>Describe ways in which you act as a positive role model for employees?</p> | <p>Rating:</p> <p>(1) Relevant</p> <p>(2) Not Relevant</p> <p>(3) Modify as shown</p> |
|--|---|---|

Modify as follows

| | | |
|--|---|---|
| <p>2. Research Question:</p> <p>What individualized consideration practices do leaders use to use to increase retention of direct care workers in residential treatment centers?</p> | <p>2. Interview Question:</p> <p>Describe ways in which you coach employees to be successful?</p> | <p>Rating:</p> <p>(1) Relevant</p> <p>(2) Not Relevant</p> <p>(3) Modify as shown</p> |
|--|---|---|

Modify as follows

| | | |
|---|--|---|
| <p>3. Research Question:</p> <p>What inspirational motivation practices do leaders use to increase retention of direct care workers in residential treatment centers?</p> | <p>3. Interview Question:</p> <p>Describe ways in which you provide positive challenges for employees?</p> | <p>Rating:</p> <p>(1) Relevant</p> <p>(2) Not Relevant</p> <p>(3) Modify as shown</p> |
|---|--|---|

Modify as follows

| | | |
|---|--|---|
| <p>4. Research Question:</p> <p>What intellectual stimulation practices do leaders use to increase retention of direct care workers in residential treatment centers?</p> | <p>4. Interview Question:</p> <p>Describe ways in which you encourage participation and creativity of employees?</p> | <p>Rating:</p> <p>(1) Relevant</p> <p>(2) Not Relevant</p> <p>(3) Modify as shown</p> |
|---|--|---|

Modify as follows

Please use the following space to make additional comments concerning this research instrument:

APPENDIX D

Interview Protocol

Respondent _____

Assigned Code _____

Date of Interview _____

Time of Interview _____

1. Introduction

- a. Thank you
- b. Describe Purpose: The purpose of this case study is to identify best leadership practices in retaining direct care workers in residential treatment centers.
- c. Review with the participant the consent form including that their participation in voluntary. They have the right to withdraw from the study at any time without repercussions.
- d. Ask if participant has any questions or comments.

2. Complete criteria questionnaire

- e. Position Title
- f. Years as a leader in residential care
- g. Length in current leadership position

3. Summary

- h. Discuss instructions for participation
 1. Describe ways in which you act as a positive role model for employees?
 2. Describe ways in which you coach employees to be successful

3. Describe ways in which you provide positive challenges for employees?
 4. Describe ways in which you encourage participation and creativity of employees?
- i. Express gratitude for willingness to participate in the study.

APPENDIX E

Participation in Dissertation Study

Hello, I am a student at Pepperdine University working on my doctorate degree in Organizational Leadership. I am conducting a study entitled *Best Leadership Practice in Retaining Direct Care Staff in Residential Treatment Centers*. The purpose of this study is to identify best leadership practices in retaining direct care workers in residential treatment centers. You have been identified as a residential center leader that participates in the retention of employees and meets the criteria: (put in criteria).

Participation in this study includes a 30-minute interview. I would appreciate scheduling an individual meeting with each individual participating in the study. If you agree to voluntarily participate in this study, you will be given a copy of the Informed Consent for your records though no signature will be collected. Individual responses will not be shared with management and whether you participate in the study or not has no bearing on your employment. Information gathered from this study will assist leaders in their employee retention practices. If you have any questions or would like to participate in the research, you are welcome to contact me at any time.

Thank you for your consideration.

APPENDIX F

CITI Course Work Requirements

**COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COURSEWORK REQUIREMENTS REPORT***

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details. See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Emma Nicole Salazar (ID: 5409605)
- **Email:** Emma.Salazar@pepperdine.edu
- **Institution Affiliation:** Pepperdine University (ID: 1729)
- **Institution Unit:** EDOL

- **Curriculum Group:** GSEP Education Division
- **Course Learner Group:** GSEP Education Division - Social-Behavioral-Educational (SBE)
- **Stage:** Stage 1 - Basic Course

- **Report ID:** 18772316
- **Completion Date:** 02/18/2016
- **Expiration Date:** 02/16/2021
- **Minimum Passing:** 80
- **Reported Score*:** 97

| REQUIRED AND ELECTIVE MODULES ONLY | DATE COMPLETED | SCORE |
|--|----------------|------------|
| Belmont Report and CITI Course Introduction (ID: 1127) | 02/18/16 | 3/3 (100%) |
| History and Ethical Principles - SBE (ID: 490) | 02/18/16 | 4/5 (80%) |
| Defining Research with Human Subjects - SBE (ID: 491) | 02/18/16 | 5/5 (100%) |
| The Federal Regulations - SBE (ID: 502) | 02/18/16 | 5/5 (100%) |
| Assessing Risk - SBE (ID: 503) | 02/18/16 | 5/5 (100%) |
| Informed Consent - SBE (ID: 504) | 02/18/16 | 5/5 (100%) |
| Privacy and Confidentiality - SBE (ID: 505) | 02/18/16 | 5/5 (100%) |

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
 Email: citisupport@miami.edu
 Phone: 305-243-7970
 Web: <https://www.citi-program.org>

Collaborative Institutional
 Training Initiative
 at the University of Miami

APPENDIX G

Notice of Approval for Human Research



Pepperdine University
 24255 Pacific Coast Highway
 Malibu, CA 90263
 TEL: 310-506-4000

NOTICE OF APPROVAL FOR HUMAN RESEARCH

Date: April 01, 2016

Protocol Investigator Name: Emma Salazar

Protocol #: 16-03-233

Project Title: Best Leadership Practices in Retaining Direct Care Staff in Residential Treatment Centers

School: Graduate School of Education and Psychology

Dear Emma Salazar:

Thank you for submitting your application for exempt review to Pepperdine University's Institutional Review Board (IRB). We appreciate the work you have done on your proposal. The IRB has reviewed your submitted IRB application and all ancillary materials. Upon review, the IRB has determined that the above entitled project meets the requirements for exemption under the federal regulations 45 CFR 46.101 that govern the protections of human subjects.

Your research must be conducted according to the proposal that was submitted to the IRB. If changes to the approved protocol occur, a revised protocol must be reviewed and approved by the IRB before implementation. For any proposed changes in your research protocol, please submit an amendment to the IRB. Since your study falls under exemption, there is no requirement for continuing IRB review of your project. Please be aware that changes to your protocol may prevent the research from qualifying for exemption from 45 CFR 46.101 and require submission of a new IRB application or other materials to the IRB.

A goal of the IRB is to prevent negative occurrences during any research study. However, despite the best intent, unforeseen circumstances or events may arise during the research. If an unexpected situation or adverse event happens during your investigation, please notify the IRB as soon as possible. We will ask for a complete written explanation of the event and your written response. Other actions also may be required depending on the nature of the event. Details regarding the timeframe in which adverse events must be reported to the IRB and documenting the adverse event can be found in the *Pepperdine University Protection of Human Participants in Research: Policies and Procedures Manual* at community.pepperdine.edu/irb.

Please refer to the protocol number denoted above in all communication or correspondence related to your application and this approval. Should you have additional questions or require clarification of the contents of this letter, please contact the IRB Office. On behalf of the IRB, I wish you success in this scholarly pursuit.

Sincerely,

Judy Ho, Ph.D., IRB Chairperson

cc: Dr. Lee Kats, Vice Provost for Research and Strategic Initiatives



Pepperdine Univer:
24255 Pacific Coast Highw
Malibu, CA 90:
TEL: 310-506-4

Mr. Brett Leach, Regulatory Affairs Specialist