Job Satisfaction and Turnover Rates of Women Assertive Community Treatment (ACT) Team Leaders in NYC Nonprofit Organizations.

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Job Satisfaction and Turnover Rates of Women Assertive Community Treatment (ACT) Team Leaders in NYC Nonprofit Organizations.

Abstract
Job satisfaction and turnover of five former female assertive community treatment (ACT) team leaders and five current female ACT team leaders heading ACT teams within NYC was examined. Female ACT team leaders, as a specific subgroup, are often excluded from research within the general behavioral health cohort of providers. This study used a qualitative method and an exploratory case study design to gain greater insight into these phenomena. The researcher formulated an in-depth, rich description of the ACT team leaders’ roles, responsibilities, and work experiences using a demographic questionnaire, semi-structured interviews, and field notes. Participants were employed in the role for 2 or more years. This study found that both groups identified better opportunity, lack of organizational support, lack of program knowledge within leadership and many systems demands as contributing factors impacting job satisfaction and turnover among ACT team leaders. Overall, results also indicated that participants did not see a difference in their approach compared to men, but they did identify specific traits perceived as tied to female leadership. Participants also identified issues of age and race as influencing their leadership. Results found both groups’ experiences led them to believe that team-fit hiring practices, ACT excessive requirements, and communication were barriers to ACT implementation and service delivery. The researcher recommends development of human resource policy and strategies that support staff needs and the development of retention strategies to invest in specific leadership program knowledge and to develop a support and advocacy system for ACT team leaders’ needs.

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Dedication

TO GOD BE ALL THE GLORY! I dedicate this dissertation as a testimony of his goodness. I began this process at a very chaotic time in my life, but through his guidance and the people he has placed in my path, I am victorious. I want to thank my family for supporting my son and me through it all. To my beautiful mother, Barbara, who has always been there to hold me up and provide whatever support I may need, thank you. To my son Stephan’s amazing grandma Suzanne, you are my rock, my prayer warrior, and a constant source of support to us, thank you. To Xinia (Abwa) thank you for all you do for Stephan and me, we appreciate and love you. To my brother, Morraine, and sister-in-law, Nasha, I love you, and appreciate how much you have helped me to take care of Stephan while in the program. I appreciate you guys so much. To my son’s grandpa, thank you for the support and transportation. To my sisters, Patricia and Stephany, thank you for putting up with me through this and everything else. To my sisters and prayer warriors, Gamby, Farida and Sonia, thank you for supporting me, you are women deserving of all God’s riches.

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To my soul sister, Nadjete, we started this and many other journeys together and through all the highs and the many lows we have never let go of each other. You are my sister in
prayer, my friend and the only person in this world who truly knows me; it is us until the end of time my, sister.

To my beautiful son Stephan, you are the most patient loving child and I am so lucky I was chosen to be your mother. I love you and hope I continue to make you proud, for forever and a day my love.

To Erin, your support and input has been invaluable as a friend, mentor and colleague, thank you.

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Thank you to my cohort members who supported, pushed, argued and laughed with me all through this process.

To the beautiful exceptional women who participated in this study, I have been left in awe of your experiences, your outlook, your commitment, and your drive. You are the very definition of human service professionals. Thank you for the work you do, your time, referrals, and support.

I would also like to thank my chair, Dr. Janice Kelly and committee member, Dr. Jennifer Schulman for their support in this process.
Biographical Sketch

Sasha-Marie Robinson attended John Jay College of Criminal Justice and earned her Bachelor of Arts and Masters of Arts in Forensic Psychology from 2002-2007. She attended Sillberman School of Social Work at Hunter College from 2011-2013 earning a Master’s Degree in Social Work. As an administrator and licensed clinician, Ms. Robinson has over 15 years of experience providing services to mental health, and substance use populations through housing and treatment program services. Ms. Robinson is currently the Senior Regional Director overseeing integrated clinics within a human service nonprofit organization.
Abstract

Job satisfaction and turnover of five former female assertive community treatment (ACT) team leaders and five current female ACT team leaders heading ACT teams within NYC was examined. Female ACT team leaders, as a specific subgroup, are often excluded from research within the general behavioral health cohort of providers. This study used a qualitative method and an exploratory case study design to gain greater insight into these phenomena. The researcher formulated an in-depth, rich description of the ACT team leaders’ roles, responsibilities, and work experiences using a demographic questionnaire, semi-structured interviews, and field notes. Participants were employed in the role for 2 or more years. This study found that both groups identified better opportunity, lack of organizational support, lack of program knowledge within leadership and many systems demands as contributing factors impacting job satisfaction and turnover among ACT team leaders. Overall, results also indicated that participants did not see a difference in their approach compared to men, but they did identify specific traits perceived as tied to female leadership. Participants also identified issues of age and race as influencing their leadership. Results found both groups’ experiences led them to believe that team-fit hiring practices, ACT excessive requirements, and communication were barriers to ACT implementation and service delivery. The researcher recommends development of human resource policy and strategies that support staff needs and the development of retention strategies to invest in specific leadership program knowledge and to develop a support and advocacy system for ACT team leaders’ needs.
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Chapter 1: Introduction

In 2018, 3.2 million individuals in the United States were reported to have both a substance use disorder and a serious mental illness (Substance Abuse and Mental Health Services Administration [SAMSHA], 2019). The assertive community treatment (ACT) model uses a team-based, multidisciplinary, integrated system of care and support for recovering adults with serious mental illness. This approach employs a broad-based support system to assist individuals preparing to reenter and readjust to daily life and into the general community. Throughout New York City’s five boroughs, ACT teams serve over 5000 service recipients at any given time. New York State calculates the annual cost of human service programs, such as ACT, to be over $6.5 billion (Eide, 2018). ACT teams within nonprofit human service organizations depend on dedicated employees to serve their clients. Employees of nonprofit human service organizations are a vital resource, which is why turnover is considered a critical problem facing the sector (Salamon, Sokolowski, & Geller, 2012).

In December 2019, the U.S. Bureau of Labor Statistics reported that women made up 57.1% of the labor force in 2018. This was equivalent with the 57.0% level in 2017, but three percentage points below the peak 60.0% in 1999 (U.S. Bureau of Labor Statistics, 2019). In comparison to the general workforce, women comprised approximately 70% of the nonprofit sector, and the number continues to increase each year (Claus, Callahan, & Sandlin, 2013; Lapovsky & Larkin, 2009). While the nonprofit sector makes up less than 10% of the overall workforce, almost three-quarters of the
employees are women. In nonprofit human service organizations, women make up 66% of the workforce (U.S Bureau of Labor Statistics, 2019). With the current upward trend of women employed in the nonprofit sector, researchers have identified a clear link between female traits and the overall objectives of nonprofit human services organizations (Lansford, Clements, Falzon, Aish, & Rogers, 2010; Vasavada, 2012).

The core principles and values of nonprofit human service organizations differ from those in the for-profit sector (Leonard, 2013). For-profit organization’s primary purpose and efforts focus on generating higher earnings and developing goods and services that are marketable to consumers. In contrast, human service nonprofits are dedicated to a philanthropic or advocacy vision and mission (Norwich University, 2016). Nonprofits promote a social cause and commitment to social justice in order to solve important problems within society (Norwich University, 2016). A nonprofit’s mission and vision drives and directs decision making with greater weight than profit gains (Phipps & Burbach, 2010).

Researchers have suggested a correlation between nonprofit human service organizations’ goals and perceived female characteristics such as sensitivity, consideration, empathy, and responsiveness to more closely align with, support, and enhance the operationalizing of the nonprofit organization’s mission and vision (Eagly & Johnson, 1990; Hale, 1999; Young & Hurlic, 2007). Another study by Lennon and Mitchell (2013) concluded, “Research has shown that nonprofits with women in leadership are more successful in realizing their mission and reaching their goals, and their employees are more satisfied with the organization’s overall performance” (pp. 120-121). Researchers also indicated that women add economic value to an
organization’s profitability and viability (Jonsen et al., 2010; Lansford et al., 2010; Nadler & Stockdale, 2012; Noland, Moran, & Kotschwar, 2016). Further, researchers report that nonprofit organizations offer women more opportunities for advancement than for-profit counterparts (Lansford et al., 2010). Despite women’s perception of greater receptivity and opportunity in nonprofit careers, high turnover rates persist.

**Turnover in the Human Services Nonprofit Sector**

Historically, nonprofit human service organizations have experienced higher turnover in leadership positions (Carman, Leland & Wilson, 2010; Stewart, 2016). According to the *2019 Nonprofit Organizations’ Salary & Benefits Report*, the turnover rate in the nonprofit workforce, including men and women, was around 12% (Hrywna, 2019). Turnover can be challenging in any industry; but has been vigorous within nonprofit human service organizations (Salamon, Sokolowski, & Geller, 2012). Researchers have delineated four turnover classifications: voluntary, involuntary, functional, and dysfunctional (Salamon et al., 2012).

Retention of employees and leaders has been an important area of focus for researchers studying human service organizations; particularly, in the nonprofit behavioral and mental health services sector (Mor Barak, Levin, Nissly, & Lane, 2006). This study investigated the high voluntary turnover rates of female leadership in the assertive community treatment (ACT) programs that serve adults diagnosed with serious mental illnesses (Rollins, Salyers, Tsai, & Lydick, 2010).
**ACT Team Model**

Implemented globally, assertive community treatment (ACT) programs use a team model to support individuals with serious behavioral and mental health illness transitioning back into the community (Dieterich et al., 2017). Stein and Test (1980) drew on experiences from hospital treatment programs to establish the need for the ACT interdisciplinary team. Interdisciplinary teams provide holistic, integrated physical and psychological care for clients (Bond & Drake, 2015).

The ACT interdisciplinary teams’ full-time employees include: a team leader, a psychiatrist, two nurses, a substance use specialist, and a vocational specialist. Research on evidence-based programs recognize the ACT interdisciplinary team as an effective approach to address complex mental health care needs (Grymonpre et al., 2010). ACT requires an extensive staffing ratio of one staff member for every 10 clients. This ratio allows for multiple weekly contacts, provision of intensive support, and one-to-one, client-to-team member monthly interactions. ACT teams must provide a minimum of six visits per month, three of which may be contacts with people who are directly involved in the care and well-being of the client such as family and friends (Office of Mental Health, [OMH], 2019). As noted in the aforementioned research, the team may increase or decrease contacts and customize treatment based upon review of daily clinical data assessing clients’ needs.

ACT core principles provide the framework for all ACT services and ensure program fidelity to state regulations (OMH, 2019). ACT teams operate on the following core principles:

- Supportive of hope and recovery;
• Comprehensive, highly individualized, flexible and focused on learning skills related to life roles;
• Easily accessible, available 24 hours/day, 7 days/week, via the resources of an integrated multidisciplinary mental health team;
• Respectful of the importance of cultural considerations in service delivery and design;
• Provided in the recipient’s language at all points of contact, as needed;
• Committed to building and strengthening therapeutic and family relationships across all interactions;
• Focused on recipient choice, goals and achievable outcomes, including harm reduction;
• Provided in the community in places and situations where problems arise;
• Proactive in terms of continuous monitoring and engagement efforts; and
• Available as long as needed throughout transitions.

ACT Team Leadership

The ACT team leader fulfills an important role in coordinating and supervising the integrated, interdisciplinary teams (SAMHSA, 2019). Several studies on ACT leadership have shown that women represent the majority of ACT team employees (Harvey, Killaspy, Martino, & Johnson, 2012; Salyers & Bond, 2001; Zhu, Wholey, Cain, & Natafgi, 2017). ACT team leaders are essential to ensure that teams comply with fidelity to federal/state ACT regulations and program requirements. Effective ACT team leaders manage team dynamics, command staff accountability for their actions, and foster strong morale (Mancini et al., 2009) The ACT team leader is required not only to carry
out clinical duties but also to manage administrative tasks such as hiring, monitoring quality assurance and fulfilling funding requirements (SAMHSA, 2019). The team leader monitors the progress of all the clients served by the team, provides supervision of staff, and delivers direct services (OMH, 2019; SAMHSA, 2019). Effective leadership for successful ACT implementation may be adversely affected as higher turnover rates occur within behavioral and mental health nonprofits (Mancini et al., 2009). High turnover rates interrupt effective team operation and present significant challenges among the ACT team leaders who are the liaison between the executive and senior management leadership level and the clinical staff (Gardner, Wright, & Moynihan, 2011; Zhu et al., 2017).

**Job Satisfaction and Turnover of ACT Team Leaders**

Rollins et al. (2010) completed a study in Indiana measuring turnover rates among 28 different ACT teams over 5 years. The investigators found that the ACT teams experienced a 30% voluntary turnover rate among all team members. Other nonprofit human service programs outside of the ACT teams experienced a 33% turnover for direct support professionals (case managers), and 23% turnover for leadership positions (program directors and clinical supervisors) in outpatient clinic settings (Eby, Burke, & Maher, 2010). The study concluded that turnover rates were largely due to: new job/other opportunity, job dissatisfaction, higher pay, and other job related factors (Eby et al., 2010). In addition to the financial implications of turnover, employees’ prior intentions before deciding to leave a nonprofit, may negatively impact staff morale, organizational success, and teamwork effectiveness (Shaw, 2011). Employee turnover has resulted in the loss of millions of dollars for human service nonprofit organizations in
recruiting and training costs (Davidson, Timo, & Wang, 2010). Specifically, for the ACT team model, the intensive training and increased costs of recruiting, hiring, and orientation, high turnover has had a negative financial toll. Frequent turnover, unequal distribution of job duties, and shifts in the ACT team may also lead to dissatisfaction, lack of trust, and burnout (Rollins et al., 2010).

High turnover rates in human service organizations can result in decreased quality of services provided to clients (Gardner et al., 2011). Organizationally, ACT leadership turnover directly affects the ACT operations, threatens team collaboration, jeopardizes program fidelity, and diminishes staff proficiency (Gardner et al., 2011). Specifically, for ACT, job dissatisfaction, negative team climate concerning safety, and overall quality of teams have been identified as specific predictors of turnover on ACT teams (Zhu et al., 2017).

Problem Statement

Individuals with severe mental illness need consistent, reliable, high quality care. ACT has been proven to decrease inpatient psychiatric hospitalization and frequent emergency room visits, and to reduce healthcare costs in communities across the country (Zun & Chepenik, 2013). The 2018 survey administered by SAMHSA (2019) reported that 3.2 million individuals in the United States had both a substance use disorder and a serious mental illness. Currently, there are approximately 78 licensed ACT teams in operation throughout NYC, serving 68 clients each, and a total over 5000 service recipients at any given time. New York State calculated the annual cost of programs such as ACT to be over $6.5 billion (Eide, 2018). Within nonprofit human service organizations, programs like ACT teams depend on dedicated employees as a crucial
resource to deliver services, which is why turnover is considered a critical problem facing
this nonprofit sector (Salamon et al., 2012)

A critical gap exists within the existing body of knowledge regarding the issues faced by nonprofit human service leaders (Glick, 2011). Women make up over approximately 66% of the nonprofit human services workforce; it is widely documented that women are highly represented in the overall nonprofit workforce (Claus et al., 2013; Lapovsky & Larkin, 2009). Retaining employees and leaders in this vital workforce has been of interest to those studying the nonprofit sector because turnover is a significant problem, particularly in the area of human and social services (Mor Barak et al., 2006). Rollins et al. (2010) found that ACT staff turnover “is a poorly understood phenomenon” (p. 417).

High turnover rates in human service agencies can result in decreased quality of social and behavioral health services being provided to clients (Gardner et al., 2011). ACT team leader turnover affects overall team operations, in terms of cohesion, fidelity and training needs (Davidson et al., 2010). Investigating the reasons female ACT team leaders leave their positions or experience changes in job satisfaction, can provide useful insights for developing appropriate responses and interventions to reduce the ACT team leader turnover rates. (Hom, Shaw, Lee, Hausknecht, 2017; Shaw, 2011). ACT researchers have called for further studies on ACT related topics, and have stated that "case studies are still useful in generating hypothesis and helping to understand barriers and facilitators of quality improvement" (Bond & Drake, 2007, p. 82).
Theoretical Rationale

Standpoint theory is a post-modernistic feminist approach inspired by Marxist analysis of class and privilege. This theory’s approach is to access, give voice to, and better understand the experiences and perceptions of marginalized individuals (Bowell, 2019). According to standpoint theorists, when an individual is from a marginalized population, they may see more value in and need to create knowledge that is self-critical and reasonable (Harding, 1991; Hartsock, 1984).

Standpoint theory posits that those with the potential to bring the most personal understanding to a situation are the marginalized. The experiences of marginalized groups with the existing power structures allows them to better perceive and communicate what is really occurring across the social and cultural domains. Standpoint theory emphasizes the life experiences of marginalized groups, such as ACT team leaders, and directs the researcher’s focus on the social structures that inform the lives and decisions of the group (Swigonski, 1994). In this context, female ACT team leaders are excluded and marginalized from involvement in upper level decision making related to the operations of ACT teams.

ACT team leaders may be viewed as a marginal group because they are not encouraged to contribute their knowledge or expertise in executive or administrative matters related to ACT implementation. While the Helping Families in Mental Health Crisis Reform Act of 2016 [HR2646] established the federal regulations and guidelines for ACT implementation, state and city government agencies oversee regional decisions. This legislation dictates the provisions for the funding of ACT teams. Federal and outside funding determine the levels of capacity and fidelity to which nonprofit human service

Standpoint theory supported this study’s purpose to uplift and better understand female ACT team leaders’ experiences and perspectives as related to job satisfaction and turnover. This study sought to uncover the factors that may disproportionally impact nonprofit human services organizations. Examining the reasons for high turnover rates among female-led ACT teams may lead to the development of quality improvement measures to strengthen and stabilize the workforce within nonprofit organizations. The ACT team leader possesses insider knowledge of the day-to-day and a wider lens because they oversee all processes within the team. From a review of the literature, researchers have found that in multiple studies, the ACT team leaders’ role and experiences are not distinguished from other team members (Hurley & O'Reilly, 2017; Salyers, et al., 2010; Stull, McGrew, & Salyers, 2012). The study looked at the specific standpoint of ACT team leaders who are on the front line and are directly accountable for coordination and the entire team’s collaboration and outcomes.

The second theory that supported this study is Maslow's hierarchy of needs theory (1943); later refined by Maslow in 1970. Maslow, a psychologist, formulated a theory to inform understanding of the motivational drivers of human nature that may encourage desired behavioral results for an individual. This theory posits that human needs exist in an ascending order from critical basic needs to higher-level needs. According to Maslow’s hierarchy, physiological and safety needs are the foundational base, social interaction and esteem are the next level and self-actualization is at the top level (Maslow, 1943). Maslow's theory suggests that organizations should invest in the
professional learning and development of their employees by assessing where they are in relation to Maslow’s hierarchy. Responding to employees’ needs may positively influence organizational culture, human resource management, performance, and impact organizational results (Jerome, 2013). The results of this study addressed how Maslow’s hierarchy of needs theory supports the identification of factors relevant to ACT team leaders’ job satisfaction or turnover. Study findings encouraged nonprofit human resource organizations to develop strategic plans and interventions in order to combat the phenomenon of turnover of female-led ACT teams.

**Statement of Purpose**

The purpose of this study was to explore the work experiences and perceptions of New York City ACT female team leaders in relation to job satisfaction and turnover. Female ACT team leaders are often excluded from research as a specific group within the general behavioral health cohort of providers. Numerous researchers have focused on ACT team members collectively rather than individual team leaders (Hurley & O'Reilly, 2017; Salyers, et al., 2010; Stull et al., 2012). By highlighting current and past female ACT team leaders’ experiences and perceptions, the researcher elevated their voices and elicited their “frontline” implicit knowledge and critical insights to illuminate factors contributing to job satisfaction and turnover. The study’s findings encouraged nonprofit human service organizations to develop supports for their leadership that would counteract challenges that lead to high turnover rates and ultimately low quality of services (Gardner et al., 2011).
Research Questions

1. What influences contribute to job satisfaction and a high turnover rate for women in nonprofit human service organizations, and specifically as an ACT team leader?

2. How do female ACT team leaders differ in their approach from males in the same role?

3. What do female ACT team leaders identify as barriers to optimizing ACT team implementation and service delivery?

Positionality

The researcher is a social worker and administrator in the behavioral health field who has provided managerial support to human service programs that serve ACT teams and their clients. This study employed a qualitative research method using a case study design to investigate NYC female-led ACT teams. This researcher's knowledge of the systems surrounding ACT allowed the researcher to better understand the design and methods needed to carry out this study. Merriam (2002) pointed out that "the researcher is the primary instrument for data collection and analysis" (p. 5). Accordingly, one limitation of the study was the researcher’s insider positionality, which could pose potential bias for interpretation and analysis of data collection. The potential for biased interpretation is addressed more thoroughly in Chapter 3.

Potential Significance of the Study

The study investigated the perceptions and challenges of female team leaders of New York City ACT teams in relation to job satisfaction and turnover intentions. By
identifying the critical factors related to ACT team leaders’ job satisfaction and turnover, this study may allow human services nonprofit organizations to create supports for their leadership that would counteract the challenges that lead to high turnover rates and that could result in subpar quality of services to clients (Gardner et.al., 2011). Nonprofit leaders should have fully developed interventions and strategies for retention and reduction of turnover to improve organizational performance (Word & Carpenter, 2013). However, some nonprofit organizations lack retention strategies to meet organizational needs (Renz, 2016). This study added to the existing body of research regarding job satisfaction and turnover of ACT teams. This study offers several steps that can be taken to address the factors that contribute to the low retention rates of female ACT team leaders within the nonprofit organization. Using this data, nonprofit human service organizations may develop retention strategies to greatly reduce turnover and increase overall job satisfaction.

Definitions of Terms

1. *Assertive Community Treatment (ACT) team*— a model of community mental health treatment for individuals suffering from severe mental illness (Bond & Drake, 2015).

2. *Human Service Organization*— entities dedicated to a philanthropic or advocacy vision and mission that provides services to the community (Norwich University, 2016).

3. *Client, participant, patient*— individuals served by the ACT teams; terms used interchangeably.
4. **Voluntary turnover**— a process in which an employee decides to stay or leave an organization (Wells & Peachey, 2010).

5. **Community Treatment teams**— care coordination teams employed to manage patients’ complex illnesses across providers, settings, and systems of care (Takash & Buxbaum, 2013).

6. **Generation X**— is the demographic cohort following the baby boomers and preceding the millennials. Birth years around 1965 to 1980.

7. **High Performance Work Practices (HPWP)**— are practices that influence the knowledge, motivation, and involvement of employees.

8. **Intensity of services**—frequency of provider contact with clients and/or the availability of services. ACT services are intense, focus on the whole person and are available on a 24 hours/7 days a week basis.

9. **Millennials**— the demographic cohort following Generation X. Researchers and popular media use the early 1980s as starting birth years and the mid-1990s to early 2000s as ending birth years.

10. **Multidisciplinary model**—a treatment team consists of multiple professionals from different disciplines, including psychiatrists, social workers, vocational/rehabilitation therapists, case managers, nurses, and peer counselors.

11. **Program fidelity**—refers to compliance with the original ACT model concept and guidelines developed by Leonard Stein and Mary Ann Test (1980).

12. **Serious (severe) mental Illness (SMI)**— is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities (OMH, 2019).
13. **Team leader**— full-time employed mental health professional who provides direct services at least 50% of the time (SAMHSA, 2019)

14. **Leadership**— “a process whereby an individual influences a group of individuals to achieve a common goal” (Northouse, 2010, p. 3)

15. **Feminism**— is a range of social movements, political movements, and ideologies that aim to define, establish, and achieve the political, economic, personal, and social equality of the sexes. Retrieved from: https://www.merriam-webster.com/dictionary/feminism

16. **Organizational culture**— the values and behaviors that contribute to the unique social and psychological environment of an organization. Retrieved from: http://www.businessdictionary.com

17. **Job Satisfaction**— contentment (or lack of it) arising out of interplay of employee's positive and negative feelings toward his or her work. Retrieved from: http://www.businessdictionary.com

**Chapter Summary**

This chapter has introduced the topic of nonprofit human service organizations experiencing high rates of turnover among staff. ACT teams provide a vital service within communities that can only be strengthened by a stable workforce (Bond & Drake, 2015). Investigating the reasons for high turnover rates among female-led ACT teams may encourage the development of quality improvement interventions and supports to strengthen and stabilize the workforce within nonprofit organizations (Gardner et al., 2011; Jerome, 2013). This study provided insight regarding job satisfaction and turnover of ACT teams. This study has identified factors that contribute to the low retention rates
of female ACT team leaders within the nonprofit organization. Chapter 2 provides a review of the topic-related empirical research and literature. Chapter 3 presents a detailed description of the research methodology and research design that was used to conduct the study. Chapter 4 details the study findings and Chapter 5 provides a discussion of the implications of the findings related to other research.
Chapter 2: Review of the Literature

Introduction and Purpose

Over the past 40 years, the approach to providing mental healthcare has shifted away from palliative (focus on reducing pain and alleviating disease symptoms/doctor-driven) towards curative (focus on rehabilitation and recovery/patient-centered) (Drake, Green, Mueser & Goldman, 2003). Introduced in the early 1970s, the assertive community treatment (ACT) model is a team-based mental healthcare system that aims to develop clients’ socialization skills (ability to communicate and interact with others), provide multitiered health and personal interventions, and to deliver high quality service for persons with severe mental illness (Drake et al., 2003).

This literature review will present the history of the community mental health treatment model. In addition, Chapter 2 will highlight relevant empirical research studies, peer-reviewed journal articles, and other related mental health academic literature on the ACT model, its strengths and deficits, how ACT has evolved over time, as well as, job satisfaction and turnover among ACT female team leaders. Further, there will be an overview of the ACT team make up and characteristics and how ACT affects client outcomes. Other models of mental health community treatment such as care coordination, forensic assertive community team (FACT), and flexible ACT teams will also be discussed. For this study, standpoint theory and Maslow’s hierarchy of needs motivational theory will provide the framework for interpreting data. A brief overview of standpoint theory and Maslow’s hierarchy of needs will be included.
History of the Assertive Community Treatment (ACT) Model

The ACT model was developed in response to the deinstitutionalization of mental health patients in psychiatric inpatient settings (Stein & Test, 1980). Deinstitutionalization began in the late 1940s as a movement to improve the care persons with severe mental illness received, by transforming environmental factors (Burnham, 2006). Assertive community treatment (ACT) is a community mental health treatment model for individuals suffering from severe mental illness (SMI). ACT is one of the oldest and widely researched models for the care of persons living with severe mental illness. ACT’s core principles aim to provide: (a) continuity of care, (b) integrated services, (c) delivery of services in the community, and (d) increase of outreach to the SMI population (Bond & Drake, 2015). Stein and Test (1980) developed and evaluated the ACT model in Madison, Wisconsin.

A study was conducted by three researchers in 2017 in the Northern Denmark region. Researchers examined ACT as a tool to reduce treatment coercion among 240 patients beginning ACT services. The studied population was made up of clients from different ACT teams’ locations within that region (86 patients on ACT Team North, 106 patients on ACT Team South, and 48 patients on ACT Team Thy/Mors). Within this study, coercion was defined as all measures that the patient resists or refuses to submit under his or her free will (Aagaard, Tuszewski, & Kolbaek, 2017). Several statistical tests were administered to compile quantitative data for this study. A chi-square test, conducted between 2008-2012, compared rates of voluntary and involuntary admissions in the north region. In addition, a t-test was utilized to track trends for admission rates of 20 to 80 year olds, by catchment areas for the three ACT teams. The Wilcoxon paired
test was used to determine possible correlation of ACT to lowered rates of involuntary admissions. Specifically, the statistical test focused on voluntary and involuntary psychiatric hospital admissions of 240 clients two years prior to, and two years after ACT participation. Data were collected through a central research register (National Case Register). Researchers also collected comparison data from 1995 and 2008-2012 for the entire North Denmark region. The study found that clients on ACT had significantly fewer numbers of psychiatric emergency room visits compared to other psychiatric services. The study also showed a reduction in crisis episodes that lowered coercive hospitalization admissions of individuals on ACT.

Several other randomized studies and research reviews have also concluded that ACT is more effective than standard social services such as outpatient clinics (Aagaard, Tuszewski, & Kolbaek, 2017; Kidd et al., 2010; Latimer, 1999; Randall et al., 2012).

ACT has been noted as an effective, evidence-based practice for the treatment of those afflicted by schizophrenia, has impacted reduction in hospitalization for the severely mentally ill, and has increased clients’ transition time back into the community (Dixon, Weiden, Torres, & Lehman, 1997; Essock, Drake, & Burns, 1998; Mueser, Bond, Drake, & Resnick, 1998).

**ACT Program Fidelity and Team Effectiveness**

ACT has also evolved in response to the shift to a recovery model and the integration of client-centered evidence-based practices (Anthony, 1993; Davidson, 2003; Bond, Salyers, Rollins, Rapp, & Zipple, 2004; Salyers & Tsemberis, 2007; Stull, McGrew, & Salyers, 2012). According to Monroe-DeVita, Teague, & Moser (2011), as ACT has evolved, the Dartmouth Assertive Community Treatment Scale (DACTS)
(Teague, Bond, & Drake, 1998) and later the Tool for Measurement of Assertive Community Treatment (TMACT) (Teague, Bond, & Drake, 2010) evaluation tools were developed to measure the fidelity of the ACT program. Fidelity describes how well ACT programs are implemented, operated, and evaluated according to the core principles and program standards.

Three research studies show evidence of positive ACT program fidelity with better outcomes for clients served by the ACT team (Kidd et al., 2010; Latimer, 1999; Randall, Wakefield, & Richards, 2012). Latimer’s (1999) study was referenced by the Randall et al. (2012) study as evidence of the association between fidelity and client outcomes.

Randall et al. (2012) conducted a study in 2005, surveying program coordinators’ perceptions of revised program standards and their necessity to the effective operation of an ACT team. Quantitative data were collected through telephone surveys sent to program coordinators. The survey instrument was composed of four sections. Two sections requested profile and demographic information about each of the ACT programs and each of the respondents. The other two sections asked for feedback on the 33 program standards from the Ontario ACT Program Fidelity Tool (Randall & Wakefield, 2005). The survey was used to determine (a) the extent to which they perceived their specific ACT program to have met the requirements of each of the revised standards; and (b) the extent to which they perceived each of the revised standards to be essential for the effective functioning of their ACT program (Randall et al., 2012). Sixty-six ACT teams received the survey, but only 56 were counted towards this study. Researchers created the Ontario ACT Program Fidelity Tool (Randall & Wakefield, 2005), which identified
33 standards that included a concise description of the requirements for each standard. Gender, professional discipline, education, and the number of years as an ACT program coordinator were evaluated using Statistical Package for the Social Sciences (SPSS). The analysis also included independent samples t-tests, one-way ANOVA, and bivariate correlations (Pearson). T-tests were used to evaluate whether there were statistically significant differences between the mean scores for compliance and importance for each of the 33 program standards (Randall et al., 2012).

The response rate was 85%, which included 56 ACT team coordinators. The data showed that program coordinators were 75% female and had an average of nearly 20 years of experience in the mental health field. Program coordinators’ professional backgrounds had no impact on their ratings for most of the standards.

Survey data showed that none of the program coordinators surveyed saw their ACT team as fully compliant with all program standards and only 4% of ACT teams were shown to be compliant with more than 75% of the 33 program standards. Research has indicated there is an association between fidelity to program standards and improved client outcomes in the ACT treatment model (Latimer, 1999). Latimer (1999) analyzed perceptions of fidelity among the leaders of ACT teams. As noted by this researcher, this knowledge is critical to the future improvements and development of ACT teams. The most important piece of this study was the mention of fidelity having an association with positive outcomes in ACT services.

A study by Kidd et al. (2010) further investigated the fidelity of ACT by studying its effectiveness as it relates to a recovery orientation. As ACT has become one of the most used treatment in continuing the above-mentioned study from 2010, researchers
studied recovery-oriented service provision and ACT fidelity for 67 teams in Ontario, Canada. These teams had been in operation from 1 to 17 years with a total of 1,400 ACT clients. Twenty-one clients per team participated in the study, which represented an average of 35% of the total number of ACT clients per team at the time of the survey. “Two hundred and forty-one family/key supports (mean response rate = 4.1/team; range: 1–11), 518 staff (mean response rate = 8.0 per team; range: 3–12) and 67 team coordinators participated in this study” (Kidd et al., 2010, p. 344). A different version of the Recovery Self-Assessment (RSA) tool was sent to staff and clients. Clients received 5 dollars in compensation for their time. Clients were asked to give permission to send a family/key support questionnaire to identified supports (Kidd et al., 2010).

The study had an 85% response rate which yielded the following outcomes: “Most of the participating teams were employing recovery-oriented services and refrained from engaging in overtly coercive practices that do not respect the rights of clients (Kidd et al., 2010, p. 348). Recovery-oriented service was provided to all surveyed groups. The study limitations included the mode of data collection, increased bias of self-reported staff and client surveys, and potential inflating of ratings when asking clients about the service they receive from the people charged to assist them (Kidd et al., 2010). A limitation this researcher identified is the location of the study. While this is the largest scale study of ACT as reported by Kidd et al., (2010) in Ontario, Canada, the findings may not be generalized across all ACT teams.

These studies highlighted the need for ACT teams to meet fidelity to achieve success among the clients served by the team. Failure to adhere to program fidelity
standards has been linked to a reduction in the effectiveness of the overall treatment model (Monroe-DeVita et al., 2011).

Economic benefits have been identified with program fidelity to the ACT model. In a study using the database from the U.S. Department of Veteran Services in Maryland, researchers looked at the cost saving from ACT. Researchers identified 3,076 new clients who entered ACT treatment from 2001-2004 (Slade, McCarthy, Valenstein, Visnic, & Dixon, 2013). Out of the 3,076 new clients identified, 813 were excluded because they did not meet criteria of high hospital use. The study began with a final sample of 2,010 individuals after other exclusionary criteria were used. To create a comparison group 20,897 Veteran Services patients who did not meet inclusion criteria were identified. Average costs related to Veteran Services outpatient encounters and inpatient admissions were taken from the Veteran Services Health Economics Resource Center (HERC) Average Cost database (Slade et al., 2013).

The study reported that the number of ACT clients admitted to inpatient mental health care (61.9%) was not significantly different from the percentage of clients, not on ACT admitted (62.5 %). Clients not receiving ACT services utilized residential rehabilitation treatment program services more than ACT clients. ACT clients used partial hospitalization services more often than clients not receiving ACT. ACT clients had fewer days of use of inpatient hospitalizations, residential treatment, partial hospital, and outpatient clinic services than those not receiving ACT (Slade et al., 2013). ACT client’s total mental health costs exceeded that of clients not on ACT by $1,361 ($28,881 vs. $27,520). This study added to the research in providing a snapshot of cost savings, or lack thereof, of ACT team services.
Other studies have examined cost savings and lower individual hospitalization levels for severe mental illness (SMI) based on an ACT team’s program fidelity (Latimer, 1999; Slade et al., 2013). The studies found that although ACT operational program costs were greater, the overall cost savings for inpatient mental hospitalization and residential rehabilitation treatment were significantly lowered (Slade et al., 2013). Results also showed that high ACT fidelity teams appeared to reduce hospitalization days more than low fidelity teams (Latimer, 1999; Aagaard, Tuszewski, & Kolbaek, 2017).

In a study conducted in Indiana in 2007, (Salyers, Stull, Rollins, & Hopper, 2011) compared two ACT teams on team structure, staff attitude and processes as dimensions of the work of recovery. Using an interpretative qualitative research design, two teams that had met standard ACT certification and achieved at least a minimum level of fidelity were chosen. Staff and clients from the two ACT teams were identified: Team A had a total of nine staff and served a total caseload of 43 clients; Team B had 12 staff and served 74 clients (Salyers et al., 2011).

The teams were visited over a 2 to 3-month period for a total of 6 days. Researchers who had ACT experience conducted chart reviews, observations, interviews, and gave out surveys. Researchers selected six staff and six clients from each program. The staff semi-structured interviews were done with a psychiatrist, team leader, nurse, case manager, substance abuse specialist, and vocational specialist. These roles are representative of the primary roles on ACT teams. Three of the most successful clients on the team and three of the least successful were interviewed. Level of success was determined by staff who nominated the clients for inclusion in the study.
The study concluded with 13 staff interviews which identified four critical components of recovery orientation: environment, team structure, staff attitudes, and process of working with clients (Salyers et al., 2011). This study focused on coaching versus parenting style of service delivery by the ACT teams; coaching teams were recognized as more trusting of clients and seeing them as low risk. Parenting teams were considered more guarded and did not give clients as much autonomy. Even though coaching was the recommended mode of support, researchers noted it had its negatives as the approach can leave clients feeling that they are being pushed too fast when they still need more support (one client in the study reported this) (Salyers et al., 2011). The study found the differences in teams could be attributed to team and agency culture. The teams’ skill levels, beliefs and attitudes toward clients and services were observed by researchers and attributed to the differences seen in the study. The researchers concluded that all these characteristics are needed in the development of a recovery-oriented team, but a balance must be achieved to be truly useful for those being served. In addition, the researcher noted that there is a need for ACT teams to adopt a recovery-oriented model, to better support the fidelity and optimize client care. This study was able to identify factors and characteristics that may lead to the development of recovery orientation in ACT teams. These studies have also found that the intersection of ACT and recovery-based practices yield better outcomes and resilience for clients as well as having positive effects on staff attitudes (Hurley & O'Reilly, 2017; Salyers et al., 2011; Stull, McGrew, & Salyers, 2012)
Community Treatment Teams

This section will describe alternative community treatment services—forensic assertive community treatment (FACT), flexible ACT, and care coordination (CC)—outside of the original ACT model within New York State. FACT provides ACT services to individuals who have a mental illness and has had interactions with the criminal justice system. Flexible ACT teams are the Dutch version of ACT. Care coordination teams provide the integration of behavioral and primary care health support for clients in the community. Studies on these different community teams will also be summarized to give the reader a global view of community treatment teams.

FACT teams were put in place to assist persons with severe mental illness who were involved with the criminal justice system (Lamberti, Weisman, & Faden, 2004). FACT teams are not all standardized, as the staffing and connection to court system differs from state to state and even team to team (Cuddeback, Morrissey, & Cusack, 2008). Researchers have noted that FACT has a positive impact on various demographics and population of clients who were in the criminal justice system (Kortrijk, Mulder, Roosenschoon, & Wiersma, 2012; Van Vugt, et al., 2011; Van Vugt, Kroon, Delespaul, & Mulder, 2016).

Studies on FACT teams’ impact have reported a marked reduction in jail time, decreases in repeated convictions for participants enrolled in a FACT team, and lower hospitalization rates. Involvement in FACT also reduced costs for inpatient services among that population (Cusack, Morrissey, Cuddeback, Prins, & Williams, 2010; Lambert, et al., 2017).
FACT team effectiveness has also been accounted for in countries outside the United States. Most studies related to FACT were limited to the United States. One study conducted abroad, examined FACT patients in Leuven, Belgium (Marquant et al., 2018). The retrospective quantitative design study, data were collected retrospectively from files of 70 participants in the FACT group who had been released from a forensic hospital. Researchers used a Mann–Whitney U test to examine differences in model fidelity between the intervention and control group. Hospitalization rates for the intervention and control groups were compared using a binary logistic regression. The study involved patients admitted to a FACT team from a forensic hospital between April 2012 and January 2015 and compared them to a control group of clients leaving prison and entering community care during the same period (Marquant et al., 2018). There were 70 clients studied from the FACT team which excluded anyone that did not get referred from hospitalization. The control group included 56 patients out of a sample of 398, which eliminated participants who were in settings other than community care, who had a primary diagnosis of paraphilia and who possessed a learning disability (Marquant et al., 2018).

The study found that the probability of arrest for the FACT group was 6 times less than in the control group, even though both groups’ experienced lower rates of arrests. Clients on FACT were 14 times less likely to be incarcerated during follow-up evaluation (Marquant et al., 2018). As it related to hospitalizations, the FACT experienced a higher number of hospitalizations among its clients as compared to the control group. The researchers did note that only 17 participants were responsible for many of the hospitalizations. The overall study found FACT teams to be more effective than other
community care interventions in reducing new arrests or incarcerations (Marquant et al., 2018). Other studies on FACT identified elements such as practitioner support, substance use treatment, and access to housing as having a vital role in preventing recidivism among this population (Kelly, Barrenger, Watson, & Angell, 2017). FACTs’ efforts have been shown to advance the chances of justice involved individual navigating the system and receiving the assistance needed for success (Kelly et al., 2017).

According Kelly et al., (2017), FACT investigations have also looked closely into the demographics of the clientele being served. These demographics mirrored those identified for ACT team clients. Research has found the overall demographics for FACT team clients are more likely to be persons of color and male. FACT-eligible participants were more likely to have experienced at least one episode of homelessness. FACT-eligible participants were more likely to have a psychotic disorder and have a co-occurring disorder. The study did find that FACT-eligible participants also were significantly more likely to have criminal offenses (which was in part what made them eligible for FACT) (Cuddeback & Morrissey, 2011).

A different type of community treatment team is care coordination (CC). The CC model integrates behavioral health services into primary care services to implement team-based, coordinated care across health systems (Kianfar, Carayon, Hundt, & Hoonakker, 2014). As this research notes, communication, monitoring, and relationship building are critical components of CC. Numerous studies have emphasized the need for relationship building in care coordination and recognize this factor as a shared value between CC and ACT team models (Kianfar et al., 2014; McGinty et al., 2018).
McGinty et al. (2018) completed a case study in Maryland to examine the state’s health home program using a mixed method design. The 2010, the Affordable Care Act (ACA) through the United States government, gave states the ability to create health home states who are able to bill Medicaid for care coordination (www.medicaid.gov, 2017). The study included health home team leaders as well as psychiatric rehabilitation program staff (PRP). Researchers noted the reason for using PRP staff was that in Maryland their health home programs are based in PRPs (McGinty et al., 2018). Surveys were sent to 48 PRPs with health homes attached to the program. Study participants consented and were offered monetary compensation for their participation. Data were taken from 46 of the health home sites, which included 41 nurse care managers and 31 PRP directors’ interviews. In addition, 626 PRP staff were given surveys, the response rate was around 83%.

The study reported, for the most part, program leaders and staff saw coordination care as well aligned with their mission and skills sets available in the staffing. Staff reported that improving the somatic health (physical health) of clients should be a goal of the PRP but thought it best addressed by another provider. Researchers noted the lack of skill set to deal with somatic health may have been the reason for this thinking from the staff (McGinty et al., 2018). In the qualitative interviews, staff described three factors as being essential to a strong health home fit. They reported addressing the whole person, capacity to coordinate services, and client and staff relationship. According to the findings of this study, the model utilized in Maryland is scalable and may be a good fit for states to introduce and maintain care coordination programs under a health home setting.
This study, McGinty et al. (2018) agrees with the previously mentioned study Kianfar et al., 2014 as it relates to the need of relationship building to facilitate care coordination. This study went further by providing an overview and analysis of a care coordination program within the state of Maryland, providing a beginning stage for the implementation of similar programs in other states.

Several studies have compared ACT and flexible ACT teams (Sood et al., 2017; Svensson, Hansson, & Lexen, 2018; Van Veldhuizen & Bahler, 2015). Flexible ACT teams are the Dutch version of ACT; the team encompasses 12 interdisciplinary staff members that serve on average around 200 clients. The target population are individuals with severe mental illness who require ACT services and individuals who need less intensive treatment and support. To effectively provide care to these two populations, the flexible ACT team uses a flexible switching system (flexible service offering), which allows clients to receive services needed at different times of their recovery. The set of clients requiring the most intensive care is discussed daily and is managed with a shared caseload approach. A shared caseload approach is when clients receive multiple services from the different disciplines on the team. For those clients requiring less intensive care, the team will provide individual case management with treatment and support from all the disciplines on the team. By employing this way of providing services, there is no need for clients to transition because the teams flexible service delivery allows for clients to be switched between the two modes of service delivery in the same team (Van Veldhuizen & Bahler, 2015). Flexible ACT may be beneficial for populations with no access to ACT services due to flexibility of service offerings of these teams (Sood et al., 2017).
Sood et al., (2017) researched the impact of flexible ACT teams on community mental health teams (CMHT). An observational study was conducted with 475 individuals who had previously been with ACT and CMHT teams. Study participants included three CMHTs that served a total of 380 people and an ACT team that served 95 people. A comparison of the older system and the flexible ACT system was made using a two-tailed paired t-test. The study found clients received less than half the number of face-to-face interventions with a $P$ value of $<0.0776$ (a 36% reduction), which was statistically significant (Sood, et al., 2017). The flexibility of service offerings seems to be the key intervention in the effectiveness of these teams.

Flexible ACT teams were recently implemented in Sweden due to interest and need for services for the people with severely mental illness (Svensson, Hansson, & Lexen, 2018). In this aforementioned study conducted in Sweden, researchers attempted to fill the gap in research as it pertains to flexible ACT teams. A quasi-experimental longitudinal study was employed from 2014-2016 in the southern part of Sweden. Researchers used data from six teams of clients who needed ACT intensive care due to showing symptoms, risk of suicide, or if the client had drastically reduced or stopped medication. There were 170 clients eligible, but only 96 gave consent for inclusion in the study. At 18 months follow up, only 84 participants remained in the study. The study found a positive change in everyday functioning. A small increase was seen in the number of inpatient hospital days both pre- and post-assignment (Svensson et al., 2018). The study also gave evidence of marked improvement in client outcomes after being put on a flexible ACT team. Clients experienced a positive change in everyday functioning and hospitalizations rates (Svensson et al., 2018).
Turnover in Nonprofit Organizations

Nonprofit organizations have contributed over 900 billion dollars to the economy since 2015 (McKeever, 2019). Human service nonprofits have grown over 20% in the last 10 years (Smith, 2016). Despite the overall growth, nonprofits continue to experience high turnover rates; currently at 12% and even higher for human services nonprofit organizations at 30% (Hrywna, 2019; Rollins, Salyers, Tsai, & Lydick, 2010). Turnover has four classifications: voluntary, involuntary, functional, and dysfunctional (Salamon, Sokolowski, & Geller, 2012).

Wells and Peachey (2010) describe voluntary turnover as employees who decide on their own to stay or leave an organization. Selden and Sowa (2015), conducted a study examining the voluntary turnover in human service (HS) nonprofit organizations in eight states. The study sought to explore the relationship between the implementation of high-performance work practices (HPWP) and voluntary turnover. HPWP are practices that influence the knowledge, motivation, and involvement of employees. The participants were drawn from states that represented human service nonprofits in four major regions across the United States: West, Midwest, Northeast, and South. From May to July of 2012, researchers surveyed executive directors from the nonprofit organizations. Responses were received from 344 executives out of 872 surveys sent, only 162 responded to all questions. The study used a survey that included a measure that collapsed budget size into five categories. The survey was a Likert-like scale that asked participants to indicate the extent to which they agree or disagree. One example was the item: a) We are very selective in whom we hire in this organization; b) We are clear about the attributes, competencies, attitudes, and values that we want in new employees;
and c) Our senior leadership team (e.g., executive director, chief operating officer) are involved in the selection process to demonstrate the importance the organization places on people.

The findings concluded that onboarding practices are an important predictor of voluntary turnover; how an organization brings on new staff was associated with a 2.4% decrease in voluntary turnover. Increase in leadership succession practices was associated with a 2.1% decrease in voluntary turnover (Selden & Sowa, 2015). Therefore, careful attention to the recruitment and staffing process was a significant factor in reducing voluntary turnover. The study demonstrated that certain HPWPs, including how employees are recruited into organizations and the working environment, are also associated with reductions in voluntary turnover in the human service nonprofit subsector.

The Wells and Peachey (2010) and Selden and Sowa (2015) studies on turnover in nonprofit human service organizations have found that higher rates of turnover within the human service sector persisted regardless of transactional or transformational leadership styles, which they discussed in their research. Transactional leadership style is defined as an exchange between followers and leaders desired outcomes by fulfilling the leader’s interest and followers’ expectations, which involves promises or commitments embedded by respect and trust, while transformational leadership is defined as leadership that creates valuable and positive change in the followers. These researchers also found that careful attention to the recruitment and staffing process was a significant factor in reducing voluntary turnover.
Green, Miller, and Aarons (2013) solidified these findings in their examination of the relationships between transformational leadership, emotional exhaustion, and turnover intention. Their study posited a correlation between emotional exhaustion and turnover intention. Emotional exhaustion has also been defined as burnout, categorized by one’s reduced fulfillment in the workplace (Knight, Broome, Edwards, & Flynn, 2011; Metwally, 2013). Paris and Hoge (2010) studied and measured the effect of burnout by exploring these three categories: emotional exhaustion, reduction in personal satisfaction, and work fulfillment. Emotional exhaustion is determined by the number of hours worked, and the client-to-client work issues that cause emotional stress (Paris & Hoge, 2010). According to Paris and Hoge (2010) burnout affects up to 44% of human service workers. Other studies have also found a correlation between emotional exhaustion and turnover (Eby & Rothrauff-Laschober, 2012) Major reasons for voluntary turnover included a new job or job opportunity (27.3%) and personal reasons (19%) (Eby & Rothrauff-Laschober, 2012).

The overall performance of the nonprofit was another factor driving turnover rates. Stewart & Diebold (2017) completed a study that asserted that poor-performing nonprofits are more likely to experience executive turnover than well-performing nonprofits. On average, turnover of executives were higher for nonprofits that experienced a 20% reduction in revenue over the past 3 years, as compared to those nonprofits that did not (Stewart & Diebold, 2017).

Gardner et al., (2011) completed a study on the relationship between organizational commitment and voluntary turnover through human resources (HR) practices. Organizational commitment, particularly affective commitment, is understood
as a “psychological bond” an employee has with his or her employer (Meyer & Allen, 1997). The data for this study came from multiple sources at two different points in time in a 1-year span. At one point, surveys of HR managers were used to measure HR practices. Also, surveys were done of employees in each job to measure affective organizational commitment. Twelve months later, survey data from the HR managers were combined with archival data from the parent corporation to construct the measure of aggregate voluntary turnover. Control variables were constructed with data from employee surveys, company archives, and the U.S. Department of Labor. The final sample consisted of 93 job groups with survey data from a total of 1,748 employees (Gardner et al., 2011). The measures used in the study were Likert-like scales that were used to measure affective organizational commitment. An example of a question on the survey was “I find that my values and this company’s values are similar.” To measure motivation, empowerment, and skill indexes the researchers asked close ended questions to elicit responses of “Yes,” “No,” or “I don’t know.” An example of the questions asked was “employees in this job have a reasonable and fair complaint process” (Gardner et al., 2011). To measure aggregate voluntary turnover, the researchers used similar scales asking questions such as “In the past 12 months how many employees in each job category quit or left [company name] voluntarily?” ANOVA tests were used to quantify the data. The study found a negative relationship between collective affective commitment and aggregate voluntary turnover. A standard deviation of 1 increase in a job group’s collective affective commitment was associated with a 4.75 percentage point reduction in the raw turnover rate. A standard deviation of 1 increase in motivation enhancing practices was associated with a 3.64 percentage point reduction in raw
turnover and 19.64% relative decrease in voluntary turnover. The researchers believed their finding provided a guide for reducing turnover by improved hiring and training investments. The research also found that enhancing the knowledge, skills, and abilities of the workforce are positively associated with voluntary turnover (Gardner et al., 2011).

As noted in the research of Knight et al., 2011, this factor not only has an impact at the executive level but also at the direct care level as well. The turnover of supervisors has influenced the turnover of direct care staff. Supervisors attitudes and commitment shape the organizational climate and culture and are often passed down to the staff they supervise; satisfied and competent supervisors have better overall retention of staff (Knight et al., 2011). Aarons, Sommerfeld, and Willging (2011) posited that by establishing a positive organizational culture, organizations can improve employee attitudes and reduce emotional exhaustion. Creating a supportive environment and culture within an organization that reduces stress and offers opportunities for advancement may also support retention among all levels of staff (Bilal, Zia-ur-Rehman, & Raza, 2010; Eby & Rothrauff Laschober, 2012).

Mosadeghrad (2013) conducted a study on the relationship between quality of life and educational background, noting that those less educated are often more dissatisfied, receive inadequate pay, and are inclined to leave the organization. Nonprofit organizations’ inability or unwillingness to pay competitive wages is also one of the critical reasons for employee turnover and moving to positions in other nonprofit or for-profit organizations (Renz, 2016). Similarly, Johnson & Ng (2015) found that millennial nonprofit employees are more likely to switch sectors than Generation X employees.
because of inadequate pay. Adequate salary compensation is a means for employees to obtain their most basic physiological and safety needs such as food and shelter, as noted in the research of Maslow (1943) and that safety is a core need for an individual. Therefore, adequate financial compensation is an important source of satisfaction and motivation for employees of nonprofit organizations.

**Job Satisfaction**

Job satisfaction is defined as the pleasurable emotional state that results from the appraisal of one’s job as achieving or facilitating the achievement of one’s job values (Locke, 1976). Pitts, Marvel, and Fernandez (2011) noted that job satisfaction generally affects the decision of employees to leave their organization; they also noted that organizations with greater stability in staffing tend to perform at higher levels over time. Authors have found a significant relationship between job satisfaction and organizational performance (Bakotica, 2016; Alarcon, 2011). Employees who demonstrate higher levels of commitment and satisfaction show improved energy and pride in the work they do (Alarcon & Lyons, 2011). In the United States, in 2014, 86% of employees reported overall satisfaction with their current employment (Society for Human Resource Management [SHRM], 2015).

The SHRM (2015) survey assessed 43 aspects of employee job satisfaction and 37 aspects of employee engagement. The study findings described and assessed the importance of various factors to job satisfaction. The top five factors influencing job satisfaction were: respectful treatment, trust between employees, benefits, compensation and job security (SHRM, 2015). Studies such as Haile (2015) have also sought to establish links to other factors and job satisfaction. In the study, Haile (2015) found the
following factors have higher links to job satisfaction; age (over 50); gender (female); working for a private company; maintaining a skill set match to the position; lower levels of education; and working above 48 hours per week.

Leider, Harper, Shon, Sellers, & Castrucci (2016) conducted a subsequent study to Haile (2015) and identified additional factors linked to job satisfaction: salary satisfaction, employee involvement, and organizational support. The Leider et al., (2015) study analyzed data from the 2014 Federal Employee Viewpoint Survey and 2014 Public Health Workforce Interests and Needs Survey. Both surveys are conducted annually by the U.S. Office of Personnel Management to assess the perceptions of workplace environment and job satisfaction among all federal employees nationwide. Approximately 8,500 staff participated in the study. The authors further noted that younger, educated employees tend to be less satisfied with their jobs, and tend to search for other employment (Leider et al., 2016). As demonstrated by the aforementioned studies, job satisfaction is critical to retaining a quality workforce (Haile, 2015; Leider et al., 2016). Lee (2016) suggested that nonprofit leaders’ ability to exert authority and decision-making power over their tasks affects their job satisfaction.

**Turnover on ACT teams**

ACT teams are programs operated within nonprofit human service organizations. High turnover rates in nonprofits are also reflected in ACT programs (Rollins et al., 2010). Rollins et al., (2010) examined annual and fidelity data collected in a statewide implementation of ACT over a 5-year period. The study used ACT fidelity data collected as part of a statewide technical assistance initiative for ACT teams in Indiana. The data were collected from January 2002 to December 2007 on 28 different ACT teams.
Rollins et al. (2010) used $t$-tests to determine differences in ACT turnover or capacity based on urban or rural locations within each follow up period. The $t$-test was performed to determine if there was a significant difference between the team approach fidelity item, staff turnover rates, and staff capacity rates. The study found that overall staff turnover rates averaged 30% for the ACT teams in both locations. Staff turnover seems to be stable during the first few years of a team’s development. Higher turnover rates and fidelity showed no correlation, though not consistently, across each year of follow-up. Each state has different mandates for implementation of ACT. Because of this, researchers cited that the study was limited in variability and generalizability. 

(Rollins et al., 2010) Researchers have suggested that there is a relationship between high turnover and low overall ACT fidelity (Rollins et al., 2010). Study findings also suggest a correlation between job satisfaction and burnout (Zhu et al., 2017). The researchers have suggested that job satisfaction is a stronger predictor of turnover than burnout (Zhu et al., 2017).

In their study conducted in Minnesota, Zhu et al. (2017) sought to show the importance of safety and quality climate in reducing turnover among 26 ACT teams. The teams were surveyed using team members and team leaders’ surveys at baseline, 6, and 12 months. Team leaders responded to a separate survey that assessed team-level characteristics such as team size and support. Team leaders were also asked to report any staff turnover that occurred during the 6 months after each survey wave. Each team was assessed for fidelity using a scale closely modeled after the Dartmouth ACT Scale (Zhu et al., 2017). Items such as “I felt that I had the time to assure high quality visits with consumers, even if it meant visiting fewer consumers,” and “I felt that I had to make as
many consumer visits as possible, even if it meant lower quality visits or less personal or consumer safety” were used to assess for fidelity. The study used multivariate regression analyses to test the hypotheses because team members were within the team environment and observed repeatedly over time. Two hundred and eighty-seven surveys were completed, which resulted in the calculation of a 14% turnover rate among the teams surveyed.

The main findings of the study proposed that a team climate that supports client/staff safety and service quality goals as priorities is linked with lower staff turnover in ACT teams. There is also a correlation to staff’s job satisfaction. The study also found job satisfaction and burnout are correlated, but there is no evidence supporting that they affect turnover (Zhu et al., 2017). Safety and quality climate are also associated with lower burnout, another important job outcome, among ACT team members. Researchers also found that job satisfaction is a stronger predictor of turnover than burnout. Findings suggest that a team environment that highlights client and staff safety is associated with lower staff turnover on ACT teams.

Current research on the topic of ACT team turnover does not differentiate staff roles and positions held. Recent studies focus on all team members rather than specific team members (Hurley & O'Reilly, 2017; Salyers et al., 2010; Stull, McGrew, & Salyers, 2012). Rollins et al. (2010) findings did not point out the types of turnover or give much in the way of reasons for the turnover.

Salyers et al.(2010) conducted a study with the original aim of comparing two ACT teams with Illness Management and Recovery (IMR) to two ACT teams with no IMR. IMR is a structured program for helping clients learn effective ways to manage
their illnesses and pursue their recovery goals (Gingerich & Mueser, 2005). While the study generated findings to inform its original purpose, there were also indications that staff turnover rates on ACT teams directly affected the implementation of IMR. Staff turnover also directly affected participants’ access to IMR. The study listed turnover of ACT team participants as limitations of past research (Salyers, et al., 2010). These finding give evidence that turnover rates in human service organizations, and specifically ACT teams, can result in decreased quality of social and behavioral health services provided to clients (Salyers et al., 2010).

**Women and Leadership**

In December 2019, the U.S. Bureau of Labor Statistics reported that women made up 57.1% of the labor force in 2018. This was equivalent with the 57.0% level in 2017, but three percentage points below the peak 60.0% in 1999 (U.S. Bureau of Labor Statistics, 2019). In comparison to the general workforce, women comprise approximately 70% of the nonprofit sector, and the number continues to increase each year (Lapovsky & Larkin, 2009; Claus, Callahan, & Sandlin, 2013). The research goes on to say that while the nonprofit sector makes up less than 10% of the overall workforce, almost three-quarters of the employees are women. In human service nonprofit organizations, women make up 66% of the workforce (U.S. Bureau of Labor Statistics, 2019).

Leadership characteristics such as motivated, resilience, action oriented and skilled problem solving have been considered “masculine”; however, studies confirm that they are universal leadership traits that are seen in women leaders as well as men (Caliper Research and Development, 2014). In early research, investigators found no fundamental
differences between men and women in leadership or effectiveness (Fenn, 1978; Paustian-Underdahl, Walker, & Woehr, 2014; Martinez-Leon, Olmedo-Cifuentes, Martínez-Victoria, & Arcas-Lario, 2020). However, researchers noted that differences in the socialization of women may contribute to their perspectives and management style that contrasts with male counterparts (Fenn, 1978). Women tend to interact with one another in a more collaborative way; developing skills and strengths that can translate to higher levels of performance in the workplace (Fenn, 1978). Lansford, et al., (2010) found that the growing trend of women employed in the nonprofit sector has identified a clear link between female traits and the overall objectives of human services nonprofit organizations. The participants placed importance on the use of a feminine approach to leadership. Participants feel that recognizing and embracing their own interpersonal strengths gives them an advantage. Nine women leaders within various non profit agencies were interviewed. Each interviewee participated in a semi-structured interview that consisted of eight questions related to leadership. The interviewer was allowed to ask direct follow-up questions to gain clarification on the answers provided to the questions. The study found that more than half (5 out of 9) of the women interviewed reported passion for the work they do and stated that a career in nonprofit leadership was unplanned or unexpected. Four out of nine of the women gave evidence that they lead with authenticity and a service orientation. The participants felt that identifying and using their own interpersonal strengths gives them an advantage over men in the field. The researchers stated that this raised questions for wide-scale applicability of feminine traits in leadership scenarios.
A McKinsey & Company study in 2011 found women were more likely (than their male counterparts) to remain in a position if they derived a personal sense of meaning from the work and felt that they were making a difference (Barsh & Lee, 2011). Researchers have also found that women bring specific traits such as problem solving and action oriented guidance to staff through management roles that are advantageous to the organization (Caliper Research and Development, 2014). For example, women’s comfort with sharing power and information, as well as their ability to motivate are traits that often leads to successful management practices (Rosener, 1995). Women add economic value to the organizations they manage and tend to evaluate performance in both qualitative and quantitative ways (Rosener, 1995; Jonsen et al., 2010; Lansford et al., 2010; Nadler & Stockdale, 2012; Noland, Moran, & Kotschwar, 2016). Inclusion of women in leadership can create strong morale and increase overall productivity (Rosener, 1995).

In the study by Peus, Braun, & Knipfer (2015) women from different cultures were queried on how they viewed leadership and what kind of leadership styles they engaged in. Researchers conducted a qualitative research design that used semi-structured interviews. Researchers contacted women through various business organizations and used snowballing to obtain additional participants. All 76 participants held a mid-level to upper-level managerial position with leadership responsibility in an organization with more than 500 employees and a minimum of 6 years of leadership experience. The interviewers used a semi-structured interview guideline that contained questions pertaining to success factors as well as barriers for achieving their leadership positions. Additional questions focused on their own leadership behaviors. The study
found that women leaders followed their individual vision of becoming a leader and pursued it by taking risks, learning continuously, and seeking out the organizations that would best meet their personal goals.

While men and women may demonstrate varied approaches to leadership, other studies have explored how cultural differences may affect leadership styles among women. A study of American women executives emphasizes that values and being self-aware of stronger and weaker competencies were prioritized more so than by Asian women executives. American women leaders more than Chinese women leaders valued integrity and honesty as an integral part of leadership (Peus et al., 2015).

Another component of women and leadership is aspiration, as noted by Singer (1991). Leadership aspiration is defined as one’s personal interest, willingness, and acceptance to take on a leadership challenge and role (Singer, 1991). Singer (1991) conducted a study to explore employees’ leadership aspirations in the context of self-efficacy and aspiration. The study surveyed 152 middle management professionals assessing (a) overall leadership aspirations, (b) valence and instrumentality expectancies of 13 leadership outcomes, (c) three self-efficacy expectancies, and (d) attributions about effective leadership (Singer, 1991). The finding were garnered using regression analysis and found leadership aspirations to be higher with employees who had less than 2 years of service (Singer, 1991). The study also found no difference in gender as it relates to leadership aspiration (Singer, 1991).

In a similar study, researchers Fritz and van Knippenberg (2017) conducted a quantitative study of 400 employed participants—200 were male and 200 were female—using an online survey in order to determine conditions that may foster female leadership.
characteristics. The respondents ranged from 20 to 64 years of age. The measure for leadership aspiration was operationalized by using a 17-item, five-point Likert scale to measure both intentions and behavior because behavior is considered to be a more objective indicator than intentions. A sample item was “I have engaged in career path planning to determine my career path within this organization,” (Fritz & van Knippenberg, 2017). The measure for organizational identification used a six-item, 5-point scale. A sample item used was, “When someone praises this organization, it feels like a personal compliment.” To measure communal orientation a ten-item, 5-point scale was used. Sample survey questions asked how well each of the presented attributes generally described them. Sample items were “affectionate,” caring,” and “understanding” (Fritz & van Knippenberg, 2017)

The study found a significant relationship to communal orientation, which is the general inclination to be sensitive to the problem of others and organizational identification which is the psychological relationship of individuals with their employing organization; was significantly related to women’s leadership aspiration (Fritz & van Knippenberg, 2017). The study implies that women who perceive a connection between themselves and the organization they are employed by have a greater likelihood of being inspired to have leadership aspirations. The researchers listed the study’s inability to prove causality as a limitation of the study (Fritz & van Knippenberg, 2017).

**Women and Human Service Nonprofit Leadership**

Women are more likely to be employed in administrative support, nursing, education, and service occupations (U.S. Bureau of Labor Statistics, 2014). According to this research, opportunities for women have grown across the nonprofit sector, which is
traditionally a majority-female profession. In the nonprofit sector, women comprise two-thirds (approximately 70%) of the workforce (McGinnis, 2011; Claus, Callahan, & Sandlin, 2013). In nonprofit human service organizations, women make up 66% of the workforce (U.S, Bureau of Labor Statistics, 2019).

Sass, Liao-Troth, and Wonder (2011) studied leaders of for-profit and nonprofit healthcare organizations. The quantitative study was conducted in Washington, DC calling on CEOs who were members of the District Healthcare Association. The study found that leaders of nonprofit healthcare organizations are more likely to place importance on the work they are performing rather than the amount of their salaries. Conversely, the researchers concluded that leaders of for-profit healthcare organizations are more likely to measure their success by monetary compensation.

Jones and Jones (2017) completed a study in the Gulf Coast region of the United States. The study sought to examine the correlation between leadership style and success of women in the nonprofit sector. Researchers conducted a quantitative study with a correlational design to investigate women’s leadership style to career advancement. A purposeful sample of 350 women in leadership within nonprofit organizations were selected as a representative sample of the total population of women nonprofit leaders in the United States. Invitations were mailed and 70 Multifactor Leadership Questionnaire (MLQ) surveys were returned, which was a 20% response rate. The MLQ is an instrument to identify and measure the propensity of the participants' leadership styles. The study looked at three leadership styles, transformational, transactional, and passive leadership styles. Transformational leadership style implies strong leadership regarding the motivation of followers to perform at higher levels than originally thought possible.
Transactional leaders immerse themselves in the day-to-day operational aspects of the organization, like a manager. Passive leaders delegate authority or responsibility to direct reports who lack the expertise to engage in effective decision making (Chaudhry & Javed, 2012), also known as the absence of leadership. The final sample size exceeded the minimum sample size of 64 calculated by means of G·3 Power sample size calculator (Jones & Jones, 2017).

The study found that transactional and transformational leadership styles positively affect the success of women serving in leadership positions within nonprofit organizations (Jones & Jones, 2017). The researchers recommended a future qualitative study of leadership style and career success of successful women serving in leadership roles. Women in nonprofit leadership possess a particular motivation for the work they do that transcends a monetary value. The preceding studies have helped to broaden our understanding of women’s motivations, traits and leadership styles that promote their success within the nonprofit sector (Jones & Jones, 2017; Lansford, Clements, Falzon, Aish, & Rogers, 2010; Sass, Liao-Troth, & Wonder, 2011).

**Communication and Support**

Effective communication contributes to employee attitude and morale, and customer satisfaction (Eisenberger & Stinglhamber, 2011; Neves & Eisenberger, 2012). Communication is a means to improve dedication and to encourage employees to achieve organizational and team goals (Tsai, Chuang, & Hsieh, 2009). Organizations and management that share information with their staff and encourage reciprocal communication show higher rates of job satisfaction among employees (Neves & Eisenberger, 2012). Listening skills represents 90% of effective communication, and the
other 10% is verbal communication. A leader who displays active listening skills shows that they have interest and commitment to what is being discussed (Vickery, Keaton, & Bodie, 2015). Within this positive organizational environment, employees enjoyed improved sense of security and job satisfaction (Eisenberger & Stinglhamber, 2011; Neves & Eisenberger, 2012).

Effective communication by leaders within an organization facilitates positive perceptions and motivates job satisfaction within the employees (Arslan & Acar, 2013; Žemgulienė, 2012). Professional trust can be garnered and supported by effective leadership communication (Blume, Baldwin, & Ryan, 2013; Clifton, 2012). According to Kotter (1996) who produced seminal work about leadership, effective leadership communication promotes job satisfaction and empowerment among employees.

Supportive supervision is one tool used to boost communication between leadership and employees. Supportive supervision is defined as an active and engaging set of management practices whereby staff and workers are made to feel they are cared about and are a part of the decision-making process within the organization (Chiller & Crisp, 2012). Literature about supportive supervisory practice (SSP) highlights that to achieve effectiveness, organizations must create a management and engagement framework that supports respectful and regular professional communication between leadership and those they manage (Ellinger, 2013). Though researchers found a correlation between supportive supervision and job satisfaction, there was no evidence of correlation to turnover, but instead turnover had a correlation to low self-efficacy of staff (Zeni, MacDougall, Chauhan, Brock, & Buckley, 2013).
In the presence of lack of effective communication leaders may bring about lack of understanding for themselves and the employees they lead (Bartelt & Dennis, 2014). Effective leadership communication causes employees to be more job satisfaction and lowers turnover intention (Gómez & Ballard, 2013). Communication barriers impede and create misinformation between individuals within the organization (Ristic, Mihailovic, Cekerevac, Kudumovic, & Karovic, 2012). Members of leadership who fail to tackle issues of communication barriers risk diminishing the understanding of information given to employees (Ristic et al., 2012).

Perceived organizational support (POS) refers to employees’ perception concerning the extent to which the organization values their contribution and cares about their well-being. POS has been found to have important consequences to employee performance and well-being (Eisenberger & Stinglhamber, 2011). Perceived organizational support has been shown to increase positive behavioral and attitudinal outcomes within the workforce (Eisenberger & Stinglhamber, 2011). Individuals with high levels of perceived organizational support tend to have a sense of obligation in repaying the organization for support received (Eisenberger & Stinglhamber, 2011). Studies have consistently found that perceived organizational support is positively related to organizational commitment, primarily because an individual is more likely to become committed to an organization if they perceive the organization is committed to them (Eisenberger & Stinglhamber, 2011).

**Maslow’s Hierarchy of Needs**

The first theory used in this study, Maslow’s hierarchy of needs (1943) is a useful theory for understanding employee motivation and drive (Clegg, Kornberger, & Pitsis,
Maslow, a psychologist, examined and formulated a theory to highlight the motivational drivers of human nature that could encourage desired behavioral results for an individual. According to Maslow’s hierarchy of needs, employees’ motivation comes from an overall satisfaction that their needs are met. Maslow’s hierarchy of needs theory is the conceptual framework that will guide this study. Maslow (1943) introduced the hierarchy of needs theory with an overview of its proposed fundamental needs. Later Maslow (1970) defined and described these needs.

The central thesis of Maslow’s theory is that human needs exist within a hierarchy of basic needs to higher level needs. Physiological and safety are the foundational base needs, followed by the higher needs, social interaction, esteem, and at the top of the hierarchy is self-actualization, or the need for persons to learn, grow, and reach their potential (Maslow, 1943). A key point of the theory is that an individual’s lowest unmet need is most influential in their lives and decision-making until the need has been met.

Shuck, Rocco, & Albornoz (2011) used Maslow’s hierarchy of needs theory in their qualitative study to examine employees’ experience with work engagement. Researchers collected documents, conducted semi-structured interviews, and recorded observations at a large multinational service corporation ranked by Forbes in 2009 as one of the best places to work. The study found that employees’ motivation affects their level of engagement in the workplace. Employees view work through their perceptions and life experiences. They have different motivations driven by specific backgrounds and current situations. Maslow’s hierarchy of needs theory is a significant contribution to the field of organizational behavior and management research. It informs practical implications and
applications to better respond to employees in the workplace, and for this study in the human services nonprofit organizations (Lee, Raschke, & Louis, 2016).

Nonprofit leaders can positively influence an organizational practice for recruiting, hiring, and employee retention when they create an affirming culture that acknowledges and responds to their employees (Word & Park, 2015). Maslow’s theory of motivation informs researchers and managers on how motivation affects staff productivity and actions (Lee et al., 2016). Maslow’s theory suggests that organizations should invest in the professional learning and development of their employees by assessing where they are in relation to Maslow’s hierarchy. Responding to employees’ needs will positively influence organizational culture, human resource management, performance, and impact organizational results (Jerome, 2013). Making use of employees’ intrinsic motivation for productive results and guarding against burnout and turnover is a difficult but possible undertaking for nonprofit leaders (Renz, 2016).

**Standpoint Theory**

The second theory used in this study, standpoint theory (Harding, 1991; Hartsock, 1984) is a post-modernistic feminist approach to people's perception. It states that people’s experiences ultimately decide their perception. The standpoint theory initially focused on feminist viewpoints. It has evolved from the early feminist theory examining the socioeconomic status of the women in the society, and is also termed as feminist standpoint theory (Bowell, 2019).

According to standpoint theorists, when an individual is from a marginalized population, they see more value and need to create knowledge that is self-critical and reasonable. The theory has two fundamental theses: The situated-knowledge thesis and
the thesis of epistemic advantage. Situated knowledge thesis refers to our social location and how it influences our experiences. Our experiences shape what we know, therefore creating a distinct standpoint (Wylie, 2003). “The thesis of epistemic advantage refers to the advantage of the standpoint held by oppressed and marginalized populations, as this standpoint can provide rich information regarding the phenomenon and its impact.” (Wylie 2003, p. 28). Elevating the perspective of marginalized people, and in particular that of women are two core concepts of the standpoint theory.

Standpoint theory emerged from the Marxist argument that people from an oppressed class have special access to knowledge that is not available to those from a privileged class. In the 1970s, feminist writers inspired by Marxist teaching examined how inequalities between men and women influence knowledge production (Harding, 1991; Hartsock, 1984). Their work is related to epistemology, a branch of philosophy that examines the nature and origins of knowledge, and stresses that knowledge is always socially situated (Wylie, 2003).

American feminist theorist Harding (1991) coined the term standpoint theory to categorize epistemologies that emphasize women's knowledge. She argued that it is easy for those at the top of social hierarchies to lose sight of real human relations and the true nature of social reality which allows for the loss of critical questions about the social and natural world in their academic pursuits (Wylie, 2003). Harding and Hartsock (1991), delved deeply into the historical context for standpoint theory (Wylie, 2003). Hartsock’s works were influenced by the concepts of Georg Wilhelm Friedrich Hegel, a German philosopher who studied the standpoints of the people belonging to various socioeconomic classes.
Standpoints vary from one person to the other, but the shared knowledge can be viewed in certain groups where they share common environments. The perspectives can be objective and subjective (Wylie, 2003). The person from a higher class, economic status or employment position in the society usually sees the issues one-sidedly, on the other hand, the person from a lower class or employment position in society takes the issue more practically (Bowell, 2019). The reason for this is due to the differences in the environment in which these two sets of people exist.

Allen, (2016) explored feminist standpoint theory and its application to organizational socialization as a Black woman. Organizational socialization is defined as the process by which a new employee enters and becomes integrated into an organizational setting. In her work, she believed the use of feminist perspectives to discuss and study organizational communication can increase knowledge and identify missing perceptions thereby building a more inclusive and comprehensive theory (Allen, 1996). Allen (2016) detailed events in which, “during a faculty meeting about our department's diversity plan, I asked how we intended to evaluate our progress. Someone responded, ‘as long as we have you and X [my friend and colleague who is lesbian], we won't have to marry.’” (Allen, 1996, p. 265). The comment was an example of how a woman of color may receive messages about her role and value within the organization. As the study detailed many like events throughout, it was found that standpoint theory brings forth the experiences of oppressed groups, revealing its impact on organizational socialization. The researcher stated that her work was one of few that utilized standpoint theory to discuss phenomenon rather than showcasing it as an important epistemological stance (Allen, 1996). The premise of this theory is in line with the topic as it gives
evidence that people who are directly involved in the service provision of clients on an ACT team, will have perceptions and useful experiences that will allow for the examination of turnover among ACT team leaders (Jerome, 2013; Robinson-Moreton, 2013).

**Chapter Summary**

Turnover in human services nonprofit organizations, especially among ACT team leaders, is a significant problem in the delivery of client care (Gardner et al., 2011). Organizationally, ACT leadership turnover directly affects the ACT operations, threatens team collaboration, jeopardizes program fidelity, and diminishes staff proficiency (Gardner et al., 2011). Understanding the factors of ACT team leader turnover is of the utmost importance to overall team functioning. A variety of factors may contribute to turnover among nonprofit organizations. Research has identified overall job dissatisfaction, a negative team climate, concerns about safety, and quality of services as some of the predictors leading to turnover on ACT teams (Zhu et al., 2017). Researchers have also associated a positive team and work culture that supports the employees may decrease turnover (Zhu et al., 2017).

This chapter reviewed empirical studies and peer-reviewed literature that inform this study’s investigation of community health care through ACT teams, and factors relevant to turnover of ACT female team leaders within human service nonprofit organizations. This chapter presented an overview of the history and evolution of community healthcare models, such as ACT, FACT, flexible ACT, and care coordination. Other topics included: nonprofit turnover, ACT turnover, women in human services nonprofit leadership, and the conceptual and theoretical frameworks that will guide this
study. Maslow’s hierarchy of needs and standpoint theory were discussed and will be used as the lens to analyze ACT team leader retention and establish a conceptual foundation for this study. From the review of the literature researchers propose that nonprofit leaders may reduce voluntary employee turnover by taking an active role to ensure fair compensation, work-life balance, job satisfaction, high performing culture, engaged workforce, rewards and recognition, training, and development, opportunities for advancement, and leadership support. Chapter 3 will present details of the study’s methodology and research design.
Chapter 3: Research Design Methodology

Introduction

This chapter presents the research method and design, a discussion of the target population, sample with sampling technique, and a detailed breakdown of the procedures for data collection and data analysis.

This study investigates New York City ACT team female leaders’ perceptions related to job satisfaction and turnover through an in-depth, rich description of ACT team leaders’ roles, responsibilities, and their work experience.

To research this phenomenon, a qualitative method using an exploratory case study design was employed. Qualitative methods are used to gain a deep understanding of people's perceptions and meaning ascribed to an experience such as leading an ACT team (Austin & Sutton, 2014; Merriam, 2009; Klenke, 2008). Bryman (2004) argues that qualitative research allows researchers to gather a profound sense of the realities of leadership. In qualitative case study research, a researcher can explore real-life cases using multiple sources of information (Creswell, 2013). Case studies are “an exploration of a ‘bounded system' of a case or multiple case over time through detail, in-depth data collection involving multiple sources of information rich in context” (Creswell, 1998, p. 61). Yin (2009) suggested three circumstances in which a case study is appropriate: “(1) to answer "how" or "why" questions, (2) the researcher must have little control over events, and (3) the focus of the research must be on a current phenomenon within a real-life context” (p. 2). This study conducted interviews and
examine artifacts to support its findings; as the use of case study calls for multiple sources of information and varied methods of data collection (Creswell, 2009).

In case studies, the conceptual framework rather than a theoretical framework may better inform the interpretation of data and analysis. Jabareen (2009), pointed out that the conceptual framework in qualitative research provides holistic understanding rather than a theoretical explanation. The conceptual framework in qualitative research design supports a thorough analysis of perceptions and meaning in order to generate new understandings.

An exploratory case study design is appropriate for this study as it examines the description and understanding of the perceived leadership challenges experienced by female ACT team leaders. The exploratory case study is used to explore links to cause and effect that may not be able to be explained using a survey or experiment (Yin, 2014).

Research Context

The study was conducted in a nonprofit human services organization that provides ACT behavioral health services to individuals with serious mental illness, substance use disorders and involvement in the criminal justice system. The actual name or other identifying information of this agency is not included to maintain anonymity and confidentiality. Established over 20 years ago, this nonprofit human service agency has evolved from providing services while the person has been placed in the behavioral health system to now providing services at induction. Since 2003 and in 2012, when they acquired forensic assertive community teams (FACT), the agency’s ACT teams have served those whose needs have not been adequately met by traditional clinic-based approaches. FACT teams are for clients who are eligible for ACT services and also have
involvement with the criminal justice system (SAMSHA, 2019). The agency, that is the subject of this researcher’s study, serves over 300 people through its ACT and FACT teams. Each ACT and FACT team can serve up to 48 clients. Full-time team members include: a team leader, a psychiatrist/nurse practitioner, a nurse, a substance abuse specialist, an employment specialist, a family specialist and a program assistant. Under specific contracts, ACT teams have also added a peer specialist.

The ACT and FACT teams serve individuals, at least 18 years of age, with current or past serious and persistent mental illness. Most of the agency’s clients have a diagnosis of co-occurring substance use disorders. These individuals tend to be high users of emergency and crisis services, are isolated from community supports, and/or are homeless. As a side effect of their homelessness, substance use, and untreated mental illness, they are more likely to suffer from a variety of untreated medical disorders including hypertension, diabetes, and asthma. These clients have faced numerous barriers in effectively accessing and using traditional community-based services such as outpatient clinics.

The researcher received negative responses from team leaders within the nonprofit human service organization that initially agreed to support the study. In the introductory email letter sent to potential participants, the researcher encouraged the original recipients to forward the invitation letter to other ACT former and current team leaders who may have interest. Subsequently, the researcher relied on the recipients who initially received the introductory letter to disseminate the request letter and to support the recruiting of other participants from various human service nonprofit managers in NYC. Former and current team leader participants were procured using snowballing
Snowballing is a sampling method in which one interviewee refers to the researcher at least one more potential interviewee (Cohen & Arieli, 2011; Patton, 1990).

**Research Participants**

The population of interest for this study drew on current and past female ACT team leaders within the nonprofit agency who led an ACT team for 2 years or more. In the study conducted by Rollins et al. (2010), researchers found urban teams experience higher turnover during the first two years, therefore, this researcher chose to interview team leaders who have been on teams for 2 or more years. The study used purposive sampling to align the method and design of the study to the research questions (Tracy, 2012). Using a purposive sampling technique allows the researcher to gain insight and knowledge from a sample of participants who are readily attainable (Merriam & Tisdell, 2015). The team leaders (five current team leaders and five former team leaders; approximately 10 in all) were selected for their knowledge, direct experience, and position as a current or past ACT team leader (Creswell & Plano Clark, 2007).

An ACT team leader is a staff member who directs and supervises staff activities, leads team organizational and service planning meetings, provides clinical direction to staff regarding individual cases, conducts side-by-side contacts with staff, and regularly conducts individual supervision meetings (OMH, 2019). The ACT team leader is both an administrator and a member of the clinical staff, responsible for direct patient services, supervision of clinical staff, and team leadership and coordination. ACT team leaders must have a master’s or advanced degree in social work, psychology, rehabilitation counseling, or a related field, or have completed licensure and registration as a registered nurse. According to Creswell (2013), choosing the right (research) participants is
important in ensuring that the subjects selected have a shared understanding and shared experiences related to the issue being studied. ACT team leaders, by definition, have an interesting vantage point as they serve in dual managerial and direct care roles. ACT team leaders’ knowledge and background will allow for a more robust conversation.

Guest, Bunce, and Johnson (2006) posited that saturation can be achieved with the sample size of 10 because of the shared experiences of these key staff in the nonprofit agency, which creates a potential for consensus. The selected ACT team leaders represent a homogeneous group operating teams for the same funders and following the same program requirements and procedures. Both former and current team leaders provided rich and in-depth information about their perceptions and experiences through the semi-structured interviews, which led to saturation in the study.

The researcher selected 10 team leaders from the respondents (five current team leaders and five past team leaders). This purposive sample allowed this researcher to collect meaningful data. The 10 female current and past ACT team leader participants were interviewed to gain their perspectives on their work experiences related to the ACT team administration and fidelity at the leadership and staff coordination levels. (Patton & Patton, 1990).

At the primary contact organization, none of the initial set of team leaders solicited accepted the request to participate in the study. The researcher continued to seek participants by sending reminder emails to the initial organization that agreed to support the study, as well as, to other human service nonprofit managers. The researcher also requested that the team leaders originally contacted pass on the introductory email to other colleagues who fit the study criteria. The final study participants were procured
through the snowballing sampling of respondents contacted via follow-up emails from
the nonprofit managers initially invited. Within the first weeks of sending the
introductory and follow-up emails, five participants responded—three former team
leaders and two current team leaders. The researcher had difficulty initially getting
current team leaders even with multiple emails being sent to other nonprofit managers.
In the end, the final ten participants consented and met all the study criteria: former or
current ACT team leaders with two or more years of experiences in various human
service nonprofit organizations throughout NYC.

Creswell (2013) suggested that ethical concerns need to be considered in research.
Specifically, it is paramount to provide informed consent and maintain confidentiality
during research. Participants received written informed consent that included an
explanation of the research. The researcher allowed participants time to review and ask
questions about the study; participants were in agreement and gave consent via the
Qualtrics survey link. Mandel and Parija (2014) posited that informed consent
establishes trust between researcher and the participants. It is a very important aspect of
research that provides assurance to a participant that they have the choice to participate in
the research. To increase access and participation across a diverse group of individuals,
the researcher considered language choices and general reading level in the development
of the informed consent. The researcher also provided the informed consent in any and all
languages spoken by participants. The informed consent included specific items required
The researcher used a coding system to identify participants instead of publishing the name of participants or agency. All collected data is being kept in a locked drawer that is only accessible to the researcher. Files saved on the computer are password protected. Informed consent forms, which identify the names of the participants, are being stored separately from the research data.

**Instruments Used in Data Collection**

The study used a demographic questionnaire, field notes, and semi-structured interview protocol. Patton (2002) posits the purpose of interviewing is to allow the researcher and reader to enter a participant’s perspective. Qualitative interviewing starts with the assumption that the views of the participant are meaningful. Developing a general interviewing protocol beforehand to outline specific items will allow for a more focused conversation (Patton, 2002). Merriam (1998) states that this format allows the researcher to be able to respond to the worldview of the participant. The interview protocol included open-ended intended to elicit background context and individual and collective experiences of the participants. Closed-ended questions would have generated short answers from interview participants which would not have given the study the rich data retrieved. Open-ended questions generated more narrative responses from the interview participants.

The demographic questionnaire was designed to gather participants’ background and demographic information. The information identified age, gender, race, highest education, experience with ACT, and years with the agency. Salkind (2010) states that demographic information provides data regarding research participants and is necessary to determine whether the individuals in the study are a representative sample of the target
population. Semi-structured interviews, field notes and the demographic questionnaire facilitated a means of triangulating the data, which helped address reliability and validity issues. Triangulation is to use more than one approach when researching in order to be able to confirm the results of the research (Wilson, 2014). The purpose of triangulation in a case study design is not always to cross validate data, but to also capture different dimensions of the same phenomenon. Triangulation allows the researcher to achieve an increased level of knowledge about an issue while strengthening the research around it (Yin, 2014). Analyzing reliable and valid data allows the researcher to use important information to pose accurate interview questions and to capture key knowledge of each team managed by the ACT team leaders.

**Procedures for Data Collection and Analysis**

After St. John Fisher College (SJFC) IRB approval, the researcher developed an interview protocol to ensure that the researcher used consistent data collection procedures (Yin, 2009). The interview protocol included a pre-determined interview script, which included primary and follow-up interview questions (Appendix B). The primary and follow up interview questions were vetted by three peers who are experts within the field. Feedback from peers can provide the researcher with information such as, how well participants may understand the interview questions and whether their understanding may be close to what the researcher intends or expects (Patton, 2015). The peers were three female managers; two have overseen the operations of ACT and one was an ACT team leader who did not participate in the study. Expert peers involved in giving feedback on the interview questions did not participate in the study.
The data collection procedure began with recruitment, which was done through an introductory flyer sent to the participating ACT team leaders. Women still employed at the chosen human services nonprofit agency received an introductory flyer to their work email addresses. Women, formerly employed as team leaders, were sought out using a snowball sampling. Snowballing is a sampling method in which one interviewee refers to the researcher at least one more potential interviewee (Cohen & Arieli, 2011; Patton, 1990).

An introductory email was sent out to ACT team leaders, formerly employed with human service organizations in the last 15 years and other human service workers. The researcher requested that the recruits pass the email on to former women team leaders who may be interested in participating in the study. The email contained details of the study’s purpose, the informed consent, and the researcher’s contact information. Participants completed the online Qualtrics survey that included the informed consent and demographic questionnaire. The researcher ensured the informed consent had clear language aimed at the optimal understanding of potential participants. All factors concerning a participant’s ability to consent was considered (Mandel & Parija, 2014).

Scheduled interviews were completed with each participant via the Zoom application; interviews were approximately 30-60 minutes. A key advantage of using Zoom is its ability to securely record and store video-recorded sessions without the need for third-party software. This researcher used Zoom’s security features which include user-specific authentication through passwords, real-time encryption of meetings, and the ability to backup recordings to online remote server networks (Zoom Video Communications Inc., 2016). All interviews were completed within 6 weeks.
Interviews were recorded and transcribed on the Zoom application and then transferred to a password protected file on the researcher’s computer to an appropriate file folder located within the secured computer accessible only by the researcher. Field notes were handwritten by the researcher within a notebook throughout the interview process. The researcher developed field notes with every participant during interview sessions, which included specific answers given by the participants and observations such as body language, tone, and disposition. Field notes documented the process of the researcher, assisted in improving the validity and reliability of data, and provided context to the interview and research procedures (Braun & Clarke, 2013).

The researcher began coding, which is the classification and interpretation of the interview through emerging themes (Creswell, 2014). The analysis process includes the use of codes for classification and interpretation; leading to patterns categories and themes (Creswell, 2015; Patton, 2015). The researcher identified emerging themes and identified any items that required further inquiry. Findings are very descriptive to allow for better understanding of the data collected as well as support external validity (Merriam, 2002). The findings were reported using narratives and tables. Narratives detailed the participants’ perceptions and is supported by tables that further highlighted the experiences and perspectives of the ACT team leaders.

In qualitative research, confirmability involves reflexivity and the use of an audit trail that links case data to study participants’ responses (Bloomberg & Volpe, 2008). Yin (2014) suggested building a chain of evidence to improve case study reliability. This study employed coding strategies to interpret the interview transcripts. The coding strategy assisted in ensuring that all interviews and data collection and analysis was
completed uniformly for each participant. Participants were assigned a letter and number code that is being used in place of their names on all transcripts, theme tables, and in the final results.

At the recommendation of Creswell (2014), the researcher used peer debriefing, a process in which persons not involved in the study review the research process and provide feedback to the researcher in order to ensure the findings were clear.

Researchers have suggested that peer debriefing enhances the trustworthiness and credibility of a qualitative research project (Creswell 1998; Lincoln & Guba, 1985). The researcher also had a social science researcher who possesses a doctorate degree to review the initial codes. The reviewer and researcher discussed coding and found agreement in codes, categories, and themes. Suggestions were made by the reviewer in terms of descriptions of two themes within the study.

**Summary**

In this chapter the researcher presented a qualitative research method with an exploratory case study design to investigate turnover of ACT team leaders within nonprofit human service organizations. After receiving IRB approval, the researcher contacted potential participants through introductory emails. Participants were asked to give informed consent, complete a demographic questionnaire via an online application and participate in a 30 to 60-minute interview via the Zoom application. Interviews were recorded and transcribed via the Zoom application. The researcher used peer debriefing, a process in which persons not involved in the study review the research process and provide feedback to the researcher in order to ensure the findings were clear. The research and data collection process took place over approximately 6 weeks.
Chapter 4: Results

Introduction

As presented in Chapter 1, the purpose of this study was to explore the work experiences and perceptions of New York City ACT female team leaders in relation to job satisfaction and turnover rates. Five female team leaders who have left their position and five female team leaders who are currently working in the field comprised the study participants.

The assertive community treatment (ACT) team model is widely endorsed as an effective, multidisciplinary approach to the recovery, rehabilitation, and vocational training for people with serious mental illness (Bond & Drake, 2015). High turnover rates in human service agencies administering ACT often hampers the quality of social and behavioral health services provided to clients (Gardner et al., 2011). Turnover of ACT team leaders also affects overall team operations—cohesion, service delivery, client-clinical staff relationships, program fidelity and training needs (Davidson et al., 2010). Female ACT team leaders are often excluded from research as a specific group within the general behavioral health cohort of providers. (Hurley & O'Reilly, 2017; Salyers et al., 2010; Stull et al., 2012). Numerous researchers have focused on ACT team members collectively rather than individual team leaders (Hurley & O'Reilly, 2017; Salyers et al., 2010; Stull et al., 2012). This study used a qualitative method and an exploratory case study design to gain greater insight into the experiences of female ACT team leaders.
This chapter begins with an overview of the research questions. Then the research methodology and data collection process are described, followed by the presentation of data analysis findings. The major themes are organized by the research questions and are drawn from the rich, in-depth data gathered from participants’ perspectives and experiences as ACT team leaders.

**Research Questions**

The following research questions guided this study:

1. What influences contribute to job satisfaction and a high turnover rate for women in non-profit organizations and specifically as an ACT team leader? (RQ1)

2. How do female ACT team leaders differ in their approach from males in the same role? (RQ2)

3. What do female ACT team leaders identify as barriers to optimizing ACT team implementation and service delivery? (RQ3)

After St. John Fisher College (SJFC) IRB approval, the researcher assembled an expert panel of peers within the field to evaluate the research questions. The peers were three female managers; two have supervised the operations of an ACT and one was an ACT team leader who did not participate in the study. The panel reached consensus on the interview questions but suggested reordering the sequence. The researcher conducted in-depth, one-on-one, semi-structured interviews with 10 female participants: five ACT former team leaders (FTL) and five ACT current team leaders (CTL). Table 4.1 presents the interview questions aligned with the research questions.
Table 4.1

*Interview Questions Aligned to Research Questions*

<table>
<thead>
<tr>
<th>Interview Question</th>
<th>Aligned Research Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>How do you describe your role on the ACT team?</td>
<td>1</td>
</tr>
<tr>
<td>Why do you work on an ACT team.</td>
<td>1</td>
</tr>
<tr>
<td>What would you suggest facilitates sharing of knowledge, building capacity, and reciprocal communication between higher-level managers and clinical staff?</td>
<td>1, 3</td>
</tr>
<tr>
<td>What influenced your decision to voluntarily turnover? (FTL)</td>
<td>1, 3</td>
</tr>
<tr>
<td>What keeps you as the ACT team leaders on the job? (CTL)</td>
<td>1, 3</td>
</tr>
<tr>
<td>What causes feelings of burnout?</td>
<td>1, 3</td>
</tr>
<tr>
<td>What can management do to retain team leaders?</td>
<td>1, 3</td>
</tr>
<tr>
<td>Does gender affect a team leader’s role on an ACT team? please provide examples?</td>
<td>2</td>
</tr>
<tr>
<td>How do you think your gender influences the way you manage the team?</td>
<td>2</td>
</tr>
<tr>
<td>How do you feel you contribute to the overall ACT implementation and team coordination?</td>
<td>3</td>
</tr>
<tr>
<td>What are some of the barriers?</td>
<td>3</td>
</tr>
<tr>
<td>How does your leadership support adherence to the ACT’s fidelity?</td>
<td>3</td>
</tr>
<tr>
<td>What factors, for you, contribute to overall job satisfaction in the workplace?</td>
<td>1, 3</td>
</tr>
</tbody>
</table>

The interview questions were open-ended, which facilitated feedback, and reflections were unique to the participants’ perspectives.

An introductory email was sent to former and current female ACT team leaders through the primary nonprofit human service organization that consented to the researcher’s request to assist in recruiting study participants. The email included information about the context and purpose of the study, a participant consent form, and
demographic questionnaire. Additionally, the researcher contacted various other human service nonprofit managers throughout NYC to disseminate the introductory email. Study participants were required to meet criteria established by the researcher in order to qualify for selection. Three criteria were established by the researcher: (a) female former or current ACT team leader, (b) in the role of team leader for 2 years or more, and (c) worked within a NYC human services nonprofit organization. Members of the target population that met all three criteria were deemed qualified to serve as research participants.

**Interview process.** Creswell (2014) and Merriam and Tisdell (2015) assert that in a qualitative study the researcher serves as the primary data collection instrument. For this study, this researcher served as the sole data collection instrument within this study. The demographic questionnaire, semi-structured interviews and field notes were the primary data collection tools used for this study. Field notes were generated and used to support and enhance data collection (Braun & Clarke, 2013). Field notes documented the process, assisted in improving the validity and reliability of data, and provided context to the interview and research procedures (Braun & Clarke, 2013).

**Participants’ demographic statistics.** A questionnaire was imbedded in the Qualtrics survey along with the consent form. The demographic questionnaire provided descriptive data of the participants as a former team leaders (FTLs) or current team leaders (CTLs). While this survey data provided important characteristics and background information about the participants, this study followed a qualitative approach to presenting the participants’ experiences. No quantitative data analysis was performed for this study. Participant demographic details are presented in Table 4.2.
Table 4.2
Demographic Data for Former Team Leaders (FTLs) and Current Team Leaders (CTLs)

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Age Range</th>
<th>Years as Team Leader</th>
<th>Years on ACT team</th>
<th>Race</th>
<th>Degree In</th>
</tr>
</thead>
<tbody>
<tr>
<td>FTL 1</td>
<td>41-54</td>
<td>2-4</td>
<td>5 or more</td>
<td>Black or African-American</td>
<td>Social Work</td>
</tr>
<tr>
<td>FTL 2</td>
<td>41-54</td>
<td>2-4</td>
<td>5 or more</td>
<td>Black or African-American</td>
<td>Social Work</td>
</tr>
<tr>
<td>FTL 3</td>
<td>25-40</td>
<td>2-4</td>
<td>2-4</td>
<td>White/Caucasian</td>
<td>Psychology</td>
</tr>
<tr>
<td>FTL 4</td>
<td>41-54</td>
<td>5 or more</td>
<td>5 or more</td>
<td>Black or African-American</td>
<td>Social Work</td>
</tr>
<tr>
<td>FTL 5</td>
<td>25-40</td>
<td>2-4</td>
<td>5 or more</td>
<td>Black or African-American</td>
<td>Social Work</td>
</tr>
<tr>
<td>CTL 1</td>
<td>41-54</td>
<td>2-4</td>
<td>5 or more</td>
<td>Black or African-American</td>
<td>Mental Health Counselor</td>
</tr>
<tr>
<td>CTL 2</td>
<td>25-40</td>
<td>2-4</td>
<td>2-4</td>
<td>Black or African-American</td>
<td>Social Work</td>
</tr>
<tr>
<td>CTL 3</td>
<td>25-40</td>
<td>2-4</td>
<td>5 or more</td>
<td>Black or African-American</td>
<td>BSN</td>
</tr>
<tr>
<td>CTL 4</td>
<td>25-40</td>
<td>2-4</td>
<td>2-4</td>
<td>White/Caucasian</td>
<td>Social Work</td>
</tr>
<tr>
<td>CTL 5</td>
<td>25-40</td>
<td>2-4</td>
<td>2-4</td>
<td>Black or African-American</td>
<td>Mental Health Counselor</td>
</tr>
</tbody>
</table>

The 10 participants were five former and five current female ACT team leaders. All participants were ACT team leader for more than 2 years. Seven of the participants also fulfilled other capacities on the ACT team. Participants hold various degrees in
social work, mental health counseling, nursing, and psychology. One participant has a
doctorate in forensic psychology.

**Participant profiles.** The study participants’ profiles are provided below.

*Former Team Leader 1 (FTL 1)*- an African American female, trained social
worker, age 41-54, who was on an ACT team for over 5 years, and served as a team
leader for 2.5 years. She is currently a trainer and consultant for ACT teams.

*Former Team Leader 2 (FTL 2)*- an African American female trained social
worker, age 41-54, who was on an ACT team for over 5 years and served as a team leader
for 4 years. She currently works as a director within the hospital system.

*Former Team Leader 3 (FTL 3)*- a Caucasian female, forensic psychologist, age
25-40, was an ACT team leader for 2 years. She currently works in a private practice.

*Former Team Leader 4 (FTL 4)*- an African American trained social worker on
ACT teams for 10 years and served as a team leader for 6 years. She currently works for
a department within the New York state government.

Former Team Leader 5 (FTL 5)- an African American trained social worker, age
25-40, who has worked on ACT teams for 6 years and as a team leader for 4 years. She
currently works for a human service nonprofit in a senior management role.

*Current Team Leader 1 (CTL 1)*- an African American, trained mental health
counselor, age 41-54, is currently a team leader for 2 years and was on the ACT team in
other roles for more than 5 years.

*Current Team Leader 2 (CTL 2)*- an African American trained social worker, age
25-40, who is currently a team leader for 3 years.
Current Team Leader 3 (CTL 3)- an African American trained registered nurse, age 25-40, who is currently a team leader for 2-4 years and has been on the ACT team for 5 or more years in other ACT team roles.

Current Team Leader 4 (CTL 4)- a Caucasian trained social worker who also possessed a master’s degree in early childhood education, age 25-40, who is currently a team leader for 3 years.

Current Team Leader 5 (CTL 5)- an African American, trained mental health counselor, age 25-40, who is currently a team leader for 2-4 years and has been on the ACT team for 2-4 years in other ACT team roles.

Data Analysis and Findings

Several themes emerged from reading and re-reading the interview transcript data. Themes were identified to describe and group the participants’ similar and contrasting perceived ideas and reasons for turnover of FTLs and lowered job satisfaction for CTLs. The themes also identified the experiences of ACT women team leaders, as well as identified perceived barriers to program implementation and service delivery. All these elements have an impact on ACT team leadership and team operations.

After a thorough review and investigation of 597 statements, the researcher noted 12 categories and eight themes. Four themes correlated with the question of job satisfaction and turnover (RQ1), one theme was associated with being a woman in the team leader role (RQ2), three themes related to barriers and challenges to team operation and client care (RQ3). In Table 4.3, themes, frequency, and descriptions of category and are displayed.
Table 4.3

Frequency of Themes and Categories from Transcript Data

<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
<th>Description of Category and Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better Opportunity (18)</td>
<td>Salary</td>
<td>The participants perceived that the compensation they and the staff they managed received was not commensurate to the work being done. Salary was also a recommendation to keep team leaders in their role</td>
</tr>
<tr>
<td></td>
<td>FTL (6)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CTL (12)</td>
<td></td>
</tr>
<tr>
<td>Organizational support (69)</td>
<td>Lack of leadership support</td>
<td>Lack of trust and support from those managing FTLs and CTLs led them to perceive lack of support from the organization in their role as team leaders</td>
</tr>
<tr>
<td></td>
<td>FTL (31)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CTL (33)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No trust for leadership</td>
<td>Because of a lack of support, participants felt no trust in the supervisors</td>
</tr>
<tr>
<td></td>
<td>FTL (3)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CTL (2)</td>
<td></td>
</tr>
<tr>
<td>Lack of leadership (54)</td>
<td>Lack of understanding</td>
<td>Participants perceived that management did not know how ACT operated and therefore could not understand, support, or advocate for the needs of the staff</td>
</tr>
<tr>
<td>Program Knowledge</td>
<td>FTL (41)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CTL (13)</td>
<td></td>
</tr>
<tr>
<td>Many day-to-day System demands (27)</td>
<td>Overwhelming tasks</td>
<td>ACT TL role is described as unattainable in completing all tasks needed. The demands are perceived to be too much for the TL and often leads to feelings of being overwhelmed</td>
</tr>
<tr>
<td></td>
<td>FTL (10)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CTL (17)</td>
<td></td>
</tr>
<tr>
<td>Gender expectations (16) Family background</td>
<td></td>
<td>Participants (2) felt that how they were raised affected how they saw the role of a woman team leader.</td>
</tr>
</tbody>
</table>
**Research Question 1 (RQ1).** What influences contribute to job satisfaction and a high turnover rate for women in non-profit organizations and specifically as an ACT team leader? Former team leaders endorsed several reasons for leaving their position as ACT team leader. While common themes were agreed upon by several participants, individual participants identified reasons for leaving that were specific to their own experiences. Table 4.4 lists the reasons FTL participants identified that led to turnover.

<table>
<thead>
<tr>
<th>Gender Bias</th>
<th>Some TLs felt they had negative experiences that related to being a woman in the role of TL.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional views of self</td>
<td></td>
</tr>
<tr>
<td>FTL (3)</td>
<td>Participants endorsed personal characteristics that they believe influenced how they lead their teams</td>
</tr>
<tr>
<td>CTL (5)</td>
<td></td>
</tr>
<tr>
<td>Team fit hiring practices (24) Hiring</td>
<td></td>
</tr>
<tr>
<td>FTL (16)</td>
<td>Barriers and challenges included the hiring and maintaining of staff in the role. Right fit and ensuring staff are supported. Teams functioning greatly depended on staffing levels and competency</td>
</tr>
<tr>
<td>CTL (8)</td>
<td></td>
</tr>
<tr>
<td>ACT excessive requirements (11) Program fidelity</td>
<td></td>
</tr>
<tr>
<td>FTL (6)</td>
<td>The lack of flexibility in some program requirements was seen as a challenge as they didn’t allow for considerations to be made for need or current climate of the team (staffing levels)</td>
</tr>
<tr>
<td>CTL (5)</td>
<td></td>
</tr>
<tr>
<td>Communication (55) Support from leadership</td>
<td></td>
</tr>
<tr>
<td>FTL (19)</td>
<td>Barrier and challenge also include the perception of little support from direct supervisors and the organization.</td>
</tr>
<tr>
<td>CTL (15)</td>
<td></td>
</tr>
<tr>
<td>Knowledge</td>
<td></td>
</tr>
<tr>
<td>FTL (6)</td>
<td>The perception of lack of support was believed to be driven by lack of knowledge on the part of senior and executive leadership.</td>
</tr>
<tr>
<td>CTL (15)</td>
<td></td>
</tr>
<tr>
<td>Former Team Leader</td>
<td>Reasons for turnover</td>
</tr>
<tr>
<td>--------------------</td>
<td>----------------------</td>
</tr>
<tr>
<td>FTL1</td>
<td>Lack of support</td>
</tr>
<tr>
<td></td>
<td>No trust for leadership</td>
</tr>
<tr>
<td></td>
<td>Overwhelming</td>
</tr>
<tr>
<td></td>
<td>Environment</td>
</tr>
<tr>
<td></td>
<td>Race</td>
</tr>
<tr>
<td>FTL 2</td>
<td>Lack of support</td>
</tr>
<tr>
<td></td>
<td>Lack of understanding</td>
</tr>
<tr>
<td></td>
<td>Overwhelming</td>
</tr>
<tr>
<td></td>
<td>Upward movement</td>
</tr>
<tr>
<td></td>
<td>Needed new challenges</td>
</tr>
<tr>
<td>FTL 3</td>
<td>Salary</td>
</tr>
<tr>
<td></td>
<td>Lack of support</td>
</tr>
<tr>
<td></td>
<td>Lack of understanding</td>
</tr>
<tr>
<td></td>
<td>Overwhelming</td>
</tr>
<tr>
<td></td>
<td>Not her passion</td>
</tr>
<tr>
<td>FTL 4</td>
<td>Lack of support</td>
</tr>
<tr>
<td></td>
<td>Lack of understanding</td>
</tr>
<tr>
<td></td>
<td>Overwhelming</td>
</tr>
<tr>
<td></td>
<td>Contradicting management styles</td>
</tr>
<tr>
<td></td>
<td>Greater opportunity</td>
</tr>
<tr>
<td>FTL 5</td>
<td>Salary</td>
</tr>
<tr>
<td></td>
<td>Lack of support</td>
</tr>
<tr>
<td></td>
<td>Overwhelming</td>
</tr>
<tr>
<td></td>
<td>Lack of staff coverage</td>
</tr>
</tbody>
</table>

FTLs discussed the reasons for leaving the ACT team they led; individually each FTL had reasons specific to their unique experiences. FTL 1 stated, “personality conflict came into play” and “[the ACT team] became where it wasn't such a great environment” as she discussed the relationship with a former female African American supervisor. FTL 1 spoke of an initial expectation of camaraderie with her supervisor because of their shared gender and race. As time went on, she found that fellowship did not exist as she began to have incidents in which her supervisor did not support her, but instead, used her
as a “scapegoat.” She expressed great disappointment, which contributed to her decision to leave. FTL 1 stated,

pressures of the audit and the lady, the director that was above the director. That was, my supervisor started taking on the pressures. And again, it became Black woman survival in White institutions... I became the victim of her trying to prove herself... I confronted her on it because it hurts. Because I wanted so bad to work together to prove to these White people that we could do this.

FTL 2 agreed with three of the identified themes but also added her reason for leaving was due to being offered greater opportunity. She explained, “I was asked to take over the department” and “I need a new challenge every few years.”

FTL 3 had a similar experience when she assumed the role of an ACT team leader after her participation in an internship. She also explained,

So, I got the job right after my internship. So I like to joke that I went from being an intern to a manager, a supervisor, and an administrator overnight, and I [had] never actually really done any of those things.

While she found the role to be an “amazing opportunity,” FTL 3 felt she was not using her training as a psychologist and not pursuing her passion. She stated, “It was this amazing opportunity for so many different reasons, but it all became too much.”

FTL 4 endorsed three of the identified themes but also discussed differences in management style between her and her male supervisor as a reason for her decision to turnover. She explained, “He really made it really bad and it was hard to work together as a team.” She described scenarios in which her supervisor would block her from holding staff accountable for their job duties, which created frustration and
insubordination among staff. FTL 4 stated that right before her departure she began to
shut down, “. . . the things I might have done to help boost morale and things I would do,
I just stopped doing. . . .” FTL 4 also spoke of a long-standing desire to work within the
school system, “When I finally got the call from the Department of Education, ‘Oh my
god, it came right on time.’”

FTL 5 also agreed with three of the identified themes but also felt that the strain
of never being able to keep staff in the ACT team roles caused a level of frustration that
contributed to her decision to turnover. She shared,

I think for me it just became very taxing, I used to always get so excited when I
got close to having like my team at full capacity because I felt like when a team is
fully staffed ACT work is not as straining. . . the moment you've got your team
stabilized, [then] two people leave out and then they just keep leaving.

Collectively, better opportunity, organizational support, lack of program knowledge
within leadership, and many systems demands were the prevailing themes supported by
former ACT team leaders (FTLs). See Table 4.5.
Table 4.5

*RQ 1- Turnover-FTL*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
<th>Subcategory</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better Opportunity&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Salary</td>
<td>Pay</td>
<td>need to pay more, compensation low-balled salary</td>
</tr>
<tr>
<td></td>
<td>(FTL 3,5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizational Support&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Lack of leadership support (FTL1,2,3,4,5)</td>
<td>support for staff communication</td>
<td>lack of leadership support ACT is more than going outside needs support for staff no support management lack of communication no support from above negative management feedback</td>
</tr>
<tr>
<td></td>
<td></td>
<td>environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>too much</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>listening</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>no advocacy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No trust for leadership (FTL, 1)</td>
<td>be human</td>
<td>Show genuinity humanistic connection</td>
</tr>
<tr>
<td></td>
<td></td>
<td>show care</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not genuine respect</td>
<td></td>
</tr>
<tr>
<td>Lack of Program Knowledge&lt;sup&gt;c&lt;/sup&gt;</td>
<td>Lack of understanding of leadership (FTL2,3,4)</td>
<td>no interest</td>
<td>leadership has no clue needs to understand more leadership didn’t understand ACT limited knowledge base of ACT</td>
</tr>
<tr>
<td></td>
<td></td>
<td>no understanding</td>
<td></td>
</tr>
<tr>
<td>Many Systems Demands&lt;sup&gt;d&lt;/sup&gt;</td>
<td>Overwhelming task</td>
<td>frustration</td>
<td>tasks pressures of audit hard to manage everything hard to juggle everything frustrated as a team leader systematic competing interest too many systems client chart system and neighborhoods for visits a struggle no supports through meetings</td>
</tr>
<tr>
<td></td>
<td>(FTL1,2,3,4,5)</td>
<td>too much</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>burnout</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>paperwork</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>requirements</td>
<td></td>
</tr>
</tbody>
</table>

*Notes:*

<sup>a</sup>Participants perceived that the compensation they and the staff they managed received was not commensurate to the work being done. Salary was also a recommendation to keep team leaders in their role.

<sup>b</sup>Lack of trust and support from those managing the team leaders, led them to perceive lack of support from the organization in their role. Because of a lack of support, it led to no trust in the leadership of the team leaders.

<sup>c</sup>Participants perceived that management did not know how ACT operated, and therefore could not understand, support, or advocate for the needs of the staff.

<sup>d</sup>ACT team leader role is described as unattainable in completing all tasks needed. The demands are perceived to be too much for the team leader and often leads to feelings of being overwhelmed by job duties.
CTLs discussed the same concerns of better opportunity, organizational support, lack of program knowledge within leadership, and many systems demands in their current role as it relates to job satisfaction. Participants report lowered job satisfaction and plans to leave the team but have elected to stay due to reasons such as, love of the ACT model, clients being served, and cohesion with team members. Table 4.6 shows the breakdown of reasons CTL stay in their position.

Table 4.6

<table>
<thead>
<tr>
<th>Current Team Leader</th>
<th>Reasons for staying in role</th>
</tr>
</thead>
</table>
| CTL 1               | Love that team is interdisciplinary of the ACT model  
                      | ACT is her passion  
                      | Love the person-centered approaches of the ACT model |
| CTL 2               | Support team  
                      | Mentor support |
| CTL 3               | Love community work of ACT model  
                      | Mental Health services her calling  
                      | Love being an advocate |
| CTL 4               | Professional growth  
                      | Increase knowledge of psychopharmacology through the ACT model  
                      | Love that team is interdisciplinary  
                      | Management support |
| CTL 5               | Love the person-centered approaches of the ACT model  
                      | Love working with the population  
                      | Management support |

As CTLs discussed the reasons for lowered job satisfaction, they did identify reasons for staying in their current roles as ACT team leaders. CTL 1 stated, “It's [ACT]
my absolute passion. I love the fact that it's interdisciplinary, I love working from a person-centered perspective." CTL 2 endorsed staying because, “I felt bad, but when I leave a team with no leader.” She discussed wanting to leave at a moment in time but staying because the team had many staff vacancies. She also stated that her decision was supported by discussions with her mentor who helped her to look at the role objectively, and to decide what was best for her career and development.

CTL 3 exclaimed, “I love the fact that going out in the community to people's home. It's more personal versus like being inpatient.” She also described her career choice for ACT work, “I do believe that it was a calling for me. . . I love being an advocate.”

CTL 4 expressed that she loved that ACT offered her professional growth, a better working knowledge of psychopharmacology, and working with a multidisciplinary team. CTL 5 stated, “I love the versatility and the population.” She further explained,

I like the fact that it's a different population and most people don't want to deal with this population. And with these clients once they feel the love and they feel that they're comfortable, even though they give you a hard time they're determined to give you a hard time but they will come around and say, you know, I just had to do it. I'm sorry.

Working with the population gave CTL 5 a sense of achievement and fulfillment. She also endorsed the support of her supervisor as a reason for remaining in the role of ACT team leader. She commented,

She’s a great support system my supervisor. Um, I think this is the first time that I've really had a supervisor. That's so supportive and I think that [support] is
definitely crucial to doing this work. Because if she wasn't supportive and understanding and allowed me the space to actually vent and to share what my emotions were I don't know if I would necessarily still be here.

Table 4.7 presents the themes, categories, subcategories, and codes for RQ1. Collectively, better opportunity, organizational support, lack of program knowledge within leadership, and many systems demands were the prevailing themes supported by current ACT team leaders.

**Better opportunity.** Participants discussed their perception that ACT teams receive lower compensation than other comparable social service program employees. They attributed high overall team turnover to lower compensation. Former ACT team leaders endorsed seeking better opportunities as a reason for leaving their position. They also report this as a reason other ACT staff turnover, as well. All five of the former team leaders resigned their positions as team leaders in order to take positions higher up in management offering greater salaries.

**Stagnant opportunity.** Current team leaders reported lowered job satisfaction due to low pay for themselves and for the staff they supervise. Staff turnover is largely due to pay disparities which causes team leaders to have to operate teams with less staff at times. Table 4.8 and 4.9 shows categories and sub-categories for the theme of better opportunity.
### Table 4.7

**RQ1-Job satisfaction -CTL- Codes, Subcategories, Categories, and Themes**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
<th>Subcategory</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stagnant Opportunity&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Salary</td>
<td>low pay</td>
<td>low pay</td>
</tr>
<tr>
<td></td>
<td>(CTL 1,2)</td>
<td>Unable to retain staff</td>
<td></td>
</tr>
<tr>
<td>Organizational Support&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Lack of leadership support</td>
<td>listen</td>
<td>Lack of leadership support</td>
</tr>
<tr>
<td></td>
<td>(CTL 1,2,3,4,5)</td>
<td></td>
<td>Fight for communication supervision</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>share info leadership need to listen</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Leadership needs to be care about clients</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Need supports for staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Leadership not sharing info management</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>lack of communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>leadership care is not genuine</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Can't trust leadership</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cannot be vulnerable with leadership</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No trust for leadership</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>(CTL 1)</td>
<td></td>
</tr>
<tr>
<td>Lack of Program Knowledge&lt;sup&gt;c&lt;/sup&gt;</td>
<td>Lack of leadership understanding</td>
<td>don’t know</td>
<td>They do not know what it’s like to run the team</td>
</tr>
<tr>
<td></td>
<td>(CTL 1,2,3,4,5)</td>
<td>don’t understand</td>
<td>the CEO and all those other people. I</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I don't think they understand the workload</td>
</tr>
<tr>
<td>Many Systems Demands&lt;sup&gt;d&lt;/sup&gt;</td>
<td>Overwhelming tasks</td>
<td>pressure</td>
<td>Tasks pressures of audit</td>
</tr>
<tr>
<td></td>
<td>(CTL 1,2,3,4,5)</td>
<td>challenging</td>
<td>Hard to manage everything</td>
</tr>
<tr>
<td></td>
<td></td>
<td>a lot of</td>
<td>I’m an octopus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>paperwork</td>
<td>Challenge supervising all specialties</td>
</tr>
<tr>
<td></td>
<td></td>
<td>maintaining</td>
<td>Doing admin and clinical</td>
</tr>
<tr>
<td></td>
<td></td>
<td>filling in</td>
<td>A lot of paperwork</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Just like constant going, going, gone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>one day after the next</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The burnout is real</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The paperwork that goes into maintaining act</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Doing multiple tasks</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Doing staff work cause</td>
</tr>
</tbody>
</table>

**Notes:**

<sup>a</sup>The participants perceived that the compensation they and the staff they managed received was not commensurate of the work being done. Salary was also a recommendation to keep team leaders in their role.

<sup>b</sup>Lack of trust and support from those managing the team leaders, lead them to perceive lack of support from the organization in their role. Because of a lack of support, it led to no trust in the leadership of the team leaders.

<sup>c</sup>Participants perceived that management did not know how ACT operated and therefore could not understand, support, or advocate for the needs of the staff.

<sup>d</sup>ACT team leader role is described as unattainable in completing all tasks needed. The demands are perceived to be too much for the team leader and often leads to feelings of being overwhelmed by job duties.
Table 4.8

*Better Opportunity – Categories and Subcategories-FTL*

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salary</td>
<td>Low pay</td>
</tr>
<tr>
<td></td>
<td>Lowballed salary</td>
</tr>
</tbody>
</table>

*Note.* \( n=2 \). The participants perceived that the compensation they and the staff they managed received was commensurate to the work being done. Salary was also a recommendation to keep team leaders in their role.

FTL 5 stated that she was being “lowballed” with her salary upon joining the team and at different intervals was promised raises based on achieving set goals. Even after achieving the goals she did not receive further compensation.

Table 4.9

*Better Opportunity – Categories and Subcategories-CTL*

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Salary</td>
<td>Low retention of staff</td>
</tr>
<tr>
<td></td>
<td>Created stress for TL</td>
</tr>
</tbody>
</table>

*Note.* \( n=2 \). The participants perceived that the compensation they and the staff they managed received was commensurate to the work being done. Salary was also a recommendation to keep team leaders in their role.

CTL 2 discussed a situation in which the entire staff of the ACT team were staff from within the organization who had lost other positions, due to layoffs, and were given the choice of taking an ACT team position or not having a job at all. In this situation, retention was low as people often left the team because the work was not in their original area of interest. They eventually found positions that offered a better salary.
Organizational support. Both FTLs and CTLs discussed the perceived lack of organizational support for the team from management and the organization. The participants discussed the many work demands expected by management and required for program fidelity. They felt that there was no formal support given to staff to manage these demands. Participants who endorsed this theme all gave similar feedback regarding their experiences. Two CTLs reported positive experiences as it relates to organizational support, they noted the importance of the experiences in keeping them in their position. FTL endorsed lack of support as a reason for turnover, more so than job demands or burnout. CTL also felt that while the demands of ACT are great and overwhelming at times, the lack of support directly affects job satisfaction.

Tables 4.10 shows categories and subcategories under the theme of organizational support.

Table 4.10

Organizational Support – Categories and Subcategories Among FTL and CTL

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of leadership</td>
<td>Lack of leadership support for TL and other staff</td>
</tr>
<tr>
<td></td>
<td>TL had to fight for communication</td>
</tr>
<tr>
<td></td>
<td>Perception of leadership not sharing info</td>
</tr>
<tr>
<td></td>
<td>Perception that leadership didn’t care or it wasn’t genuine</td>
</tr>
<tr>
<td></td>
<td>Leadership didn’t listen to concerns or ideas</td>
</tr>
</tbody>
</table>

Note. n=10. Lack of trust and support from those managing the team leaders, lead them to perceive lack of support from the organization in their role. Because of a lack of support, it led to no trust in the leadership of the team leaders.

Note. Leadership was used interchangeably with supervisor, manager, leader

CTL 1 described an encounter with a manager,
I'm getting it from like all sides, which generally I can deal with, but it just
became so much the other day. And I had to like tap out I could not have another
day of someone [client] just having stream of consciousness yelling and
screaming and cursing at me and accusing me of being the devil.

CTL 1 felt the support of her team but not her supervisor in this situation. CTL 1 went on
to state, “I had to fight for that and mention it [supervision], and now it's being done
weekly, I’m getting weekly supervision, but I don't feel. I feel like it's superficial.”

FTL 4 shared those sentiments as she described her reason for leaving, “I want to
say, lack of support and it was really the person that was actually supervising, the support
wasn't really there with the people above him. But then he really made it really bad.”

When asked what organizations needed to keep team leaders in their roles CTL 2
replied, definitely support, whether it be technology [electronic health record] just
support in doing the job period, clinical support. When asked the same question FTL 4
stated, “but I think more than anything to have the support.”

CTL 2 stated that organizations needed “advocacy in terms of higher salaries,
advocacy in terms of flexible schedules” for ACT team leaders and in some cases all
team members. In contrast, CTL 4 and CTL 5 endorsed the importance of organizational
support but reported that they both have experienced that support in her current role as a
team leader. CTL 4 stated her senior and executive management have all made efforts to
support and join the teams in their meetings. She reported,

She [her direct supervisor] really listens to us, and she's very respectful… It's not
just that she’s listening, it’s that she's hearing when we're talking and when we
bring concerns and ideas and things to her and that she takes us seriously, which we really appreciate.

CTL 4 offered, “Knowing that your direct supervisor is somebody that has your back and as somebody who's available and understands the work is incredibly helpful.”

CTL 5 stated that if her supervisor hadn’t been supportive and “understanding and allowed me the space to actually vent and to share what my emotions were… I don't know if I would necessarily still be here.” CTL 5’s statement concurred with the other participants on support being a major factor in job satisfaction and turnover. CTL 5 added, “I think this is the first time that I've really had a supervisor. That's so supportive and I think that is [support] definitely crucial to doing this work.”

Lack of program knowledge. Three FTLs and five CTLs agreed that there is a general lack of management knowledge of ACT needs and operations from upper management and mainly executive management. Two CTLs endorsed that their direct supervisor had knowledge of the program operations and needs but still felt executive management lacked knowledge of program operations and needs, such as scheduling needs, technological difficulties and other hardships for staff caused by the day to day demands. Tables 4.11 displays categories and sub-categories under lack of program knowledge.

CTL 1 stated, “Administration at the agency, there's just no clue as to what the work looks like. There's no understanding of how things work. It's just very cookie cutter across the board.” CTL 5 shared that while her direct supervisors were knowledgeable, she perceived, “So I feel with upper management, the clients are seen as money as opposed to humans.” She felt they had no desire to learn of the program and its needs.
FTL 2 stated, “It was interesting to me to hear how limited people in hospital settings were in their knowledge base [towards ACT].”

CTL 2 noted an event in which she was asked to present to her executive management on ACT and issues with implementation. She began to discuss the issues and was stopped by a member of the executive team and asked to give background on ACT and its operations. CTL 2 stated, “They just don't get it . . . [I] feel like there's a disconnect, I shouldn’t have to explain any of that stuff.”

CTL 3 spoke of a similar event in which she and her leadership went to look at a new space for the team. They all discussed the set up and how to accommodate and did not once ask her what she thought. She found this odd seeing as none of them knew how to accommodate the program requirements with specific adjustments for client care and services.

**Many day-to-day systems demands.** Another theme that was discussed as a reason for team leader turnover and lowered job satisfaction were the work demands expected from the team in terms of structure, service delivery and documentation. Nearly all participants agreed and discussed the system demands as being a source of lowered job satisfaction and turnover. When asked to give the specifics of the demands, all participants listed paperwork requirements, the amount of visits that have to be made, the vastness of the community in which they provide services, and the ability to hold staff accountable in light of all the work and program fidelity requirements. Tables 4.12 displays categories and subcategories under the theme of *many day-to-day system demands.*
Table 4.11
*Lack of Program Knowledge- Categories and Subcategories among FTLs and CTLs*

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of ACT Program Knowledge</td>
<td>Scheduling Challenges</td>
</tr>
<tr>
<td></td>
<td>Logistics (transportation) Conflicts</td>
</tr>
<tr>
<td></td>
<td>Technological Difficulties</td>
</tr>
<tr>
<td></td>
<td>Available office supplies</td>
</tr>
</tbody>
</table>

*Note. n=8.*
Participants perceived that management did not know how ACT operated and therefore could not understand, support, or advocate for the needs of the staff.

Table 4.12
*Many Day-to-Day System Demands- Categories and Subcategories for FTLs and CTLs*

<table>
<thead>
<tr>
<th>Category</th>
<th>Sub-Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overwhelming Tasks</td>
<td>Excessive Paperwork</td>
</tr>
<tr>
<td>Tasks</td>
<td>to agencies</td>
</tr>
<tr>
<td></td>
<td>to medical facilities</td>
</tr>
<tr>
<td></td>
<td>to courts</td>
</tr>
<tr>
<td>Visitations</td>
<td>Excessive visitations</td>
</tr>
<tr>
<td></td>
<td>No authority to modify monthly schedule requirements</td>
</tr>
<tr>
<td></td>
<td>Lack of accountability to staff</td>
</tr>
</tbody>
</table>

*Note. n=9.*
ACT team leader role is described as unattainable in completing all tasks needed. The demands are perceived to be too much for the team leader and often leads to feelings of being overwhelmed by job duties.

When describing her role as a team leader CTL 1 commented,
I'm an octopus with eight arms and have to be able to move them simultaneously and juggle; you have to have energy and persistence and focus you have to be super, super organized so that when the chaos happens and it will happen.

CTL 2 described the team leader role, “You're the team leader, you're the lead clinician you're their supervisor and you're the director. . . . Feels like you do everything.”

FTL 3 used a metaphor to describe supervising an ACT team,

It's like if there's a colander above your head with rushing water and you only have two hands, and you just have to keep moving. . . but it all just became too much.

FTL 4 described the workday, “So it shut down at a certain time [space where her office was located], and I would literally like lock myself in the office for security when no one was there so I can get my work done and I would literally be like walking in the dark in this building.”

CTL 3 described the ACT team as “a hospital without walls” and she was the person who coordinated and made sure everything got done. CTL 4 and FTL 5 also agreed that the number of visits can be frustrating, especially when the client may have been determined by the team as not needing the specified number of services. CTL 4 described it as,

When it gets to be the end of the month, and I have to start thinking more about having contacts for the sake of billing and not having contact for the sake of what the person actually wants or needs.

FTL 5’s example of this was the requirement of six visits monthly to achieve billing and not having the flexibility to conduct less visits to clients who may not need the level of
intensity at that time. FTL 5 felt that not having a full team added to her feelings of stress and overwhelming demands. She went on to state, “Your staff turning over and you having to pick up their slack and everything else caused a lot of burnout on your end.” CTL 5 also agreed staff turnover can contribute to reduced job satisfaction and feeling of frustration. She stated, “With the turnover rate in terms of staff that can be a burden to the team leader because you then have to pick up the role of that that vacant position.”

Research Question 2. How do female ACT team leaders differ in their approach from males in the same role? Initially, most of the participants from both groups expressed that they had not thought of their gender and its relationship to being a team leader. Almost every time the corresponding research questions were asked, participants gave pause and visibly thought hard about their answer. Many did not feel their gender affected their role as a team leader. Participants stated that they head teams that were mostly staffed by men. Others experienced working with female-dominated teams. The gender expectations theme described participants’ expectations of themselves and the gender beliefs of staff because they are women in the role.

Participants’ discussions on gender expectations as it related to the team leader role comprised three different categories: family background, gender bias, and professional view of self. Two participants felt that their cultural background and family beliefs affected how they led as a woman team leader. The category of gender bias describes negative experiences of participants which they believed may have been related to their gender, and the category of professional views of self, discussed personal characteristics that CTLs and FTLs believed influenced how they led their teams. Table 4.13 and 4.14 present the three categories for the gender expectations theme.
Table 4.13

**RQ 2- Gender Expectations-FTLs**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
<th>Sub-category</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Expectations</td>
<td>Family background</td>
<td>culture</td>
<td>How you are raised</td>
</tr>
<tr>
<td></td>
<td>(FTL1)</td>
<td>ingrained</td>
<td>Work better with men</td>
</tr>
<tr>
<td></td>
<td></td>
<td>raised</td>
<td>Raised feminist</td>
</tr>
<tr>
<td>Gender Bias</td>
<td>different treatment</td>
<td></td>
<td>Men protected</td>
</tr>
<tr>
<td></td>
<td>(FTL1,2,4)</td>
<td></td>
<td>Men do not challenge men</td>
</tr>
<tr>
<td>Professional View of self</td>
<td>supportive</td>
<td></td>
<td>Different treatment</td>
</tr>
<tr>
<td></td>
<td>(FTL 3,4,5)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note.** 

*a* Participants (2) felt that how they were raised affected how they saw the role of a woman team leader.  

*b* Some team leaders did feel they had negative experiences with men they interacted with that may have been related to them being a woman in the role of team leader.  

*c* Participants endorsed personal characteristics that they believe influenced how they lead their teams.

Table 4.14

**RQ2- Gender Expectations-CTLs**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
<th>Subcategory</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Expectations</td>
<td>Family background</td>
<td>culture</td>
<td>How you are raised</td>
</tr>
<tr>
<td></td>
<td>(CTL1)</td>
<td>ingrained</td>
<td>Raised feminist</td>
</tr>
<tr>
<td></td>
<td></td>
<td>raised</td>
<td></td>
</tr>
<tr>
<td>Gender Bias</td>
<td>different treatment</td>
<td></td>
<td>Different treatment than men</td>
</tr>
<tr>
<td></td>
<td>(CTL1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional View of self</td>
<td>supportive</td>
<td></td>
<td>Caretaker</td>
</tr>
<tr>
<td></td>
<td>(CTL1,2,4,5)</td>
<td></td>
<td>Maternalistic</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Nurturer</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>I'm just very organized and meticulous</td>
</tr>
</tbody>
</table>

**Note.** 

*a* Participants (2) felt that how they were raised affected how they saw the role of a woman team leader.  

*b* Some team leaders did feel they had negative experiences with men they interacted with that may have been related to them being a woman in the role of team leader.  

*c* Participants endorsed personal characteristics that they believe influenced how they lead their teams.
**Gender expectations.** Participants’ discussion on gender related to team leader comprised three different categories: (a) family background, (b) gender bias, and (c) professional views of self. Not all team leaders felt that being a woman had an impact on their role as a team leader. Four participants had experiences where they perceived their gender to be a barrier to their leadership. Specifically, participants pointed to events in which they perceived lack of respect from supervisors or insubordination from the staff they supervised. One participant discussed two incidents which she believed could have been because of her gender but was not sure; race and age may have also played a role. Participants endorsed family background and personality traits as attributed to women’s leadership characteristics.

**Family background.** One participant from each group connected how they were raised to shaping their perspective of being a woman in the job role. They felt that the values instilled in them by their families determined how they saw themselves as women and as leaders in the role. Table 4.15 shows the category of family background and the corresponding sub-categories.

Table 4.15

*Gender Expectations – Categories and Subcategories among FTLs and CTLs*

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Background</td>
<td>how they were raised</td>
</tr>
<tr>
<td></td>
<td>culture</td>
</tr>
<tr>
<td></td>
<td>ingrained beliefs</td>
</tr>
</tbody>
</table>

*Note. n=2* Participants felt that how they were raised affected how they saw the role of a woman team leader.
FTL 1 stated that she was a Haitian-raised child born in the US and it had been “ingrained in me to take care of the man.”

CTL 1 also stated, “I was raised by a Black man…. my father was a feminist. He's a Black man who is a feminist and he raised me not to ever feel less than because of a man.” Another participant, CTL 5 felt on the fence with this identification as she was not sure if her views were based on her culture or her gender.

**Gender bias.** Participants shared similar experiences with gender bias that they believed were related to being women team leaders. They detailed experiences where they felt that their gender negatively impacted fulfilling the team leader role. For example, they received lack of support from their supervisor for directives given to staff, which they believed would not have happened had they been men. Participants who reported incidents of gender bias did note that the experience was infrequent, and it may have been due to other factors such as age and race. Tables 4.16 shows categories and subcategories of FTLs and CTLs perceptions of gender bias.

Table 4.16

**Gender Expectations – Categories and Subcategories among FTLs and CTLs**

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Bias</td>
<td>Lack of respect male staffers and</td>
</tr>
<tr>
<td></td>
<td>Insubordination from male staffers</td>
</tr>
<tr>
<td>Towards Female</td>
<td>Age discrimination</td>
</tr>
<tr>
<td>ACT Leaders</td>
<td>Penalized for challenging authority</td>
</tr>
</tbody>
</table>

Note. n=4. Some team leaders did feel they had negative experiences with men they interacted with that may have been related to them being a woman in the role of team leader.
FTL 4 recalled times when asked to do things that would not have been asked of a man, such as making copies or cleaning up. She also stated that there were male staff who were not producing, and her male supervisor would not allow her to terminate him, which she believes is because he was a man. FTL 2 stated,

I think I had more challenges than if I were a man. She went on to say, If I were a man, would it have been different. I think so. Men don't necessarily like challenging other men all the time. I'm Black. I'm a woman. I’m not, I’m not what they think of [what a] social director should look like.

CTL 1 also mirrored this experience as she indicated that on more than one occasion, she received pushback when dealing with male physicians within hospital settings. FTL 1 discussed incidents of harassment from her supervisor, “He would come and sit there with his legs open, his hands behind his head. That was a form of sexual harassment.” While FTL 5 described an event in which a male staff did not respect her leadership, which she believed to be because of her gender; she did feel that it was an isolated incident and stated she had not experienced any other issues related to her gender.

CTL 5 also detailed an experience with a male staff who had previously been her colleague she stated, “At first I kind of felt like, well, maybe he's testing me because I'm younger than him, I couldn't differentiate whether it was because I was Black. A Black supervisor or again if I was younger, or because I was a female.”

**Professional views of self.** Three former team leaders and four current team leaders referenced personality traits that they believed were connected to their gender and how they lead. They felt that traits such as being maternalistic and sensitive were specific
to women and contributed to who they were as team leaders. One participant identified empathy as a personality trait she felt affected how she led as a woman, however she did state she felt she was falling into gender stereotypes by endorsing the trait. Table 4.17 shows categories and subcategories of traits they perceived to affect how they lead an ACT team.

Table 4.17

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional views of self</td>
<td>Expectation from client and management</td>
</tr>
<tr>
<td>Gender Expectation</td>
<td>Maternalistic</td>
</tr>
<tr>
<td>As an ACT Leader</td>
<td>Nurturing</td>
</tr>
<tr>
<td></td>
<td>Sensitive</td>
</tr>
<tr>
<td></td>
<td>High levels of empathy</td>
</tr>
<tr>
<td></td>
<td>Organized</td>
</tr>
<tr>
<td></td>
<td>Flexible</td>
</tr>
<tr>
<td></td>
<td>Good listening skills</td>
</tr>
<tr>
<td></td>
<td>Responsible</td>
</tr>
<tr>
<td></td>
<td>Task-oriented</td>
</tr>
<tr>
<td></td>
<td>Backlash if challenge male leadership</td>
</tr>
</tbody>
</table>

Note: Participants (n=7) endorsed personal characteristics that they believe influenced how they lead their teams.

CTL 1 believes that her gender affects how she leads her team as it accounts for her propensity to want to empower her staff and the people being served. CTL 2 made the statement,
I'm a little sensitive or I could be like very maternalistic. I'm very forgiving. And so I think that sometimes like I need to be a little bit more firm… want people to kind of be feeling really taken care of… maternalistic like a lot of other females I know.

FTL 4 also endorsed similar traits as she stated,

Me being a woman and me being who I am, I'm naturally a nurturing person. I was very nurturing to my team and I knew for sure that it was important for me to let my team know as often as possible how much I appreciated them how great the work was that they did.

She further put forth that she believed, “He [her male supervisor] not only did not nurture, he didn't try to make the team members better.” She told of an event in which she stated, “You know what, I think you need to address this, because this is not cool. He's like, nope, not touching it.” In a similar recollection, FTL 5 stated she was organized and meticulous while “The male leader that I had before, he was relaxed. It was like, don't worry about it. No worries—which she believed was the opposite of her as a woman. CTL 4 also endorsed her empathy, flexibility, and listening skills as being a part of being a woman team leader but she also made the statement, “But I feel like I'm falling back on female stereotypes.”

Similarly, CTL 5 also could not be sure if her identification of being responsible and task-oriented was because of her gender or how she was raised. This researcher found that the personal characteristics of the participants were closely aligned to what they identified as elements of job satisfaction and turnover.
Research Question 3. What do female ACT team leaders identify as barriers to optimizing ACT team implementation and service delivery? Throughout the semi-structured interviews, barriers to implementation and service delivery were discussed as reasons for job satisfaction and turnover among ACT team leaders. The themes that emerged were team fit hiring practices, ACT excessive requirements, and communication. See Table 4.18 and 4.19.

Table 4.18

<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
<th>Subcategory</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team fit hiring practicesa</td>
<td>Hiring (FTL 1,3,5)</td>
<td>right fit</td>
<td>Chosen to hire</td>
</tr>
<tr>
<td></td>
<td></td>
<td>older vs. younger</td>
<td>Need to hire right staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Missing seasoned staff</td>
</tr>
<tr>
<td>ACT excessive requirementsb</td>
<td>Program fidelity requirements (FTL1,2,3,4,5)</td>
<td>too much</td>
<td>Visits</td>
</tr>
<tr>
<td></td>
<td></td>
<td>hands tied</td>
<td>Population may not need the service</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Paperwork</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Heavy regs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Too many regulations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Administrative barriers</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Don’t meet criteria [clients]</td>
</tr>
<tr>
<td>Communicationc</td>
<td>Support of leadership (FTL1,2,3,4,5)</td>
<td>listen</td>
<td>lack of oversight and support communicate</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>listen to staff, no,</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>share knowledge</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>No communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Doesn’t bringing teams together</td>
</tr>
<tr>
<td></td>
<td></td>
<td>lack of leadership knowledge (FTL1,2,3,5)</td>
<td>Knowledge of staff needs no awareness</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lack of understanding</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Better understanding</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lack of knowledge</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>management lack</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>ACT knowledge</td>
</tr>
</tbody>
</table>

Notes:

aBarriers and challenges included the hiring and maintaining of staff in the role. “Right fit” and ensuring staff are supported. Teams functioning greatly depended on staffing levels and competency.

bThe lack of flexibility in some program requirements such as number of visits done per month was seen as a challenge as they didn’t allow for considerations to be made for need or current climate of the team (staffing levels).
Barrier and challenge also included the perception of little support from direct supervisors and the organization. The perception of lack of support was believed to be driven by lack of management knowledge of program needs and operations on the part of senior and executive leadership.

Table 4.19

**RQ3- Barriers to Optimizing ACT Team Implementation and Service Delivery- CTLs**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Category</th>
<th>Subcategory</th>
<th>Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Team fit hiring practices(^a)</td>
<td>Hiring</td>
<td>don’t stay long</td>
<td>Chosen to hire</td>
</tr>
<tr>
<td></td>
<td>(CTL 1,2,5)</td>
<td>right fit</td>
<td>ACT is a career placeholder</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Need to hire right staff</td>
</tr>
<tr>
<td>ACT excessive requirements(^b)</td>
<td>Program fidelity requirements reports</td>
<td></td>
<td>Visits</td>
</tr>
<tr>
<td></td>
<td>notes</td>
<td>Unequal</td>
<td>The staff to client ratio needs to change</td>
</tr>
<tr>
<td></td>
<td>(CTL 1,3,4,5)</td>
<td></td>
<td>Fact that the role for the team leader has to be 50% clinical 50% admin</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>never works</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Too many regs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Paperwork</td>
</tr>
<tr>
<td>Communication(^c)</td>
<td>Support from leadership</td>
<td>no support</td>
<td>no communication</td>
</tr>
<tr>
<td></td>
<td>(CTL 1,2,3,4,5)</td>
<td>no advocacy</td>
<td>brining teams together</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Her lack of support is because of her lack of management knowledge</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>no support</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>no communication</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Knowledge of staff needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lack of assessment before changes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Lack of understanding</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Needs better understanding</td>
</tr>
<tr>
<td></td>
<td>lack of leadership knowledge</td>
<td>bad assessment</td>
<td>Lack of management knowledge, Management lack ACT knowledge</td>
</tr>
<tr>
<td></td>
<td>(CTL 1,2,3,4)</td>
<td>don’t know</td>
<td></td>
</tr>
</tbody>
</table>

Note: \(^a\)Barriers and challenges included the hiring and maintaining of staff in the role. “Right fit” and ensuring staff are supported. Teams functioning greatly depended on staffing levels and competency.
\(^b\)The lack of flexibility in some program requirements such as number of visits done per month was seen as a challenge as they didn’t allow for considerations to be made for need or current climate of the team (staffing levels).
\(^c\)Barrier and challenge also included the perception of little support from direct supervisors and the organization. The perception of lack of support was believed to be driven by lack of management knowledge of program needs and operations on the part of senior and executive leadership.

**Team fit hiring practices.** Participants have identified hiring and staffing as a barrier to implementation and service delivery. FTLs and CTLs showed equal agreement that operating and providing good services are contingent on having the right staff and the appropriate staffing levels. Tables 4.20 shows categories and subcategories endorsed by participants.
Table 4.20

*Team-fit Hiring Practices-Categories and Sub-Categories among FTLs and CTLs*

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hiring</td>
<td>Hiring right team fit</td>
</tr>
<tr>
<td></td>
<td>Hiring staff young and impressionable</td>
</tr>
<tr>
<td></td>
<td>Hiring seasoned staff</td>
</tr>
</tbody>
</table>

*Note. n=6.*

Barriers and challenges included the hiring and maintaining of staff in the role. “Right fit” and ensuring staff are supported. Teams functioning greatly depended on staffing levels and competency.

CTL 5 stated, “I remember a time there was only like three staff like two to three staff on the team and we still have to try to meet the numbers and try to be there as much as possible for the clients.” CTL 5 believed this caused a lot of stress and feelings of being overwhelmed to her and the staff. CTL 2 discussed her team’s beginnings in which nearly all the staff had been placed on the team and not chosen the roles, this led to high turnover due to salary and general lack of fit. CTL 1 asserted, “I prefer to hire somebody who's fresh out of school who still has that passion.” She further discussed the need for staff to be engaged and invested in the work done on the ACT teams in order to be successful.

In contrast, FTL 3 agreed that hiring “young impressionable just really hungry people out of school” was great for ACT success. She believed that the downside was “but then you also miss that piece of the person who's been working for 20 years.” In terms of lack-of-fit, FTL 5 also believed and expressed that ACT success depends upon “making sure recruitment is on a high end when it comes to replacing the staff.” She further stated that organizations needed, “to make sure that the people that you're
hiring are invested and supporting each other.” CTL 5 agreed with this thought and offered that on her team to ensure that the new hire “fits” with other staff she “actually brings the staff, the candidates in so the staff can interview them and they can interview the staff to see how they feel. And if they feel like they would get along.”

In discussing the success of her team CTL 2 attributed the success to “I'm at a place where we hired… I'm hiring the right staff.”

As it relates to hiring a team leader, FTL 3 offered that organizations should be looking for strong leaders that she defines as,

have to understand like their own emotional landscape. I think a strong leader is someone who does not necessarily know all of the answers, but who is willing to figure it out. And I think a strong leader is someone who's willing to hear their staff.

This statement was also made in relation to what is needed from upper management in support of team leaders.

**ACT excessive requirements.** Throughout many of the interviews, participants have discussed the strains of the program regulations and requirements of ACT implementation and service delivery. FTLs and CTLs spoke of the demands on the team leader and staff that are based on the stringent and inflexible requirements of ACT. Tables 4.21 shows categories and subcategories related to ACT program fidelity requirements as barriers to optimization of ACT teams.
Table 4.21

ACT Excessive Requirements-Categories and Subcategories among FTLs and CTLs

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Fidelity Requirements</td>
<td>Too many visits</td>
</tr>
<tr>
<td></td>
<td>Heavy regulations</td>
</tr>
<tr>
<td></td>
<td>Rename title to have more meaning</td>
</tr>
<tr>
<td></td>
<td>Administrative barriers</td>
</tr>
<tr>
<td></td>
<td>Too much paperwork requirements</td>
</tr>
</tbody>
</table>

Note. n=9. The lack of flexibility in some program requirements such as number of visits done per month was seen as a challenge as they didn’t allow for considerations to be made for need or current climate of the team (staffing levels).

FTL 2 is quoted as saying, “I think team leader really needs to be retooled. They need to really change that name because team leader you know it sounds to me too small.” FTL2 made the statements, “ACT is heavily regulated” and “damn another piece of paper.” All participants agreed with this in one way or the other. CTL 5 is quoted as saying, “I mean the paperwork is too much. Um, I feel like a lot of the stuff is redundant.” FTL 1 gave the following list of requirements that she felt needed to be adjusted, “the paperwork requirements, the amount of visits that have to be made per client and staff accountability, the inconsistency of the client population [clients being referred who may not need the services], trying to engage and find clients, the requirement of the visits.”

FTL 3 even posed a question, “I'm very curious like what's the clinical utility of some of these things like is it for your numbers or is it actually for the client?” FTL 4 mirrored all other participants when she stated, “It's really never the clients” but “if there's a little way to decrease some of the paperwork.” CTL 3 summed it up by
stating, “It’s a lot of work to do for one person” referring to how much time and effort it takes just to support one client.

While FTL 5 mirrored the experiences of the other participants, she offered that what also made ACT requirements overwhelming was the lack of flexibility in services being offered to clients who may be in different phases of their recovery. CTL 5 discussed a situation in which “we had one client move to Italy and because the client decided to move we still have to continue to do diligent [regular weekly] search and try to reach out to the client, even though we knew the client was not here [in the U.S.] what's the point that's extra work for no reason.”

CTL 4 stated that there is a need for more flexibility in the number of [home] visits being provided. CTL 4 proposed, “I feel like there should be some leeway. And if there is a clinical justification for why you're not providing additional services. I don't feel like this should be a punitive financial thing.”

**Communication.** Communication in terms of lack of management knowledge on the part of upper and executive management has been touched on in RQ1 as a reason for job satisfaction and turnover among the team leaders on ACT teams. This theme was also brought up as a barrier to implementation and service delivery. Participants from both groups equally discussed lack of communication between themselves and their supervisor, which they believed was driven by the supervisors’ lack of knowledge of program needs such as support needed for staff. Participants also believed that supervisors were not open to increasing their knowledge of the needs of the program. Codes such as no support, lack of management knowledge, and lack of understanding re-
emerged to answer RQ3. Tables 4.22 and 4.23 shows categories and subcategories under the theme of communication.

Table 4.22

*Communication-Categories and Subcategories among FTLs and CTLs*

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support from leadership</td>
<td>Lack of support from leadership</td>
</tr>
<tr>
<td></td>
<td>No space for sharing of knowledge</td>
</tr>
<tr>
<td></td>
<td>Disconnect</td>
</tr>
<tr>
<td></td>
<td>Leadership doesn’t foster cohesion</td>
</tr>
</tbody>
</table>

*Note.* $n=10$. Barrier and challenge also included the perception of little support from direct supervisors and the organization. The perception of lack of support was believed to be driven by lack of management knowledge of program needs and operations on the part of senior and executive leadership.

Table 4.23

*Communication-Categories and Subcategories among FTLs and CTLs*

<table>
<thead>
<tr>
<th>Category</th>
<th>Subcategory</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of leadership knowledge</td>
<td>No yearning to learn ACT needs</td>
</tr>
<tr>
<td></td>
<td>Cannot rely on leadership</td>
</tr>
<tr>
<td></td>
<td>Lacked knowledge of staff needs</td>
</tr>
<tr>
<td></td>
<td>Lacked knowledge of day to day needs</td>
</tr>
</tbody>
</table>

*Note.* $n=8$. Barrier and challenge also included the perception of little support from direct supervisors and the organization. The perception of lack of support was believed to be driven by lack of management knowledge of program needs and operations on the part of senior and executive leadership.

FTL 1 offered, “I feel like a better understanding [from leadership] or a yearn to learn more and understand more of how things operate within ACT team” as a means to ensure the success of ACT team implementation and service delivery. FTL 2 agreed with FTL 1 as she recalled “having to rely on someone who doesn't understand” and adding the
“massive disconnect” felt between she as the team leader and her management. FTL 5 also felt this disconnect but stated it was even more evident because she had a previous supervisor that was “great leadership,” she perceived him this way because he would handle the billing because he wanted us to focus on the team and in my most stressful moments, he allowed me to come in and unfold and kind of like be frustrated, pull it together, get back to the team.

CTL 2 discussed information that was given by the city in meetings attended by her management, but the information never made it to her, which led her to make the statements, “They just don't get it.” “Feel like there's a disconnect.”, “I feel like there isn't that fluid communication.” The general agreement among most of the participants was that there wasn’t space created to discuss issues, ideas, offer support or attempts made to increase the knowledge of management. FTL 3 offered that one of the barriers were staff not feeling heard or listened to as it relates to their own wellbeing or issues related to service delivery.

While two participants did not share the experiences of the other participants, they supported the need for having support and communication. CTL 4 and CTL 5 endorsed having good communication and feeling heard and respected by their supervisor, which contributed to their positive job satisfaction at this time.

While FTL 4 stated,

What would have been helpful would have been really nice to do honestly, would have been to be able to have the space with both ACT teams and him and upper management to talk about everything.
CTL 5’s experience supported this perception. She reported that her supervisor “holds meetings with all the team leaders and it allows us that space to kind of vent and talk about what's going on our team and everybody can bounce ideas off of each other.” CTL 3 made the statement, “You want to retain staff; you listen to them.” In the same sentiment FTL 5 stated, “You don't have to do the work for me but support me.”

While CTL 4 reported have a more positive experience with supervisors; being listened to and having forums to share information and support, she also acknowledged the other participants’ perceptions and experiences that were less receptive and supportive. CTL 4 reports positive job satisfaction which is in part due to her feeling that “I had the full support of my supervisor and everybody behind me.” CTL 5 also mirrored this experience, “I think that right there [support] is important because it's almost like she doesn't remove herself from the situation and you don't feel alone.” She went on to state in support of the other participants’ experiences, “She’s a great support system my supervisor. Um, I think this is the first time that I've really had a supervisor that's so supportive and I think that [support] is definitely crucial to doing this work.”

**Summary of Results**

Overall the study produced four themes for RQ1, one theme for RQ2 and three themes for RQ3. ACT former and current team leaders accounts showed agreement in all themes. Former team leaders identified the same reasons for turnover, as current team leaders described for lowered job satisfaction. Though the numbers were close, current team leaders had more participant agreement around the category of lack of leadership understanding. Both groups found agreement in how they viewed themselves as women
leading an ACT team. Current team leaders expressed more perceived incidents of gender bias. Both groups also had consensus on the barriers to program implementation and service delivery.

Former and current team leaders reported negative job satisfaction and turnover while in the role of ACT team leader with the exception of two current team leaders who reported positive job satisfaction at this time. The positive reports from the two CTLs supported the themes of organizational support and communication were discussed as an important driving force and source of job satisfaction in their current role as a team leader.

Two former team leaders have all indicated leaving their position because of negative job satisfaction as well as to pursue better opportunities, such as the offer of salary increases and lessen the stress of day-to-day demands. One former team leader realized after being in the role of team leader that she did not have a love for the work and wanted to pursue a career choice that more closely matched her education. The former team leaders all endorsed reaching a breaking point from the increased work stress and the negative effects stemming from the lack of support and increasing job demands to meet program fidelity requirements. Ultimately, for the former team leaders, the negatives of the position outweighed the positives, and led them to make the decision to turnover as soon as better opportunities were possible.

Current team leaders, with the exception of two, admitted to having thought about or looked for other positions due to feelings of being overwhlemed but have decided to stay and to support their team already experiencing staff turnover. All current team leaders also discussed the love of the ACT model because of the work it allowed them to
do with the population served by the ACT team, as well as the professional growth from being apart of a team that is interdisciplinary. One current team leader professed staying because of love of ACT team work (this participant was currently preparing to move to another team because of the lack of support from management she received on her current team). Other participants shared this sentiment and have stayed in the team leader position because of the sense of service and advocacy and support for the clients served and their staff. Several accounts of former team leaders reveal that they lost motivation to stay in the role due to the perception that the organization could not provide a supportive environment for their needs. While current team leaders also share this feeling they continue to draw on intrinsic motivations which has maintained their commitment to the role of team leader.

The study confirmed what the literature review found as reasons for lowered job satisfaction among current ACT team leaders (Bartelt & Dennis, 2014; Bilal, Zia-ur-Rehman, & Raza, 2010; Eby et al.; Leider et al., 2016; Rothrauff-Laschober, 2012; Selden & Sowa, 2015; SHRM, 2015). Current team leaders endorsed feelings of lowered job satisfaction when they perceive a lack of respectful treatment, mistrust between themselves and management, insufficient compensation, minimal organizational support and job security (Leider et al., 2016; SHRM, 2015).

The positive experiences of two CTLs further confirmed that better opportunity, organizational support, leadership support and support for many day to day system demands are driving force and source of job satisfaction in their current role as a team leader (Leider et al., 2016; SHRM, 2015). The study also supported the assertion of researchers and the employed theory of Maslow’s hierarchy of needs that physiological
safety is a core need for an individual; therefore, adequate financial compensation is an important source of satisfaction and motivation for employees of nonprofit organizations (Johnson & Ng, 2015; Maslow, 1943). Within Maslow’s hierarchy of needs, the second need is supports through social interaction (Maslow, 1943). Participants confirmed this need in their assertion that organizational support was a key factor in job satisfaction and turnover (Leider et al., 2016; SHRM, 2015).

As it relates to turnover the study found that lack of effective recruitment processes, new job opportunities, lack of positive organizational culture through support and lack of communication to be the main drivers of turnover among former ACT team leaders within NYC (Bartelt & Dennis, 2014; Bilal, Zia-ur-Rehman, & Raza, 2010; Eby; Rothrauff-Laschober, 2012; Selden & Sowa, 2015). In addition, individual FTL team leaders asserted race, environment, upward mobility and lack of passion as reasons contributing to their decision to turnover.

Former and current team leaders all worked on ACT teams and represented nine different organizations within NYC. The study supported the use of standpoint theory as participants of the study gave voice to perceptions and experiences formed by their personal and professional practices while employed at these different human service nonprofit organizations within NYC. Standpoint theory posits that marginalized groups such as team leaders’ experiences bring understanding to a situation because they are directly involved and have critical and relevant lived experiences. The study allowed for examination of a wide range of experiences that were specific to each participant, in terms of location and management structure and in some cases funding sources.
Allen (2016) used standpoint theory to bring forth the experiences of oppressed groups, revealing its impact on organizations. The study focused on the experiences and integration of women of color newly employed at an academic organizational setting. The study sought to highlight how women received and experienced the messages given by the organization regarding their role and value. The study found that the use of standpoint theory to discuss and examine organizational communication can increase knowledge within the organization and identify gaps in perception that may affect the success of organizations. In the case of this researcher’s current study, standpoint theory offered a critical lens to examine study participants’ perceptions and experiences to better inform the effective program implementation and service delivery of ACT leadership and clinical teams.

Though both groups had a different story or reason for joining the ACT team and becoming team leaders, the commonality is their interest in the work done on ACT teams, working with the clients being served, service to the community and a building of clinical skills. Through the semi-structured interviews, participants from both groups described their roles as team leaders as hard work, unattainable in success and overall very stressful. These negative perceptions and experiences led to participant’s feeling overwhelmed in several different forms.

Former and current team leaders reported feeling overwhelmed and burnout due to lack of staff, lack of communication and support from management, and overall challenges that come with the ACT teams demands and work/administrative/clinical requirements. In addition, issues such as unhealthy environments (neighborhoods where clients live) and struggles with technologies (electronic health records) also added to
feeling of stress and burnout. Two participants used the words, “you are fighting the system” to sum up all the struggles encountered by ACT team leaders within NYC. Though they experienced feelings of burnout, former team leaders endorsed lack of job satisfaction as a reason for turnover. These findings are in agreement with Zhu et al. (2017) in that job satisfaction appears to be a stronger predictor of turnover than burnout. In their study, the researchers examined the effect of team members’ shared perceptions of their work environment, on turnover and individual outcomes that facilitate the climate-turnover relationship. The study found and highlighted the importance of job satisfaction as they found it to be the main mediator linking team climate to turnover.

Though both groups reported negative experiences, CTLs put forth that they have elected to stay thus far due to reasons such as love of the ACT model, love of working with the clients being served, cohesion with team members and professional growth through the vast experiences working with an interdisciplinary team such as ACT.

When examining both groups, gender was not considered in their role as an ACT team leader. When interviewed, many had to pause and think about if being a woman impacted them as a team leader and their leadership. One FTL participant stated that she may “have been blind to it” if there had been an impact and she attributed that to the fact that her colleagues were mostly women. Other participants of both groups reported having teams that were male- dominated but didn’t feel much of an impact associated with their gender. Some participants did discuss negative events that they attributed to being a women and their supervisors/supervisee being male.

Nearly all participants in both groups attributed their gender and management style to what they believed to be female traits. Traits such as sensitivity, consideration,
empathy, task-oriented and responsiveness have been identified by researchers as being closely aligned to nonprofit goals (Eagly & Johnson, 1990; Hale, 1999; Young & Hurlic, 2007). The researcher did find that traits such as support and sensitivity to staff needs endorsed by the participants directly correlated with the management traits they believe to be missing from their supervisors and a key component of job satisfaction and turnover. Studies also found this to be true as they found that the perception of a supportive relationships between an employee and an organization may result in the same treatment of supervisors or subordinates (Shanock & Eisenberger, 2006; Eisenberger, et al., 2010; Mawritz, Mayer, Hoobler, Wayne, & Marinova, 2012).

Participants in both groups identified multiple barriers to ACT implementation and service delivery. The barriers were work requirements, team fit hiring practices and communication/support from leadership. Participants all endorsed that they perceived ACT to be too heavily regulated and requirements such as paperwork and service delivery quotas were barriers to actual client care. Former and current team leader experiences led to the perception that ACT team management, implementation and service delivery was grossly hampered by lack of effective hiring processes. Participants in both group highlighted salary disparities and teams being staffed by individuals who were not “a right fit” as barriers.

While hiring and requirements were highlighted, participants within both groups identified lack of communication and support from leadership not only as the number one barrier, but also as a huge cause of negative job satisfaction and turnover. Throughout the interviews, many participants in both groups discussed the perception of lack of support and communication from leadership. They attributed the absence of support to
leaders’ gross misunderstanding or lack of understanding of the ACT model and its needs. Participants reported that their feelings of burnout and stress were largely due to this lack of support from leadership. One current team leader labeled the phenomenon as “a huge disconnect.” Out of the 10 participants, two current team leaders reported positive experiences within the role as it related to all themes related to job satisfaction. Their experiences supports what all participants perceive as what would be a positive experience working within ACT teams.

Chapter 5 provides an examination of the implications of the findings related to other research. It discusses the limitations of this study and provides recommendations for future research. Chapter 5 will also offer conclusions and recommendations for improving job satisfaction and decreasing turnover among NYC ACT team leaders.
Chapter 5: Discussion

Introduction

This chapter will include a summary of research related to this study, the presentation of findings and discussion of implications. Moreover, this chapter will address the limitations of the study, suggestions for future research, and recommendations for nonprofit human service organizations to improve job satisfaction and turnover issues experienced by female ACT team leaders.

The assertive community treatment (ACT) model offers a team-based, multidisciplinary, integrated care system for recovering adults with serious mental illness. This approach employs a broad-based support system to help individuals prepare to readjust and reenter daily life and into the general community. ACT team leaders are essential to ensure that teams comply with fidelity to ACT regulations and program requirements. ACT teams within nonprofit human service organizations depend on highly trained, dedicated employees to serve their clients (Salamon et al., 2012).

Employees of human service nonprofit organizations are a vital resource. In nonprofit human service organizations, women make up 66% of the workforce (U.S Bureau of Labor Statistics, 2019). Several research studies assert that women in leadership are more successful in realizing their mission, contribute economic value to the nonprofit organization, and foster greater job satisfaction among their staff (Lennon & Mitchell, 2013; Jonsen et al., 2010; Lansford et al., 2010; Nadler & Stockdale, 2012;
Noland et al., 2016). As a leader within the nonprofit sector, I have been drawn to better understand the effects of turnover rates in nonprofit organizations. Specifically, as a director overseeing behavioral health clinics, I was concerned about turnover on ACT teams. When interacting with ACT teams across the city, I have often found myself and my staff working with new team leaders and new team staff. This propelled me to research the factors that may increase turnover and impact the job satisfaction of ACT team staff and team leaders. ACT teams provide a valuable service to the most vulnerable populations served by nonprofits, and their success or lack, thereof, can affect the services provided by other teams. If an ACT team is unable to coordinate and deliver services within the provider network, it may adversely limit or disrupt a client’s other service needs.

Nonprofit organizations have reported experiencing higher turnover in leadership positions (Carman et al., 2010; Stewart, 2016), which is shared by ACT teams (Rollins et al., 2010). ACT leadership turnover directly affects the ACT operations, team collaboration, and the overall effectiveness of program fidelity (Gardner et al., 2011). Effective ACT team leaders manage team dynamics, hold staff accountable for their actions, and foster strong morale (Mancini et al., 2009). High turnover rates interrupt team operation and present significant challenges among the ACT team leaders who are the liaison between the executive and senior management leadership levels and the clinical staff (Gardner et al., 2011; Zhu et al., 2017).

Turnover within ACT teams also has negative financial tolls due to ongoing recruiting and hiring of new staff (Rollins et al., 2010). Other indirect outcomes are negative job satisfaction and lower team climate due to unequal distribution of job duties.
and shifts in the work demands of the ACT team (Rollins et al., 2010; Zhu et al., 2017). Ultimately, ACT team leader turnover can lead to dissatisfaction, lack of trust, and burnout (Rollins et al., 2010).

The study confirms that lowered job satisfaction occurs among former and current team leaders when there is a lack of: respectful treatment, trust between team leaders and management, adequate compensation, organizational support, and job security (Abdulmajeed et al., 2019; Leider et al., 2016; SHRM, 2015). The study findings aligned with prior research in the field, and identified several major drivers of turnover among former ACT team leaders in NYC: ineffective recruitment processes, few new job opportunities, negative, unsupportive organizational culture, and lack of communication (Abdulmajeed et al., 2019; Bartelt & Dennis, 2014; Bilal, et al., 2010; Eby, et al., 2012; Selden & Sowa, 2015).

Participants from each group in this study shared perceptions on job satisfaction and turnover derived from their professional experiences. From these accounts, the researcher inferred that former team leaders’ loss of motivation to remain in their leadership role was affected by the perception that the organization could not provide a supportive environment for their needs. While current team leaders also share this perception, they continue to draw on intrinsic motivations which have maintained their commitment to the role of team leader. Intrinsic motivations such as advocacy for others, the perception of helping society and enjoying interesting work have been found to be important factors in job satisfaction among nonprofit employees (Andrade & Westover, 2020).
These findings imply that understanding and addressing ACT team leaders' needs is a key factor to increasing job satisfaction and increasing retention. This study supports the findings of Andrade et al. (2020), as it suggests that organizations should develop and employ human resource strategies to encourage staff motivation to increase job satisfaction and reduce turnover.

In addition, the study aligns with Maslow's hierarchy of needs theory, which posits that employees' motivation comes from an overall satisfaction of their needs being met. When physiological needs such as compensation; safety needs such as job security, organizational respect, building self-esteem and a sense of belonging are met, employees can achieve a higher level of self-fulfillment. Employees view work through their perceptions and life experiences (Maslow, 1970; Lee, Raschke, & Louis, 2016). Accounts of study participants suggest that organizations that invest in the development of their employees by assessing where they are in relation to Maslow's hierarchy of needs, result in greater retention and improved job satisfaction of ACT team leaders. (Maslow, 1970).

On gender, participants have endorsed traits associated with women such as sensitivity, empathy, task-oriented, and responsiveness, which have been identified by researchers, as closely aligned to reaching nonprofit goals (Eagly & Johnson, 1990; Hale, 1999; Young & Hurlic, 2007). The study participants drew a correlation between the female ACT team leaders’ positive, caring interactions with staff as compensating for the lack of sensitivity and support received from managers. Studies have found that the perception of a supportive relationship between an employee and an organization is often translated in how supervisors treat subordinates (Shanock & Eisenberger, 2006; Eisenberger, et al., 2010; Mawritz et al., 2012).
The perception of the majority of the participants that gender had no impact on their leadership is supported by other research that implies gender differences are becoming less relevant in work environments (Andrade & Westover, 2020). This perception may reflect recent societal changes that attribute the increasing number of women into the workforce leading to a reduction of perceived gender differences. Factors such as age and race that may possibly affect leadership is supported by the participants’ stories and warrants further study (Andrade & Westover, 2020).

Standpoint theory provided the lens for the researcher to interpret the former and current ACT team leaders’ perceptions and narratives on job satisfaction and turnover among ACT team leaders. The team leaders’ rich data highlighted, as standpoint theory posited, their experiences within the role and perceptions that, ultimately, affected their overall job satisfaction and, in the case of the former team leaders, led to turnover (Bowell, 2019).

Semi-structured interviews were conducted with former and current ACT team leaders to elicit their narratives and perceptions of job satisfaction and turnover, and to gather their recommendations for how to raise awareness with administrative leadership in human service nonprofit organizations. The semi-structured interviews explored the following research questions (RQs):

RQ1. What influences contribute to job satisfaction and a high turnover rate for women in non-profit organizations and specifically as ACT team leaders?

RQ2. How do female ACT team leaders differ in their approach from males in the same role?
RQ3. What do female ACT team leaders identify as barriers to optimizing ACT team implementation and service delivery?

Implications of Findings

This study’s findings have several implications for improving job satisfaction of ACT team leaders and ACT staff, reducing team leader and staff turnover, and reducing the barriers to ACT implementation and service delivery. These implications stemmed from the accounts of former team leaders and current team leaders who participated in the study.

Considering the findings from this study and previous studies, human service nonprofit organizations can develop strategies and policies to achieve higher job satisfaction and lower turnover rate among team leaders, leading to improvements in patient care and overall ACT team success.

RQ1. What influences contribute to job satisfaction and a high turnover rate for women in non-profit organizations and specifically as an ACT team leader? The researcher identified four major findings as barriers to job satisfaction and turnover. These include better opportunity, inadequate organizational support, lack of program knowledge within leadership, and high day-to-day systems demands.

Better opportunity. The participants acknowledged that across the sector, human service nonprofit organizations offer a lower average salary compared to other comparable organizations. The participants cited lower salaries for the ACT team leaders and ACT staff as contributing to overall turnover. Other research studies have found that dissatisfaction with compensation has been cited as a reason for turnover. Renz (2016) and Leider et al. (2015) stated that nonprofit organizations' inability or unwillingness to
pay competitive wages has been one of the critical reasons for employee turnover. Current team leaders alluded to the organization’s preference of hiring younger and recently graduated individuals also compounds the issue of turnover. Johnson and Ng (2015) and Leider et al. (2015), cite in their research that millennials are the more likely population to turnover due to pay disparities. Losing younger staff can exacerbate a workforce shortage, as nearly all industries depend on this subset of the population to fill roles being vacated by those retiring or leaving the industry for various reasons (Coronado, Koo, & Gebbie, 2014). This finding may suggest that human service nonprofit organizations would benefit from reevaluating the compensation of ACT team leaders and other team staff. Motivating merit pay, promotion opportunities, and incentives may increase commitment and reduce turnover (Gardner et al., 2011).

**Organizational support.** Participants of both groups endorsed their love of ACT concerning the work being done, the staff they work with, and the population for whom services are provided. However, many participants elected that the perception and experience of a lack of organizational support was tied to decreased job satisfaction and turnover. Perceptions of organizational support have been shown to increase positive outcomes and motivate more positive and productive behaviors by staff (Eisenberger & Stinglhamber, 2011; Aban, Perez, Ricarte, & Chiu, 2019). The current study supported Leider's (2015) findings and contributing research on how to improve staff positive perceptions of organizational support to increase job satisfaction and reduce turnover. This study further implied that if ACT team leaders perceive greater support and acknowledgment of issues confronted within the team; job satisfaction will improve as the staff who feel they have decision making power are more likely to be satisfied (Lee,
et al., 2016). There is a strong theoretical and empirical case made by researchers that organizations that develop a climate of concern for employees (perceived organizational support) can improve individual commitment to the organization (Lee, et al., 2016).

**Lack of program knowledge within leadership.** Participants also attributed the leadership’s lack of understanding and knowledge of ACT team operations and needs as another reason for turnover. Participants felt that they had communicated operations and the team needs to leadership when space was given to do so, but a gap in understanding often remained. This finding implies that leadership may need to invest in more forums to encourage communication and the sharing of operational knowledge among administrative leadership and direct care staff. Research supports this implication, as a correlation has been found between job satisfaction and supported supervision in which space is created to facilitate the sharing of knowledge and ideas between leadership and their staff (Ellinger, 2013; Zeni et al., 2013). Within the development of these forums, leaders may also need to be trained on active listening skills that would allow staff to perceive interest and commitment from their leader to support ACT operations and needs (Vickery et al., 2015).

**Many day-to-day systems demands.** By developing strategies to improve leadership knowledge and support of team leaders and ACT teams, organizations will be better able to identify and advocate for changes to the ACT team leaders’ work demands to lessen stress and burnout. Participants of this study identified feelings of burnout as related to lack of support and the demands of ACT leadership. Participants described ACT demands as being too much and unattainable, which caused them to feel a reduction of personal satisfaction and work fulfillment (Knight et al., 2011; Metwally, 2013). The
team leaders' perceptions mirrored those of ACT team staff from six different ACT teams, who also perceived that their ACT team was not fully compliant with all program standards due to the overwhelming work demands (Randall et al., 2012). Human service nonprofit organizations would benefit from identifying and developing strategies to support ACT team leaders with the day-to-day job demands made on them and the team. This will not only allow for greater care for those served but also increase job satisfaction and reduce turnover among ACT team leaders and, ultimately, their staff.

RQ2. How do female ACT team leaders differ in their approach from males in the same role? This researcher identified one theme—gender expectations, which encompassed three categories: family background, experiences, and personal perception.

Participants asserted that they had not given much thought of their gender in relation to their leadership or different approach from men. Through their accounts of team leadership and engagement with staff, the participants reflected other research studies’ findings. Calipher Research and Development (2014) found that characteristics such as resilience, action-oriented, and skilled problem solving that were thought to be male qualities are in fact universal to both genders. Eight of the 10 participants could not identify a negative experience tied to their gender while in the role of team leader. They offered that their workforce was mainly with women who shared compatible styles that allowed for good collaboration (Fenn, 1978). Participants’ accounts and endorsement of perceived female characteristics that may be tied to family background and gender stereotypes were also supported.

Fenn (1978) and Peus et al. (2015) from their research asserted that socialization plays a big part in how women perceive their management styles. Their study findings
espouse the past assumption that there are no fundamental differences in men's and women's leadership, even though socialization may contribute to their personal perceptions of self and management style (Fenn, 1978; Paustian-Underdahl, Walker, & Woehr, 2014; Martinez-Leon et al., 2020). In earlier research, Eagly, Johannesen-Schmidt and van Engen (2003) conducted a meta-analysis research refuting this claim that investigated the transformational and transactional roles of leadership. They found women tend to concentrate on rewards and transformation, while men were more likely to punish or have a hands-off approach to management.

**RQ3.** What do female ACT team leaders identify as barriers to optimizing ACT team implementation and service delivery? The research yielded three major themes on barriers to ACT implementation and service delivery: team fit hiring practices, ACT excessive requirements, and communication.

**Team Fit.** Participants' responses noted that a barrier to ACT teams’ implementation and service delivery is in hiring staff who are not committed or are not a right fit for the position. Participants' experiences resonated with studies that posited increased costs of recruiting, hiring, and orientation have a negative financial toll and negatively affect ACT operations (Rollins et al., 2010). Many team leaders, both former and current, highlighted that most of their energy and attention is spent on ensuring that the team members are aware of and ready to carry out the ACT job requirements. Team leaders expressed that a good team maintains a positive work environment. This finding implies that human service organizations would benefit from more effective hiring processes. Participants suggested looking at candidates' interest in the work being done and salary being offered, which was previously discussed as a reason for turnover. Wells
& Peachey (2010) and Kamau & Nyang’Au Paul (2019) support this assertion as they found recruitment and team fit hiring practices are important predictors of turnover, which can be reduced by effective proactive retention practices. My study confirms that human service nonprofit organizations should engage in a careful hiring process if they wish to promote highly successful ACT teams.

**ACT excessive requirements.** Also identified as reasons for turnover, ACT excessive requirements have been examined as a barrier to ACT implementation and service delivery. Study participants detailed events in which they could not decide on specific care needs for clients because of the restriction of ACT program requirements and the billing structure. This study highlighted that overfocusing on program procedures and requirements and too little on professional engagement and collaboration can be detrimental to client outcomes. As noted in the 2020 SAMSHA research report—ACT team engagement and collaboration are vitally important to an individual in a mental health crisis (SAMHSA, 2020). Human service nonprofit organizations should develop strategies to identify, categorize, and address staff perceptions of barriers to ACT implementation and service delivery highlighted in this study.

**Communication.** Effective communication leads to positive staff morale and boosts employee’s attitudes, which in turn, influences the quality of client care (Eisenberger & Stinglhamber, 2011; Neves & Eisenberger, 2012). Participants' perceptions and experiences mirrored the findings that lack of communication from leadership is a barrier to implementation and service delivery. Similar to the findings of lack of team leader and ACT team support, and inadequate operational knowledge as reasons for turnover, lack of communication from leadership hampers the team actions.
Participants suggested that leadership should invest in forums to facilitate dialogue and to encourage an exchange of organizational knowledge, operational understanding, support, and advocacy for all ACT team needs. Participants' perceptions and experiences implied that effective leadership communication can increase job satisfaction, facilitate positive perceptions, and prevent turnover (Arslan & Acar, 2013; Žemgulienė, 2012; Kotter, 1996; Gómez & Ballard, 2013).

Limitations

One limitation of the study was excluding the variables of race, ethnicity, and age when examining job satisfaction and turnover among NYC ACT team leaders. These variables were identified by participants as possible barriers to their leadership. While 10 team leaders participated in the study, and represented nine different human service organizations within New York City, only one of the nine organizations had two participants involved, the remaining eight had a single study participant. This limited having the opportunity to hear more perspectives of a larger sample of study participants at the same organization. That would have allowed for corroborating perspectives. Another limitation was the small sample size of former and current team leaders, which does not allow for the study findings to be generalizable across the sector.

Recommendations

First, it is recommended that this study be replicated with a larger representative sample; the current study participants were associated with nine different human service nonprofit organizations within NYC. Given the small sample size, results are not generalizable to all ACT team leaders. Therefore, further exploration is warranted with a larger group of ACT team leaders, including males, who may represent the same
organization, or are from different regions within New York and other states. This may provide additional insight, especially around ACT leadership, implementation challenges, and practices. Second, a study that looks at the factors of race, ethnicity, and age connected with team leader turnover might yield new insights and would also add to the body of literature.

Third, the findings from this study have implications for ACT administrative leadership’s policy, planning, and decision-making to improve job satisfaction and reduce turnover among team leaders and other ACT team members. Specifically, recommendations urge nonprofit human service organizations to develop effective hiring strategies, enact proactive program policies, practices, and strategies to strengthen communication at all leadership levels with and support for team leaders and staff. A final recommendation is to engage ACT funders to consider increased flexibility and the reduction of ACT program requirements that participants perceived as excessive day-to-day systems demands challenging their capacity and service delivery.

**Policies and effective hiring strategies.** A growing body of literature has focused on organizational culture and human resource best practices to effectively respond to an organization’s workforce (Selden & Sowa, 2015; Traeger & Alfes, 2019). Human service organizations should ensure that human resource management is monitoring that incoming staff are fully committed and prepared to execute the responsibilities of an ACT team leader or staff member. Human resources should collaborate with executive management to enable ACT team leaders and staff to receive a competitive salary to meet their highly demanding work responsibilities and leadership expectations. It is also recommended that ACT team leaders and their supervisors receive regular training and
mentorship during the onboarding of new team leaders and staff to improve retention and ensure longevity in their positions.

**Strengthen communication and support.** All levels of human service organization leadership could benefit from attending core ACT training offered to team leaders. This recommendation is supported by Mottner and Wymer (2011), who found that leaders within nonprofit organizations needed to not only know the whole industry but also be aware of managerial nuances specific to programs under their purview. The organization should increase the knowledge base of all leadership levels through webinars, training, and fireside forums. Leadership should make all efforts to visit team meetings and forums to facilitate communication of issues affecting the team and the people being served. Supervisors should be encouraged to have regular meetings with all team leaders and managers under their supervision to allow for a safe space to share frustrations, barriers, and innovative ideas.

**ACT funding and program advocacy.** This researcher recommends that human service nonprofit organizations develop an alliance with funders to advocate for reductions/changes in requirements for ACT team programs. Organizations should seek to develop a coalition to support ACT teams' operations and service delivery. A coalition can better assist ACT team leaders to function optimally by allowing a space to discuss barriers caused by regulation and requirements; and allowing for the development of a system that better supports client care. From a city and state perspective, trying to operationalize the practical components needed to improve teams' fidelity through changes and adjustments to the requirements is an important mandate to assure the continuance of ACT teams.
Conclusion

The assertive community treatment (ACT) team model is widely endorsed as an effective, multidisciplinary approach to the recovery, rehabilitation, and vocational training for people with serious mental illness (Bond & Drake, 2015). High turnover rates in human service agencies administering ACT often hampers the quality of social and behavioral health services provided to clients (Gardner et al., 2011). Turnover of ACT team leaders also affects overall team operations, cohesion, service delivery, client-clinical staff relationships, program fidelity and training needs (Davidson et al., 2010).

The purpose of this study was to explore the work experiences and perceptions of New York City ACT female team leaders in relation to job satisfaction and turnover rates.

The study was guided by the following research questions;

1. What influences contribute to job satisfaction and a high turnover rate for women in non-profit organizations and specifically as an ACT team leader? (RQ1)

2. How do female ACT team leaders differ in their approach from males in the same role? (RQ2)

3. What do female ACT team leaders identify as barriers to optimizing ACT team implementation and service delivery? (RQ3)

The study confirms that lack of: respectful treatment, trust between team leaders and management, adequate compensation, organizational support, and job security, contribute to lowered job satisfaction among former and current team leaders (Abdulmajeed et al., 2019; Leider et al., 2016 SHRM, 2015). The study findings also
aligned with prior research in the field, identifying major drivers of turnover among former ACT team leaders such as ineffective recruitment processes, few new job opportunities, unsupportive organizational culture, and lack of communication (Abdulmajeed et al., 2019; Bartelt & Dennis, 2014; Bilal, et al., 2010; Eby et al., 2012; Selden & Sowa, 2015).

Examining factors that contribute to job satisfaction and turnover rates among women ACT team leaders in NYC human service nonprofit organizations facilitates effective retention strategies and interventions to reduce staff turnover and improve implementation and service delivery outcomes within the ACT model. Study recommendations included human resource development of policy and strategies that support staff needs and retention strategies. The researcher also recommends that leadership improve the perception of support and communication by investing in leadership professional learning opportunities of program-specific knowledge of the ACT implementation and the team leaders and staff roles and work demands. The researcher further recommends the creation of a space for leadership to communicate with staff regarding program operations and challenges that arise. The final recommendation is for human service organizations that operate ACT team programs to develop a coalition to support and advocate for a reduction in requirements that may increase burnout and hamper client care.

The current study added to the existing research body within the field to identify and consider constructive-responsive reforms to counter lowered job satisfaction and turnover of women ACT team leaders. The ACT team provides a vital role to our society as they provide support and treatment to clients at risk for incarceration, hospitalization,
homelessness, and overall diminished quality of life (Rollins et al., 2010). ACT team leaders are essential to ensure that teams achieve effective and successful implementation and service delivery based on ACT regulations and requirements (Mancini et al., 2009).

The accounts collected from this study add to the body of knowledge specific to ACT team leaders, including what they do, how they lead, and the barriers to supervising an ACT team. The findings in this study support the need for nonprofit organizations to satisfy their employees' needs, thus increasing motivations and willingness to create positive social change with the clients and communities served by the teams. Organizational leaders can take advantage of this study's findings to better understand and support their employees and provide fundamental effective retention strategies. This research can inform and assist leaders of human service nonprofit organizations to fully develop interventions and strategies for job satisfaction, retention, and reduction of turnover to improve organizational performance by analyzing their employees' needs (Word & Carpenter, 2013).
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Appendix A

ACT Core Principles

- Supportive of hope and recovery;
- Comprehensive, highly individualized, flexible and focused on learning skills related to life roles;
- Easily accessible, available 24 hours/day, 7 days/week, via the resources of an integrated multi-disciplinary mental health team;
- Respectful of the importance of cultural considerations in service delivery and design;
- Provided in the recipient’s language at all points of contact, as needed;
- Committed to building and strengthening therapeutic and family relationships across all interactions;
- Focused on recipient choice, goals and achievable outcomes, including harm reduction;
- Provided in the community in places and situations where problems arise;
- Proactive in terms of continuous monitoring and engagement efforts; and
- Available as long as needed throughout transitions.

The ACT core principles provide the framework for all ACT services and drive regulations from state to state.
Appendix B

Research and Semi-Structured Interview Questions

The session will begin with introductions and expressions of thanks to the participant for their time. Following this, the interviewer will repeat the following script: "The purpose of this study is to explore job satisfaction and turnover rates of women ACT team leaders operating NYC teams. The findings of this study may help human service nonprofit organizations develop and implement strategies to reduce turnover and increase job satisfaction for ACT team leaders and other staff within he ACT teams . . ."

<table>
<thead>
<tr>
<th>Research Questions</th>
<th>Interview Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. What influences contribute to job satisfaction and a high turnover rate for women in non-profit organizations and specifically as an ACT team leader?</td>
<td>1. How do you describe your role on the ACT team?</td>
</tr>
<tr>
<td>2. How do female ACT team leaders differ in their approach from males in the same role?</td>
<td>2. Why do you work on an ACT team</td>
</tr>
<tr>
<td>3. What do female ACT team leaders identify as barriers to optimizing ACT team implementation and service delivery?</td>
<td>3. What would you suggest facilitates sharing of knowledge, building capacity, and reciprocal communication between higher-level managers and clinical staff?</td>
</tr>
<tr>
<td></td>
<td>4. What influenced your decision to voluntarily turnover? (past TL)</td>
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<td></td>
<td>5. What keeps you as the ACT team leaders on the job? (current)</td>
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<td></td>
<td>6. What causes feelings of burnout?</td>
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<tr>
<td></td>
<td>7. What can management do to retain team leaders?</td>
</tr>
<tr>
<td></td>
<td>1. Does gender affect a Team Leader’s role on an ACT team? please provide examples?</td>
</tr>
<tr>
<td></td>
<td>2. How do you think your gender influences the way you manage the team?</td>
</tr>
<tr>
<td></td>
<td>1. How do you feel you contribute to the overall ACT implementation and team coordination?</td>
</tr>
<tr>
<td></td>
<td>2. What are some of the barriers?</td>
</tr>
<tr>
<td></td>
<td>3. How does your leadership support adherence to the ACT’s fidelity?</td>
</tr>
</tbody>
</table>
Appendix C

Letter of Support

June 2, 2020

Organizational Permission

Letter of Support

Please complete the following by check marking the permissions listed below for your approval.

☐ I hereby authorized Sasha-Marie Robinson, a student of St. John Fisher College, to use the premise and email contacts to conduct a study entitled “Female Team Leader voluntary turnover among New York City Assertive Community Treatment Teams: An exploratory Case Study”

☐ I hereby authorized Sasha-Marie Robinson, a student of St. John Fisher College, to recruit subjects for participation and allow access to communicate with the participants identified for the study.

Employees’ participation is voluntary and at their own discretion.

We understand that our organization’s responsibilities include email access to the employees. A survey email invitation to potential participants will be sent on behalf of the student researcher (Sasha-Marie Robinson) informing the employees of the study, purpose of the study, researchers contact information and the company’s support for the study. The student researcher, Sasha-Marie Robinson, will be responsible with complying with our company’s research guidelines. A presentation will be made to the company’s leadership on the findings of the study. Participants will also have the opportunity to review their interview transcripts.

I understand that the data collected will remain entirely confidential, no identifying characteristics of the company will be used in the study. The study will not be provided to anyone outside of the student’s supervising faculty/staff without permission from the St. John Fisher IRB. If subpoenaed, the company will be notified before any release of information.

Sincerely,

Joel Copperman
CEO/President
Center for Alternative Sentencing and Employment Services (CASES)
May 28, 2020
Appendix D

Demographic Questionnaire

Team Leader Demographic Questions

1. How long have you been a team leader?
   __ 1 year or less
   __ 2-4 years
   __ 5 or more years

2. How long have you worked on ACT teams?
   __ 1 year or less
   __ 2-4 years
   __ 5 or more years

3. What is your degree in?
   __ Social Work
   __ Business
   __ Public Administration
   __ Other: ______________________

4. What is the highest level of education you have completed?
   __ Bachelor's degree
   __ Master's degree
   __ Ph.D., law or medical degree
   __ Other advanced degree beyond a Master's degree

5. What is your age?
   __ 25 to 40 years
   __ 41 to 54 years
   __ 55 and older

6. What is your race?
   __ American Indian or Alaskan Native
   __ Asian
__Black or African-American
__Latino or Hispanic
__Native Hawaiian or other Pacific Islander
__White/Caucasian
__Other (specify)
Introduction Letter

Dear Team Leader:

My name is Sasha-Marie Robinson and I am a doctoral student at St. John Fisher College. I am also a licensed social worker with practice experience in both provision of clinical services and administration of treatment programs. I am attempting to conduct a qualitative explorative case study on Job Satisfaction and Turnover Rates of Women as Assertive Community Treatment (ACT) Team Leaders in a NYC Nonprofit Organization. The study will attempt to examine the perceptions and challenges that affect job satisfaction and turnover of female team leaders running New York City ACT teams. By providing a thorough description of who are ACT team leaders, the challenges they face, and how those challenges affect their job satisfaction or turnover.

The population of interest is all current or past women ACT team leaders within a nonprofit agency who have been the leader of an ACT team for two years or more. The study will utilize a demographic questionnaire and semi-structured interviews.

Participating in the study involves reading and signing electronically an informed consent statement. After signing you will be prompted to complete an online demographic questionnaire and participate in a scheduled 30-45-minute interview. The deadline to submit completed consent and demographic questionnaire is July 7, 2020.

If you know a past or present team leader who would be interested in participating, please feel free to pass along this introductory letter.

If you have any questions about my research or the nature of participation, please feel free to contact me by email at smyrobinson@gmail.com.

Thank you for your time, assistance, and interest in my research topic!

Sincerely,

Sasha-Marie Robinson
Ed. D. Candidate, St. John Fisher College, 2019