MENTAL HEALTH PROVIDER SHORTAGE IN RURAL COMMUNITIES

by

Barrow Tabe

Dissertation

Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Business Administration

Liberty University, School of Business

May 2024

Abstract

This study examined the dire issue of mental health provider shortages in rural communities in the South, exploring the unique challenges faced by rural communities in the United States. Rural communities often struggle with limited access to mental health resources, resulting in disparities in care and exacerbating the burden on individuals facing mental health challenges. This study examines existing literature, highlighting the complex nature of the problem, including geographical, socioeconomic, cultural factors, and biblical perspectives that contribute to the shortage of mental health professionals in rural communities. Instrumental challenges identified include the shortage of credentialed mental professionals, lack of healthcare investment, geographical barriers, and stigma surrounding mental health. This study also discusses the impact of these challenges on the overall well-being of rural communities compared with their urban counterparts, emphasizing the need for intervention to fill the gap in mental health care delivery. In examining potential solutions, this study examines innovative approaches such as telemedicine initiatives, cross-state licensure, and incentives for mental health professionals to practice in rural areas. It emphasizes the importance of community engagement, cultural competence, and local, state, and federal coordination for better outcomes. The study concludes by underscoring the urgency of addressing the mental health provider shortage in rural communities to enhance access to quality care and improve the overall mental health outcomes for residents in these underserved areas.

Key words: mental health, shortage, rural communities, provider

Dedication

This dissertation is dedicated to the individuals who have meant so much to me during my education journey.

First and foremost, I would like to thank the Lord Almighty for giving me the strength to undertake this journey. Through trial and tribulations, I conquered this journey as his servant.

To my late uncle, Dr. Stephen Tabe, MD, who was always the shining light in our family and a beautiful soul, this is to the promise I made to you to climb the mountaintop on my educational journey. You always believed in me even when others thought I was a rascal – RIP.

To my parents, Patricia and Simon Tabe, thank you for giving me the fundamental values of hard work, discipline, empathy, and, most importantly, integrity; your values been my north star. To my siblings, your support is immeasurable, especially my big sister Besem. Love you all.

Thank you to my wife, Dr. Michele Tabe, and our kids, Stephen and Skylar, whose patience, understanding, and encouragement have been my constant companions. You inspire me to be a great husband and father daily; I could not do this without your unwavering support. To my in-laws, Sherri and Christopher Nelson, a son could not ask for a better set of God-given parents like you are. Thank you.

To all those I served with across all military branches, through the aches, bruises, scars, and pain (both physical and mental) we did for one another. Keep standing the watch and thank you for your service.

Finally, to the patriarch of the Tabe family, late Pa Stephen Njock Tabe, your legacy lives on and your influence will continue to spread across the globe through your lineage as they achieve great things. RIP.

Acknowledgments

I want to express my sincere gratitude to the following individuals and institutions who have played a significant role in the completion of this dissertation:

I am deeply thankful to my dissertation chair, Dr. Renita Ellis, for her guidance, mentorship, and unwavering support throughout the research process. Her valuable insights and constructive feedback have been instrumental in shaping the quality and direction of this study.

Faculty and Committee Members: I thank the members of my dissertation committee, Dr. Alexander Averin, Dr. Nicole Lowes, and Dr. Terrence Duncan, for their time, expertise, and thoughtful contributions. Their constructive criticism and insightful suggestions have greatly enriched the content and depth of this work.

Table of Contents

List of Tables

List of Figures

Section 1: Foundation of the Study

This study comprehensively researched the shortage of mental health providers in rural communities. According to Reilly (2021), rural communities in the United States lack the resources to meet the growing crisis of mental health, which has led to shortages of mental health providers in their communities. This research focused on the factors that have led to mental health provider shortages in rural communities by asking pertinent research questions and defining the parameters of this case study. To better understand the shortage of mental health professionals in rural communities, a comprehensive review of the literature on mental health professionals in rural and urban communities was conducted. According to Kirby et al. (2019), rural residents who have the same rate of mental health crisis as their urban counterparts have fewer visits to mental health providers. Therefore, this research was essential to fill a gap in the existing literature on why such a disparity exists. Accepted guidance in research was used while conducting this case study. A chronological sequence was followed to develop each study section to be fully established as a future scholarly reference.

This qualitative study utilized surveys, questionnaires, and semi-structured interviews to examine the shortage of mental health providers in rural communities. The background of the problem was explained, followed by problem and purpose statements, as this was all critical in furthering the research. Existing literature was used to explore and better understand mental health provider shortages in rural communities, which was outlined to show the possible gaps in the literature. This study was essential as it may potentially fill in some of the gaps in the literature.

Background of the Problem

Current literature and studies have consistently shown the shortage of mental health professionals in rural communities. According to Reilly (2021), rural communities in the United States lack the resources to meet the growing crisis of mental health, which has led to shortages of mental health providers in rural communities. According to Johansson et al. (2019), existing medical facilities in rural communities can be used as dual diagnosis facilities to accommodate mental health providers. Tax incentives should be offered to providers willing to serve rural communities. This literature was further examined to understand its impact on rural community mental health shortages.

Problem Statement

The general problem addressed in this study was the lack of mental health professionals in rural communities, resulting in the inability of the healthcare organization to meet mental health standard of care protocols. To understanding this problem, an in-depth diagnosis of access in rural communities was required; according to Kirby et al. (2019), in 2017–2018, one third of rural counties had no psychiatrists per 100,000 (33.3%) when according to best practices, there should be 50.1% per 100,000. These statistics indicate there is a shortage of providers in critical areas, and according to Palomin et al. (2023), there is a shortage of mental health professionals in rural communities due to disparities in rural communities versus urban health communities, resulting in 21.2% of nonmetro adults or 7.3 million adults not having consistent mental healthcare providers.

These disparities can be seen in patient outcomes; patients in rural communities received mental health treatment less frequently and often by providers with less specialized training than those in metropolitan locations, resulting in a lower standard of care (Morales et al., 2020). The

specific problem to be addressed was the lack of mental health professionals in rural healthcare communities in the South, potentially resulting in the inability of the healthcare organization to meet mental health standard of care protocols.

Purpose Statement

The purpose of this flexible design single case study aimed to expand the understanding of the reasons behind mental health provider shortages in rural communities and the effect it has on those communities and healthcare outcomes. This study examined some of the driving factors in mental health provider shortages in rural communities and searched for a specific influence on why urban communities can attract more mental health providers than rural communities. Using a constructivist paradigm and qualitative research questions, a framework was developed to understand the reasons for the shortages of mental health providers in rural communities.

The constructivism paradigm allows researchers to apply learned knowledge to the study (Padirayon et al., 2019); thus, the problem in this study was addressed when providers in rural and urban communities responded to a survey, questionnaire, and semi-structured interview. The feedback was critical to understand better why providers leave rural communities, which creates shortages of mental health providers because of a preference for urban communities. According to Kirby et al. (2019), mental health patients in rural communities have fewer opportunities to get mental health treatment than their urban counterparts due to shortages in mental health providers. This research may serve as a roadmap for providers and policymakers to fill the gap in the shortages of mental health providers in rural communities.

Research Questions

The core of exploring any research direction is composing research questions to generate the necessary background information to enhance that research. As a first step towards

identifying a research question, a literature search can provide information on what is already known on a subject, the types of studies already undertaken, and what questions previous research has left uncertain (Delman et al., 2023). The research questions selected for this study played a critical role in developing the essential theories of this research.

RQ 1. Why are mental health providers leaving rural healthcare communities?

RQ 2. How can rural healthcare communities increase the retention rate of providers?

RQ 3. What barriers in mental health credentialing hinder organizations' ability to hire qualified mental health professionals?

Discussion of Research Questions

The first research question was especially important as it addressed a vital issue facing rural healthcare: mental health providers leaving rural healthcare communities. Exploring why mental health providers are leaving rural communities is vital to understanding changes that can be made to avoid this trend (Probst et al., 2019). The second research question was critical because it relates to the first question and the need to retain rural community providers. Without providers in rural communities, there will be disparities in care due to shortages. As Sarfraz et al. (2021) stated, rural communities need to find tangible ways to retain mental health providers and continue to recruit more mental health providers to rural communities. The third and final research question was vital to addressing mental health provider shortages in rural communities. Several credentialing elements are required to practice as a mental health provider; without such credentials being standardized, it is difficult for mental health providers to move across the state or certain regional lines without uniform credentialing (Beals et al., 2017). Each question played a pivotal role in developing this case study. The questions delved into the core of mental health provider shortages in rural communities.

Nature of the Study

Access to healthcare was one of the essential aspects of outcomes. Several factors affect rural versus urban mental healthcare in the United States. Myers (2019) stated that the residents in rural communities are older than those in urban communities. Urban community residents also tend to be healthier than those in rural communities, who face more serious chronic diseases at a higher rate than those in urban communities. Unlike urban communities with readily available access to healthcare, rural communities face severe hurdles and challenges regarding access and quality of care tied to the shortage of mental health providers.

According to the Health Resources and Services Administration (2019), there is a massive shortage of mental healthcare health professionals, with estimates being around a 5,042-provider shortage in the United States, many of whom are in rural communities. The federal government designates an area as a Healthcare Health Professional Shortage Area (HPSA) if there is not at least one provider per 30,000 people. These shortages of mental health providers in rural communities have a far-reaching impact on rural communities that cannot truly be measured; however, this research filled in some gaps to better understand some of the shortages' effects on rural communities. These disparities in care can sometimes affect different segments of the population. According to Sarfraz et al. (2021), minorities, especially African Americans and Hispanics in rural communities, have poorer access to medical care; according to current literature examining disparities in healthcare in rural versus urban communities, Whites and non-Hispanics in urban communities experience far better health outcomes.

Discussion of Research Paradigms

The primary research paradigms were positivism, post-positivism, constructivism, and pragmatism. Each paradigm brought a unique perspective to this research and expanded the case

study. According to Atiq (2023), positivism is a theory that believes knowledge should be objective and free from bias from the researcher's values and beliefs. A researcher's bias can always impact the outcome of a research. Researchers must understand potential preferences and do everything possible to avoid them. Only then can the researcher follow acceptable analysis methods, which other researchers can validate. According to Young and Ryan (2019), post-positivism suggests context matters in every aspect of research, and researchers need to have that understanding in conducting a case study. Researchers sometimes hesitate to look at the context when researching as it could be perceived as a bias. However, researchers must factor in the research context to understand any case study better.

Following the research guidelines prevents an investigation from being biased rather than the perception of a research paradigm. The next paradigm is pragmatism, which focuses on how action and change play an essential role in knowledge, as the two are codependent (Spano et al., 2020). From that perspective, this paradigm is a rational view of what works and how it can be implemented. Pragmatists reject the idea of a single research method, instead of using several methods for the best outcome when conducting research. Finally, as Padirayon et al. (2019) observed, constructivism suggests that knowledge constantly evolves based on experiences. As learners construct knowledge rather than passively taking in information, the learners develop based on what has been learned. This theory was critical because when conducting research, researchers must use knowledge learned over the years to guide the research while remaining unbiased.

The research paradigm selected for this research was the constructivist paradigm. This research method gives the researcher some license to apply learned knowledge to the collected

data. As elaborated by Padirayon et al. (2019), constructivism suggests that researchers apply intellectual knowledge to some study elements, thereby integrating human expertise into a study.

Discussion of Design

Research design was an essential part of this research as the selection significantly impacted how the research was conducted. Leatherdale (2019) stated that fixed design follows a pre-set or predetermined design, or a sequence, before data collection and is usually driven by theory. The data-gathering tools for fixed-design research cannot be amended during the study; this type of research design is typical for quantitative analysis. In contrast, a flexible design offers data collection freedom (Allaverdi & Browning, 2020). One essential aspect of flexible design is receiving feedback that may change the research trajectory. The researcher may analyze the information collected and make critical decisions on the research direction based on the information received. Another design is the mixed-method approach, which involves integrating qualitative and quantitative data with a single investigation (Leatherdale, 2019); this is an emergent form of research to broaden the researcher's scope.

This qualitative study was conducted using a flexible design; specifically, a single case study design was used. This flexible design was appropriate for this research because, per Allaverdi and Browning (2020), it allows for changes during an experiment or trial based on interim feedback. It can synonymously be substituted with adaptive design. The static method was not selected because this research did not follow a predetermined design. The mixed method was not chosen because this was qualitative research. The quantitative data would have only enhanced the research rather than defined the research. Furthermore, flexible design aligns with the research paradigm, which gave the researcher some license to apply learned knowledge in the study.

Discussion of Method

The study was conducted with a flexible design using a qualitative method. However, each methodology was explored to understand which best suited this research. Once the research types were known, it helped narrow down the methodology used for the study. The specific method selected was critical in forming the foundation of the research. Each of the five qualitative methodologies was further examined to determine which would best suit this research.

Narrative Research. According to Papakitsou (2020), narrative research collects and analyzes people's accounts to illustrate experiences and recommend interpretation. The key instrument in narrative analysis is input from the people based on subjective experiences. The narrative view of research can be challenging because an experience by one person or a single group may not necessarily be the same experience by a different group of people if put in the same scenario. According to Papakitsou (2020), narrative research provides an option to explore subjective experiences beyond the boundaries of a questionnaire, providing insight into decisions involving treatment, screening, or various health practices, which can help guide how healthcare services are developed and delivered. The narrative view can play a significant role in conducting case study research but will have some tremendous hurdles because not all actors in a study are experts in the field of research to provide valuable feedback to enhance the analysis; therefore, the narrative research methodology was not the best research method for this study.

Ethnography. Ethnography research is similar to narrative research in some ways. According to Goldschmidt (2019), ethnographic research is a qualitative method for collecting data often used in the social and behavioral sciences. Data are collected through observations and interviews to determine how societies and individuals function. These conclusions are crucial in

setting up the foundation for the research and better understanding how the organization works from the perspective of the participants or actors of the research. However, ethnography was not the best research type for this study because observations were not a valuable tool in conducting this study since the critical information needed for this research was obtained from historical data and trends.

Grounded Theory. As Turner and Astin (2021) noted, grounded theory aims to discover or construct theory from systematically obtained and analyzed data using comparative analysis. While the grounded theory is inherently flexible, it is a complex methodology. One critical element of grounded theory is the amount of data that must be collected and analyzed. The grounded theory method was not the best for this research as it is more suited for quantitative analysis than qualitative research.

Phenomenology. Phenomenology uses first-person events and lived experiences to understand the phenomenon (Stolz, 2020). This methodology involves interviewing people who have experienced the same phenomenon to understand the meaning of the phenomenon. It sees consciousness as established through knowledge, not the work of an intangible mind. Phenomenology takes all perception as intentional; in other words, when people try to make sense of something, there is a background of lived experience related to that perspective. This methodology addresses the phenomenon experienced by a group of people and was not the best fit for this research.

Case Study. The case study approach allows in-depth, multi-faceted explorations of complex issues in their real-life setting (Diop & Liu, 2020). The issue of mental health provider shortages in rural communities is a complex and multi-faceted issue that affects healthcare outcomes in rural communities; thus, a case study was the most appropriate selection for this

research. According to Cole (2023), case study research is a detailed form of research that encompasses an array of data sources used to diagnose real-life scenarios in conducting research. Understanding the shortages of mental health providers in rural communities is a complex issue, and several sources of gathering and interpreting information were needed to understand the problem entirely. The specific case study type was the single case study. This method was more appropriate than the other methods because it captures the core of the research subject and enhances the research paradigm of understanding mental health shortages in rural communities.

Discussion of Triangulation

This research was conducted using several sources of information to enhance the study. Data were obtained from the National Institute of Health (NIH), questionnaires, semi-structured live interviews, surveys, and open-source information from rural information health systems, a combination of rural hospitals in the South. As Farquhar et al. (2020) elaborated, triangulation is recommended when conducting case study research because of the variety of data sources used in this research method. There are several ways to conduct research, and using a suitable research method makes a difference in the outcome of the sorted information.

There are similarities between method and data source triangulation (Moon, 2019). Data source triangulation uses several sources to collect data, while method triangulation focuses on a sole source as a form of data collection. Each method has qualities that benefit the researcher based on the research, as sometimes multiple sources are needed for research rather than just a single source in gaining data critical to understanding the self-competence of care received by the participants. The methods used for this study were data triangulation and method triangulation. In research from Farquhar et al. (2020), using various data sources, including

space, time, and person, for a study is described as data triangulation. Whatever the findings, they must be independently corroborated by other researchers.

Whenever there are witnesses in the research, the strength of all the data compensates for the multitude of witnesses, which gives more credence to the research. Case study research is all about the study's credibility, and this method ensures that the research can stand the test of time. Methods triangulation was the next selected method for this research. According to Farquhar et al. (2020), methods triangulation uses multiple methods to study a situation or phenomenon. The intention was to decrease the deficiencies and biases from any single approach. Method triangulation impacted the study by reducing the probability of preferences during this research, as there is always a probability for bias due to the human factor.

Summary of the Nature of the Study

The problem of the shortage of mental health providers in rural communities is a complex and multi-faceted issue. This case study explored some reasons for these shortages using approved research methodologies. A research paradigm was selected to help the researcher better understand this problem. The chosen paradigm was constructivism because it allowed the researcher to apply knowledge to the information collected during the research. Every other aspect of this case study, from the research design, method, and triangulation, tied in with the overall theme of the study, as it gave the researcher some license to conduct qualitative research while applying the knowledge to the information in gathering data based on questionnaires, surveys, semi-structured live interviews, and open-source information in understanding the specific problem being researched.

Conceptual Framework

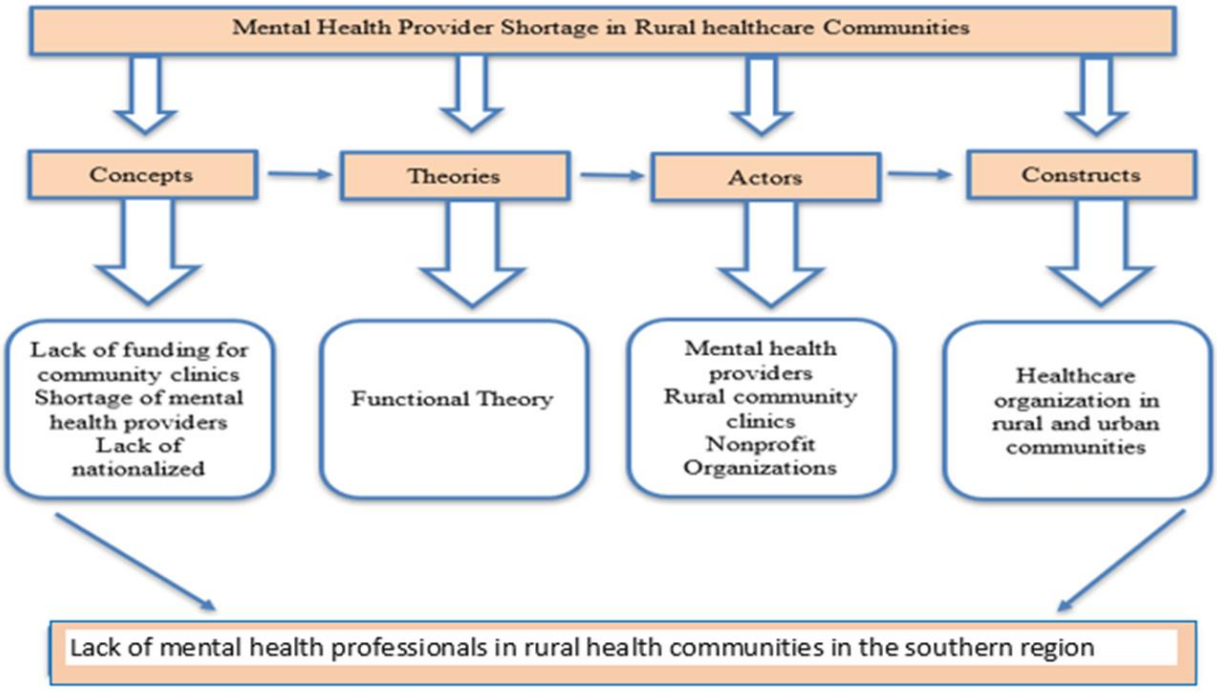
As Varpio et al. (2020) described, a conceptual framework is a specific exploration of an aspect of the theoretical framework. The conceptual framework is developed based on a literature review of existing studies and theories. Understanding which concepts applied to this study was critical in researching the problem. In case study research, one of the most important things is understanding the constructs, and broad study topics are considered constructs (Compeau et al., 2022). In other words, theoretical meanings can define what constructs are. They can be abstract and do not necessarily need to be directly observable. Examples of constructs include intelligence or life satisfaction. This case study examined the shortage of mental health providers in rural communities and its impact on those communities and patients. Several tools were utilized to explore the problem during this case study. Qualitative research was used to attain information for this research because it allowed the researcher to ask open-ended questions of the different actors. Some actors involved in this research were nonprofit community clinics, mental health providers, and rural community clinics. A research framework laid out all the concepts, theories, and methodologies used to conduct this research. After data collection, every critical issue from the collected data was laid out and analyzed to ensure the information was accurate and free of biases.

This diagram in Figure 1 illustrates the flow of this case study and how each aspect interacts with the other. It starts with the problem being researched: health provider shortage in rural healthcare communities. The problem being researched was a crucial aspect of developing the rest of the research, leading to the concepts, theories, actors, and constructs defined as part of the framework. The final aspect of the framework was the specific problem addressed: the lack of mental health professionals in rural health communities in the Southern region of the United

States. These aspects show how the framework interacts with each facet of the case study research.

Figure 1

Relationships Between Concepts



Concepts

Some of the concepts explored in this study include the following: (a) lack of funding for the community clinics leading to clinic closures, (b) lack of mental health providers in rural communities resulting in clinic closures, and (c) lack of nationalized credentialing leading to mental health providers not meeting state standards of practice. Kraus (2019) stated that standardized credentialing can be critical in addressing provider shortages in rural communities. These concepts relate to the study's findings because funding affects investments in rural communities. The lack of resources would be a lack of funding, leading to the closures of rural community clinics. As explained by Clark et al. (2023), among people living in rural areas, poor

emotional health is a determinant of higher rates of suicide and substance use due to a lack of resources. Closures of clinics in rural communities would lead to the mental health providers in that rural community moving on to other areas.

Another concept identified as part of this research is the lack of nationalized credentialing, which impacts mental health professional's ability to practice in different regions, especially impacting rural communities with few resources. Peck et al. (2021) asserted that state-mandated continuing education for professional healthcare licensure renewal has long been controversial in the United States. Standardized credentialing can be critical in addressing provider shortages in rural communities.

The concepts discussed during this research can be linked to the themes discovered. The lack of funding for community clinics leading to closures is linked to the theme of resources. As Cole (2023) indicated, omitting nearly half of all master's-level mental health providers intersects with an existing mental health provider shortage that disproportionately affects rural areas, directly leading to a shortage of mental health professionals in rural communities.

The next concept explored was rural communities' lack of mental health providers, leading to clinic closures. This concept also aligned with the theme of work resources. Mental health professionals are an essential resource for keeping rural community clinics open. The final concept discussed in this research was the lack of nationalized credentialing, leading to mental health providers not meeting state standards of practice. This concept aligns with the theme of licensure. This study examined the importance and value of licensure for mental health professionals and its impact on working in rural communities and providing quality care.

Theories

The theory which was applied to this study was functionalism theory. The basic premise of functionalism is that several fundamental blocks make up a complex society (Wilson, 2020). In this study, the importance of rural communities having the resources needed to address the mental health needs in their communities was examined. If rural communities can have the funding and resources to attract mental health professionals, addressing the needs of disadvantaged communities would be good for the overall society.

According to data from the World Health Organization (WHO), the global prevalence of mental disorders among children and adolescents ranges from 12% to 28%, which is currently rising (Fan, 2022). This goes to the core of the functionalism theory and its principles of a complex society needing blocks to work together. This theory discussed society's complexity and the importance of society's blocks to function in unison. Incentives, a key aspect examined in this study, play an instrumental role as part of the block that creates a functioning, balanced society.

Actors

Providers in the mental healthcare community play an integral role in the conceptual framework. Mental health providers provide care to rural and urban community clinics; providers are essential for a functioning healthcare system. Without providers, care cannot be rendered professionally. Mental health providers are professionals who diagnose mental health conditions and provide treatment; they hold a master's degree or more advanced degree and have received training to accompany specific credentials (Fish & Mittal, 2021). These providers are essential to keep rural community clinics functioning profitably. Rural and urban clinics are critical to the research because they go to the core of specific problems faced by certain

healthcare organizations and provide care that is on par with urban community clinics. According to Tarlow et al. (2020), rural-residing individuals experience mental disorders at rates similar to their metropolitan counterparts; however, rural communities have poorer access to mental health resources and, in some cases, poorer outcomes. As indicated in Figure 1, the actors are identified as the mental health providers and the rural clinics that provide care for their rural communities and include psychiatrists, psychiatric nurse practitioners, psychologists, social workers, counselors, and all mental health professionals.

Mental health consumers are also an integral part of the actors and include the patients who will or have received mental health care or treatment from a mental health provider (Chee et al., 2019). The mental health consumer was an essential factor in this study as it sought to understanding if there is a shortage of providers to meet the needs of the mental health consumer. The mental health provider and consumer are two important actors who tie into credentialing agencies, which are responsible for setting the standard of practice for mental health providers. As observed by Jung and Lushniak (2019), boards must set standards that require specific training that incorporates clinical skills particular to the provider and non-clinical skills based on preventive medicine residency training competency requirements. Credentialing agencies were essential to this study in understanding their role in addressing mental health provider shortages in rural communities.

Constructs

Due to career opportunities and compensation limitations, rural hospitals and healthcare centers usually have ongoing career openings for all departments. As a result, service quality, provider satisfaction, and scarcity tend to be the norm in rural communities (Dos Santos, 2019). Providing quality healthcare services globally remains the most important shared responsibility

and opportunity to improve people's health. Quality suffers when there is a shortage of mental health professionals in rural communities. Quality of service can occur when insufficient mental health professionals see the patients in a rural community (Matlala et al., 2021). The few providers in such a scenario may become overwhelmed with the number of patients, which can compromise the quality of care received.

Relationships Between Concepts, Theories, Actors, and Constructs

Each facet of this case study amplified the research to understand rural community hospitals' problems better. The concepts of lack of funding for community clinics leading to closures, lack of mental health providers in rural communities resulting in clinic closures, and lack of nationalized credentialing leading mental health providers to not meeting state standards to practice ties within the theory of functionalism because the functionalist perspective sees society as a complex system whose parts work together to promote solidarity and stability (Keltner et al., 2022). This approach looks at society through a macro-level orientation and broadly focuses on the social structures that shape society. The shortage of providers in rural communities is a complex issue; it causes instability in the system for rural communities' health systems. However, functionalism theory shows the importance of stability through collaboration for all human interests (Ormerod, 2020). For this theory to succeed, actors need to play a critical role in its success, and providers are key to the success or failure of rural communities' health centers. Functionalism theory ties in with the constructs of this case study: provider satisfaction, provider retention, rural scarcity, and service quality. As the issue of provider shortage was explored in rural community health systems, these constructs were explored to understand why these exist and the impacts they may or may not have on provider shortages.

Summary of the Research Framework

The conceptual framework forms the core of any research. Piat et al. (2022) expressed that the conceptual framework contains interrelated objectives and fundamentals. The objectives identify any study's goals and purposes, which give the researcher a pathway to conduct effective research. According to Daraio and Vaccari (2020), good research must be evaluated and utilize accepted research principles. The conceptual framework laid the groundwork for all the elements that were important for this case study. The concepts, theories, actors, and constructs all tie together, which are key to conducting effective research.

Definition of Terms

The terms discussed for this research were defined as applied in this case study.

Credentialing: There is a need for nationalized credentialing in healthcare, giving providers of the same background and training universal access to provide care (Thornton, 2023). This research used credentialing to describe the professional qualification standard expected of mental health providers.

Funding: There has been a drastic increase in mental health funding from the federal government through the Affordable Care Act (Beatty et al., 2020). This increase in financial resources has occurred during the current administration. Funding, as used in this research, refers to providing the financial resources required to sustain a clinic's program.

Mental health: According to new research, mental health deals with psychological, emotional, and social well-being (Substance Abuse and Mental Health Services Administration, 2023). For this study, mental health addresses people in rural communities who struggle with emotional, social, and psychological well-being and experience limited access to resources.

Protocols: As Lienhart et al. (2022) observed, protocols are guides and procedures used to communicate a process. For this research, protocols were the processes for mental health providers to follow in providing care to people in rural communities.

Rural communities: For this study, rural communities are communities with small population densities. McAlexander et al. (2022) stated several classifications and diverse types of rural communities exist. Still, the central theme concerns population density, which considers 10,000–49,9999 people as a rural community.

Shortage: Shortage refers to not having enough supply to meet demand. As elaborated by Johnson and Brookover (2020), there is a shortage of physicians in the United States, and the shortage is predicted to get worse, meaning there are not enough providers to meet the demands of patients. According to the Health Resources and Services Administration (2019), there is a huge shortage of mental health professionals, with shortage estimates of 5,042 providers in the United States, especially affecting rural communities. The federal government designates an area with a shortage if there is not at least one provider per 30,000 people.

Virtual alternatives: Caloni et al. (2021) described virtual alternatives as methods for providers to see patients through technology even though they are not physically present in the same location. For this study, virtual alternatives referred to contact between mental health providers and patients in rural communities through technological means from various locations.

Assumptions, Limitations, Delimitations

Assumptions are facts that can be verified (Sus & Puszko, 2020). As in any research, it was incumbent on the researcher to understand the potential risk while conducting the study and have a plan to mitigate the risk. As in any research, there are always potential weaknesses, which in this case were the study's limitations. Understanding how these limitations impacted a

survey's or questionnaire's outcome was essential. Every study has its delimitations because it is critical to understand the scope of the study, as a case study without a range cannot be clearly defined. Each of these factors is explored in the following sections:

Assumptions

This case study was meant to explore the shortage of mental health providers in rural communities. Any research must consider several assumptions as they can significantly impact the outcome. Some of the assumptions considered which could have impacted the research outcome are discussed in the following sections.

Responding Honestly to Questions by Participants. As elaborated by Meisters et al. (2023), misrepresentation of the truth in responding to questions can derail the outcome of a case study and impact the research findings, rendering the research inaccurate. According to Feyereisen et al. (2021), there is a shortage of mental health providers in rural communities, and several factors can be attributed to this shortage. This study assumed that mental health providers responded truthfully to the researcher about the reason for choosing urban areas over rural areas. There is an obvious risk in relying on mental health providers to provide honest feedback for selecting urban over rural areas. As Holtmann et al. (2020) described, there is always a risk when conducting research, and implementing mitigation is essential for risk management. A large sample was a way to mitigate the risk of providing false information.

Sufficient Evidence from Interviews and Surveys. A key to this qualitative research was to conduct semi-structured live interviews with mental health providers to understand the factors that impacted accepting positions in rural versus urban settings. Feyereisen et al. (2021) identified a shortage of mental health providers in rural communities, and several factors can be attributed to this shortage. Semi-structured interviews, questionnaires, and surveys are a critical

part of any research, as the information from them is relevant in understanding the nature of the collected data. According to Adeoye-Olatunde and Olenik (2021), the risk is the questions that may not comprehensively explain the experience for the participants. It was important to have a way to mitigate the risk of incomplete information needed for the research. According to Allaverdi and Browning (2020), a flexible design offers data collection freedom. One essential aspect of flexible design is receiving feedback that may change the research trajectory. Since flexible design has open-ended questions, the questions can always be recrafted, so the participants have a clearer understanding of what is being asked by the researcher. Recrafting the questions mitigated the risk of the semi-structured live interviews, questionnaires, and surveys not having enough data for the research.

Comprehension of Research Questions. A fundamental part of conducting research is having participants answer questions; the questions must be comprehensive to the participants. Participants of this research were actors in the research in that these participants played a role in the outcome of the research. According to Pessoa et al. (2019), participants' failure to understand the question poses a risk to the research. The questions must be clear without any ambiguity, so the participants have no doubt what the researcher is asking. When there is a risk of not understanding the question, it is important for the researcher to ask the participants if the questions are clear and understood as a means for participants to explain what they believe the questions are asking; this method was used in this study the to mitigate the risk.

Limitations

Understanding the research limitation played a critical role in addressing the weaknesses of this case study. Limitations can impede research, so it was important for the researcher to

understand how best to address them. Mitigations being put in place are a crucial step in addressing the limitations of any study.

Global Pandemic Effect. One of the essential weaknesses of this research was getting feedback from mental health providers during a global pandemic. According to Leucht et al. (2022), limitations pose hindrances to researchers but do not prevent the researchers from conducting the research. Understanding the hurdles prepared the researchers to overcome potential limitations. The input from mental health providers was critical for this study; with several restrictions due to the COVID-19 outbreak across the globe, access to key actors was challenging in conducting the research. However, this limitation was mitigated by following the protocols and guidelines set forth by the Centers for Disease Control and using teleconferences.

Sample Size Constraint. According to Alvarez et al. (2021), the population size in a case study can determine the study's outcome. A limited number of people in a case study should not be considered the population's general view. The limited amount can pose a serious risk to the limitation of this research because the sample size for a case study is normally between 15 and 30 people. The sample size should not prevent the research from being conducted, but the researcher must find a way to address the small sample size's impact. One way to mitigate the small sample size would be to focus on study features that the researcher can control, such as research locations and the specialty of the actors in the research.

Specificity of Research to Industry. This research was conducted on a specific industry, the healthcare industry, and it was narrowly focused on the shortages of mental health providers in rural communities. As a result, it was important not to assume that the findings may be applied to other industries not associated with the healthcare industry. The risk of this limitation is unique because nothing may be done to truly address this limitation since the specific research

problem was a shortage of mental health providers in rural communities, which is industry specific. However, according to Saeed and Kersten (2020), a cross-industry multiple case study would be another research method that can be used to understand the similarities or differences among different industries while conducting comprehensive research.

Delimitations

This case study was focused on mental health provider shortages in rural communities. There are several types of communities and different providers; however, that was not the focus of this study. The scope was limited to mental health providers and rural community shortages. As described by Lityński and Hołuj (2020), boundaries are essential to any research, giving the researchers a scope of what to include and exclude from the analysis. Without boundaries, the research can be too broad and diverted from the core of the study. This case study kept the scope to rural communities in the southern United States. The focus could impact the research because the study did not cover every rural area or all physicians; the focus was rural communities and mental health provider shortages in the South.

Significance of the Study

The significance of this study was to understand the reasons behind the shortages of mental health providers in rural communities. As elaborated by Malayala et al. (2021), there is a shortage of providers in rural communities across the United States. To further understand the current trajectory of mental health provider shortages in rural communities, factors that cause shortages were explored as an essential part of this research. This study examined the factors leading to mental health provider shortages in rural communities. Per Gizaw et al. (2022), there is an array of ways rural communities can transform the current system, leading to the shortage

of mental health providers in rural communities. This study used qualitative research questions to understand why and what leads to shortages of mental health providers in rural communities.

Reduction of Gaps in the Literature

This case study serves several purposes, one of which is to fill the gap in the current literature on mental health provider shortages in rural communities. A critical factor in understanding gaps was examining mental healthcare outcomes and care received in rural versus urban communities. Many factors impact mental health care supply in rural communities compared to their urban counterparts. According to Myers (2019), the residents in rural communities are older than the residents in urban communities. Urban community residents also tend to be healthier than those in rural communities, who face more serious chronic diseases at a higher rate than those in urban communities. These statistics are a critical factor in creating a gap in healthcare outcomes.

This case study also addressed the shortage of mental health providers in rural communities, as current literature has not fully addressed this vital gap. According to Myers (2019), technological changes can significantly address rural communities' mental health provider shortage as more providers can provide care without physically being at the location. However, the literature still leaves a gap in addressing the current issue of mental health provider shortages. This case study explored all the existing literature that addresses a shortage and how these shortages can be tackled. As stated by Myers (2019), the shortage of mental health providers in rural communities continues to persist because all the gaps in the literature have not been entirely covered. This case study adds to existing literature and fill some gaps in mental health provider shortages in rural communities, providing a better understanding of the

fundamentals that have caused the shortages of mental health providers and their impact on rural communities.

Implications for Biblical Integration

Several biblical principles tie into the concepts explored in this case study. The first concept to research and its biblical principle was the lack of funding for community clinics, leading to clinic closures. The English Standard Bible (*ESV*, 2001) stated, “As for me, I am poor and needy, but the Lord takes thought for me. You are my help and my deliverer; do not delay, O my God!” (Psalm 40:17). Rural community clinics do not have the type of funding of urban clinics, which often leads to clinic closures. According to Henry and Loomis (2023), the financial suitability of rural clinics is primarily associated with their location. Lack of financial suitability means rural community clinics do not have the resources because the clinics are in rural areas. The Bible (*ESV*) commands people to helping the least amongst them: in this case, the rural communities that lack the resources to open clinics. The next concept with biblical implications is the lack of mental health providers in rural communities, resulting in clinic closures. The Bible verse (*ESV*, 2001) that implies this concept is found in Psalm 72:12: “For he delivers the needy when he calls, the poor and him who has no helper.” According to Schultz et al. (2021), there is a significant gap in mental health providers in rural communities, resulting in clinic closures. The Bible talks of the needy and poor having no helper, which can be interpreted as rural communities having a shortage of mental health providers. The biblical significance of this verse is important because it relies on faith even when everything seems lost.

The last concept explored with biblical implications is the lack of nationalized credentialing, leading mental health providers to fail to meet state standards of practice. Kraus (2019) stated that standardized credentials can address provider shortages in rural communities;

however, there is no unified standard. The biblical message with significance related to this concept is “I appeal to you, brothers, by the name of our Lord Jesus Christ, that all of you agree, and that there am no divisions among you, but that you are united in the same mind and the same judgment” (*ESV,* 2001, 1 Corinthians 1:10). The appeal for unity is significant because a disunified systems or people hinder progress and collaboration.

Benefits to Business Practice and Relationship to Cognate

This case study was significant as it contributes to existing literature and benefits businesses. According to Zemel and Norris (2023), technological advances are helping bridge the gap between rural and urban healthcare communities. This study exposes the existing gaps and from a technological perspective encourages businesses to find ways to use technology to reach people in rural communities. Knowledge of this gap can enhance the growth of technology for the companies, which would benefit and increase the profit share of the companies while also reaching more customers in rural communities. The relationship to the cognate being researched is the shortage of mental health providers in rural communities, and technology can be used to address the gaps in mental health care. According to Masulis et al. (2023), businesses always have an opportunity for growth and expansion when collaborating with other companies.

The healthcare system specializing in mental health can form business partnerships with primary care organizations. This kind of collaboration will benefit both the business and the rural community. In business terms, this would be considered a horizontal integration, which, according to Daniel and Joseph (2019), deals with related businesses merging for growth and benefit. Alignment with the cognate is necessary because of a shortage of mental health providers in rural communities; companies can integrate with other companies performing healthcare in different specialties for growth and help the rural community clinics. According to

Garbuio and Lin (2019), there is rapid growth in the healthcare industry, especially with artificial intelligence. Due to shortages, such change will benefit businesses, consumers, and rural community residents without access to mental health providers. The focus on business use of technology is related to the cognate because rural communities lack mental health providers. With evolving technology, a business may benefit significantly in the healthcare arena.

Summary of the Significance of the Study

This research case study was significant in several ways and addressed at several points during this analysis. In looking at reducing gaps in the literature, this study exposed gaps in the current literature on mental health provider shortages in rural communities. Also included was literature showing how this study could add to existing literature. Next, the implication of biblical integration and the significance of this case study were explored. There are several concepts in this case study. Each concept was tied to a biblical verse to show its relevance: (a) the lack of funding for the community clinics, leading to clinic closures; (b) the lack of mental health providers in rural communities, resulting in clinic closures; and (c) the lack of a nationalized standard for healthcare providers. All these concepts contributed significantly to the core of the study and demonstrated the biblical links of caring, unity, and assistance to the least among us. The Bible is relevant in all research because there is a God who guides the researcher and the research subjects. Not every participant in this study had the same belief or value system as the researcher, but that had no impact on the analysis because the research methodology was an acceptable research method. The biblical integration serves as a guide to see the relationship between abstract subjects and different teachings in the Bible and how these two connect.

A Review of the Professional and Academic Literature

Reviewing professional and academic literature was an important part of this study that helped craft the research direction. Adding to existing literature was only possible because the researcher compared and contrasted the varying viewpoints on mental health provider shortage in rural communities. According to Kirby et al. (2019), rural residents have the same rate of mental health crisis as their urban counterparts but have fewer visits to mental health providers. Several factors were examined regarding a variance in mental health visits amongst rural residents. However, Myers (2019) argued that the residents in rural communities are older than those in urban communities and tend to have more health issues, which would make the rural community system saturated rather than have a shortage. These viewpoints were further explored in this research to understand their validity. According to Gutierrez et al. (2020), technology is changing the healthcare access trajectory in rural communities. There are several reasons why there is a mental health provider shortage in rural communities, and access to technology was explored to understand if it makes a difference when it comes to mental health provider shortages. This literature review laid the foundation for this research, providing the existing perspectives and filling the existing gap or adding to the current literature.

Business Practices

Business practices are an essential aspect of creating any successful business. Several core ingredients define an organization's business practice. According to Caldera et al. (2019), companies have used the lean process more efficiently, affecting hiring practices in rural healthcare centers. The process of managing limited resources using the lean process was explored in the healthcare environment and how it impacted rural mental health providers to understand how this principle shapes an organization and its practices. Once accomplished, the

researcher further examined how the lean process can exacerbate rural mental health provider shortages when implemented as part of the business practice. The lean business practice is related to the problem being studied because business practices include allocating resources and prioritizing based on the ability to grow revenue, impacting rural healthcare systems and provider shortages. According to Giusto et al. (2023), there are enormous disparities between the care provided to rural and urban communities. When there is a disparity in care, creating a shortage in mental health providers, businesses and local governments must find ways to address the shortages. Exploring how companies used this knowledge to fill the gap where care shortages exist in the healthcare system was essential in addressing the shortage of mental health professionals in rural areas. Filling the gap is related to the research cognate because this research explores the shortages of mental healthcare providers in rural communities.

There are still issues of mental health provider shortages in rural communities. According to Gizaw et al. (2022), rural areas have historically struggled with shortages of healthcare providers. This literature review explored how advances in communication technologies have impacted rural healthcare systems, as this was vital in understanding the other options available to address shortages of mental health providers in rural communities. Also examined were how providers find ways to serve rural areas without physical presence and how healthcare practices can address the mental health shortages in rural communities. Businesses are always looking for new opportunities to expand; when the opportunity arises, each company must conduct a cost–benefit analysis to determine when and if growth is feasible. Technology is key to expansion in many business sectors, especially the healthcare industry.

As Johnson (2019) stated, the evolution of technology is changing supply and demand in rural and urban healthcare systems. Understanding how artificial intelligence can adversely

affect provider shortage in rural communities versus urban communities is essential in addressing the shortage of mental health providers in rural communities. Organizations must find ways to implement ethical choices when using technology without impacting provider availability in rural communities. Ethical decision-making was linked to the problem being researched on shortages of mental health providers in rural communities based on resource allocation. The quality of care is an essential ethical question for healthcare applications (Cribb et al., 2020). Businesses must ask if there is equity of care in all the different segments of the population seeking care, and if that is not the case, how can equity of care be addressed? Businesses are also responsible for ensuring patients are treated fairly and equally regardless of race, ethnic origin, or other defining categories. Ethics is related to the research because it addresses fundamental issues of rural communities having poorer outcomes than urban communities. There are always some concerns for healthcare as a business because corporate profits can be put ahead of the well-being of the patients. According to DeCamp and Snyder Sulmasy (2021), the environment in physicians' practice and patients receiving care continues to evolve. Increasing the employment of physicians is always a priority of healthcare organizations.

Hiring physicians may seem like a positive development, but the emphasis on medicine can cause serious issues when it comes to putting the needs of the patients first. Physicians' moral obligation to their patients should be second to none, but self-interest in recent years has become a priority for some physicians. As DeCamp and Snyder Sulmasy (2021) explained, most states prohibit the "corporate practice of medicine," although exceptions exist for certain organizational structures and physician employees or independent contractors. This exception occurs because, when the priorities advance the business objectives, the patients are just a means

to an end. In most cases, the urban communities benefit from such a system because of the higher population density.

In contrast, rural communities pay the price for not having enough physicians to meet the community's needs. There are several ethical and professional issues when dealing with healthcare as a business. One of the concerning practices in the healthcare industry is fee-for-service, which means a person pays to receive a diagnosis and subsequent treatment. The cost burden can unfairly disadvantage people in rural communities with fewer resources.

In some cases, bigger organizations have more resources to hire enough mental health professionals to meet the organization's financial needs in urban areas and lure the few physicians in rural areas to urban areas, potentially leading to shortages. There has been a shift in recent years when it comes to healthcare. According to DeCamp and Snyder Sulmasy (2021), healthcare financing is shifting from volume-based fee-for-service to value-based healthcare to achieve better patient outcomes and lower costs while reducing inequities in care. Due to fee-for-service policies attracting most physicians to urban areas, this shift can make a significant difference in rural communities lacking sufficient mental health professionals. Business practices in the healthcare industry have continued to evolve, and healthcare organizations are always looking for ways to serve the interests of the organizations and patients. As DeCamp and Snyder Sulmasy (2021) illustrated, patient retention is at the core of most healthcare organizations' business practices. In recent years, the power dynamics have shifted to patients due to technology, as patients decide whether to stay with a particular provider or healthcare plan. As part of the business practice, healthcare organizations and providers strive to retain patients as clients. Using the term *client* may seem contrary to the objective of healthcare organizations, but that is how patients are seen through the lens of some healthcare organizations. As discussed

earlier, technology is a key strategic part of the business practice of most healthcare organizations. Technology makes healthcare more efficient as patients in rural communities can use technology to provide information and participate in screenings before an in-person visit.

The technology builds a record that establishes care between the patient and provider, which provides a record for the future to understand the history of care the patient has received. Healthcare technological advances are precious in rural communities with shortages of mental health providers, as patients can always present electronic records to be reviewed by available providers. Business practices by healthcare organizations are not just the conventional means of reaching patients and communicating with patients. Healthcare organizations now have a significant social media presence because many potential consumers use social media sites. Healthcare organizations understand that presence on social media sites can translate to potential consumers. A whole generation of consumers in urban and rural communities use social media as the main information and communication medium. As a result, these potential consumers are more likely to seek care from organizations with a presence on social media.

Healthcare organizations must continue engaging on social media to reach more consumers, especially rural communities, with few other ways of communicating with healthcare organizations. Several other essential aspects of business practice in healthcare must be in place for successful business practice. Some of these elements were reviewed to see the impact on the business practice of healthcare organizations. One of the first elements essential for business practice is human resources. As Howe et al. (2022) elaborated, human resources in healthcare include the various kinds of clinical and non-clinical staff responsible for public and individual health intervention. Such interventions have been the standard for understanding human resources, but technology is changing the perception of human resources. Robots and artificial

intelligence are changing how healthcare organizations approach human resources, as humans must interact with different technology in today's healthcare than in the past. Healthcare relies on the operation and the benefits the system can provide largely based on the knowledge, skills, and motivation of those individuals responsible for delivering health services. Human resources are the engine that keeps the train moving in the healthcare system. For a healthcare system to succeed, it must encompass all the levers essential to function. Healthcare organizations constantly evaluate human resources to improve interaction with patients, providers, and staff for a better outcome. However, this study noted that the relationship between human resources and healthcare is overly complex. Human resources shape healthcare organizations, including efficiency, equity, and quality objectives.

This study examined how healthcare organizations have evolved when managing human resources, as healthcare organizations have relied on outsourcing to meet organizational goals. Outsourcing helps the healthcare organization's efficiency and avoids potential employee coverage costs. When healthcare organizations outsource some of the responsibilities they normally would conduct, they utilize third-party contractors who do not directly work for the organization. As Howe et al. (2022) described, human resources in health sector reform also seeks to improve the quality of services and patient satisfaction. Healthcare quality is usually characterized in two ways: specialized and sociocultural. Practical quality refers to the impact that the health services offered can have on the health requirements. These factors shape the decisions of healthcare organizations, and more often than not, they filter to every level of the organization, affecting provider availability in rural communities. Human resources for healthcare organizations is a factor that goes hand in hand with human resources in compliance.

Mattie et al. (2020) elaborated that healthcare compliance refers to abiding by all legal, professional, and ethical compliance standards in healthcare. It is about following the rules; plenty are in healthcare. The rules set for healthcare organizations protect the organizations and their patients; however, the rules constantly evolve to meet patients' changing needs and technological advances. When the rules change, operational and workflow changes also occur, including ongoing education, internal audits, health I.T. compliance updates, and more. Healthcare organizations understand the cost of doing business and must stay abreast of the new rules and regulations affecting a business's day-to-day operations. Like most businesses, healthcare organizations understand compliance with rules and regulations is important to continue functioning as a business. Another important aspect of business practice is finance because this is an essential tool for the success of any organization.

Barati and Fariditavana (2022) stated that healthcare finance comprises the accounting and fiscal management system and its functionalities. Such a system improves the patients' well-being and the organization's practices. The ultimate objective of finance in the healthcare organization addresses (a) how patients pay for the services received and (b) how healthcare organizations generate revenue from the services provided to the patients. Healthcare has one of the most complex billing systems of any organization. Unlike most businesses where consumers pay with cash or credit, the payments are made through an insurance company or the federal government. Like any other business, healthcare organizations are also responsible for reporting standards. These standards ensure that healthcare organizations can be audited for fraud, waste, and abuse. The responsibility for finances within a healthcare facility or department falls on the health information managers. These managers are responsible for accurate accounting for what healthcare organizations receive and pay out to patients or other entities. As with any healthcare

organization, finding areas to cut spending and increase revenue are always a top priority; all of this must be done without compromising the health and safety of the patients. Cutting costs is a delicate game that healthcare organizations must play by balancing the interest of the healthcare organization while ensuring there are no safety shortcuts in taking care of patients.

The Problem

The general problem addressed in this case study was the shortage of mental health providers in rural communities in the South, which may lead to inadequate care for the residents in these rural communities. As described by Probst et al. (2019), rural populations disproportionately suffer from adverse health outcomes, including poorer health and higher age-adjusted mortality. Weil (2019) elaborated that providers must weigh the opportunity cost of rural versus urban healthcare clinics when deciding whether to stay or move to better opportunities. According to Sarfraz et al. (2021), providers choose to remain in urban cities because of access to resources not readily available in rural communities. In 2017–2018, one third of rural counties had no psychiatrists per 100,000 or (33.3%) when, according to best practices, there should have been 50.1% per 100,000 (Kirby et al., 2019). The distribution is inadequate for mental health providers in rural areas per the recommended standard. According to Palomin et al. (2023), there is a shortage of mental health professionals in rural communities due to disparities in rural communities versus urban health communities, resulting in 21.2% of nonmetro adults or 7.3 million adults not having consistent mental health providers. As stated by Morales et al. (2020), patients in rural communities receive mental health treatment less frequently and often from providers with less specialized training than those in metropolitan locations. The specific problem addressed in this case study was the lack of mental health

professionals in rural healthcare communities in the South region, potentially resulting in the inability of the healthcare organization to meet mental health standard of care protocols.

Concepts

Concepts are scientific, systematic, and creative practical work to produce new knowledge (Jora, 2020). Several concepts were addressed in this research. The concepts explored in this research were the lack of funding for community clinics, leading to clinic closures; the lack of mental health providers in rural communities, resulting in clinic closures; the lack of nationalized credentialing, leading to mental health providers not meeting state standards to practice. As described by Germack et al. (2019), when clinics are closed, there is a shortage of mental health providers who would otherwise be working at community clinics; this results from a lack of funding in some cases. According to Henry and Loomis (2023), financial and market characteristics are associated with the closure of rural hospitals from 2010 through 2014. Investors decide if keeping a clinic open and diverting is financially viable based on stakeholder interests. However, these are not the only concepts affecting mental health provider shortages. According to Gutierrez et al. (2020), telemedicine presents an opportunity to address staffing problems and bring the advantages of hospital medicine to rural areas.

Addressing the closing of rural community hospitals should be a priority. As Miller et al. (2021) elaborated, clinic closures in rural communities are linked to the financial productivity of health clinics. Organizations look at clinics from a business perspective to understand if they are a worthwhile investment. As illustrated by Erwin and Braund (2020), the challenges faced by rural healthcare communities are unique to rural communities, unlike urban neighborhoods with the resources to address the shortage of mental health providers adequately. According to Domino et al. (2019), the lack of these resources impacts rural community clinics' ability to

function, as rural communities need providers to stay open. Schultz et al. (2021) examined a significant gap in mental health providers in rural communities, resulting in clinic closures. Local, state, and federal authorities must address the shortages in rural areas in partnership with the private sector.

As stated by Killough et al. (2022), shortages and maldistribution of behavioral health providers further complicate the behavioral health landscape, which is saturated with patients with immediate needs. Critical socioeconomics are part of the cause of the shortage of mental health providers in rural areas. According to Shelton and MacDowell (2021), social changes in rural America impact provider availability. Rural communities face a reality that urban communities do not and, unfortunately, people must go to urban cities to receive care that should be otherwise provided in rural communities. As discussed by Bacong and Đoàn (2022), immigration directly impacts the shortages of mental health providers due to the saturation of rural areas by the immigrant population; there are not enough mental health providers to address the patient-to-provider ratio of care. Other policy aspects affect the shortage of mental health providers in rural communities. According to Keselman et al. (2019), without a nationalized credentialing system, it is particularly challenging for an organization to hire mental health providers from different areas who do not meet local or state requirements.

Credentialing hinders the ability of local communities to attract potential mental health providers to address the shortages. Kraus (2019) suggested that a standardized credential can address provider shortages in rural communities. There are other potential ways to address the shortage of mental health providers in rural communities as well. According to Kim (2020), direct care workers lack the credentials to meet the needs of rural communities. If immediate care workers can practice with standardized credentials that would go a long way to address the

potential shortage of mental health professionals. According to Perea (2020), flexibility in credentialing could help fill the shortage gap in rural communities. Lawmakers should also look at ways to address mental health provider shortages in rural communities. According to Harrill and Melon (2021), the legislation would be essential in leveling the playing field regarding credentials. Lack of funding affects the most vulnerable populations regarding access to mental health.

As shown by Snowden et al. (2023), American Indians/Alaskan Natives (AI/AN) experience some of the highest poverty rates and poorest mental health outcomes in the United States. Such disparity has resulted from the government allocating fewer resources in rural areas at every level. This disparity in mental health outcomes in rural communities and the general population has been heavily influenced by U.S. policies such as forced relocation, displacement of communities, and cultural appropriation programs crafted to eliminate tribal artistic individuality and impede old cultural–religious practices. Increased development and support of sustainable, culturally sensitive mental health programs and interventions are needed despite the current disparities (Snowden et al., 2023). The federal government has a responsibility to ensure that local and tribal communities can get the necessary resources to address the mental health crises in these communities. Without funding, these communities cannot attract mental health professionals to address the shortages they face.

The federal government must leverage private organizations that receive grants for healthcare because most private organizations will not have the initiative to act without being prompted by federal authorities on how the grants should be executed. Every federal healthcare grant allocated to the private sector should have a clause stating the responsibility of that organization to allocate a portion of that grant to addressing healthcare issues in rural

communities. Such clauses would prompt private organizations to invest in rural communities, potentially leading to more mental health providers being hired and addressing the shortages of mental health professionals in rural communities. Technology has created new avenues to address some funding issues that can lead to shortages of mental health professionals in rural communities. Getting mental healthcare can be very costly. Patients in rural communities without specific opportunities who cannot afford the much-needed care turn to other means to raise money for the care.

As Kenworthy and Igra (2022) described, patients and families typically use medical crowdfunding to solicit financial donations from social networks for individual health and medical expenses. Crowdfunding is a growing trend for people in rural communities trying to access medical resources outside of rural communities. Even though this is not a long-term sustainable way to address the shortages of mental health providers in rural communities, some of the residents' immediate issues can be addressed. The available literature shows that the different hurdles people in rural communities have to endure to receive mental health care are not acceptable or sustainable. The responsibility of creating access to quality mental health care in rural communities should not fall on the same people who are already facing the challenge of mental health. Credentialing in the healthcare industry is particularly important to address some of the shortages of mental health professionals in rural communities.

As described by Chappell et al. (2021), credentialing serves a unique and critical role in the nursing profession globally. Nurses, employers, patients, and other stakeholders rely on credentialing to protect the public, ensure competence to enter into practice, recognize excellence, and provide personal and professional satisfaction. This benefit cannot be understated when dealing with mental health or any other potential health issues for residents in

rural communities. The licensing boards serve an invaluable purpose when addressing the needs of patients in different communities; however, some strict procedures and other requirements from neighboring states can hinder addressing the shortages of mental health providers in rural communities. State boards have shown during the COVID-19 pandemic that many changes can be made to accommodate licenses from out of state. Providers can practice across state lines based on state health agencies' waivers. State health agencies can apply the same principle to address the shortages of mental health providers in rural communities.

Theories

Functionalism theory was used for this research because the basic premise of functionalism is that several fundamental blocks make up a complex society (Wilson, 2020). Functionalism theory relates to the study because it sees society as a structure with interrelated parts designed to meet the biological and social needs of the individuals in that society. According to Izadi et al. (2020), functionalism is based on the theory of connectivity, which means every aspect of life and society's norms are interconnected. This theory was significant to this research because it addresses the disparity in care between rural and urban communities. Shortages of providers in rural communities affect other aspects of an interconnected society such as that society's well-being when certain groups are left behind without enough resources.

According to Ormerod (2020), functionalism theory illustrates the social construct between members of each society. Functionalism relates to the research on the connectivity between rural and urban community healthcare outcomes. Society is the sum of all its distinct parts, which are interrelated in one way or another. According to Wright et al. (2021), rural residents are at increased risk of poor outcomes due to age and health status. There are substantially fewer healthcare resources available in rural areas. Fewer resources mean fewer

opportunities for residents to access care when faced with mental health challenges. According to Rusu (2020), functionalism views society as a complex but structured system that relies on each lever to succeed. This perspective relates to this research because healthcare challenges in rural systems affect the urban system. Several other theories were considered for this research but did not fit the research objective and problem.

Other theories were reviewed to understand why functionalism theory was the most effective for this research. One of the other theories which was explored was Maslow's theory. According to Papaleontiou-Louca et al. (2022), Maslow's theory suggests that people have an ardent desire to realize their full potential, reach self-actualization, and find meaning in life. This theory discusses people's psychological needs and how those are prioritized. This study examined what Maslow's theory states to determine how it fits the objective. The problem being researched was rural communities' shortage of mental health providers. Even though mental health providers are essential, each individual will rank that differently. Maslow's theory is broken down into a pyramid, showing the significance of needs. Maslow's categories are physiological needs, safety needs, belonging and love needs, esteem needs, cognitive needs, aesthetic needs, self-actualization, and transcendence. These needs address individuals rather than mental health provider shortages in rural areas rather than the general societal issue.

The theory does not correlate with the specific problem being researched: the shortages of mental health providers in rural communities. However, Maslow's theory addresses the issues individuals in rural communities face, and healthcare challenges can be considered safety needs. Safety needs represent the second tier in Maslow's hierarchy (Papaleontiou-Louca et al., 2022). These needs include the security of the body, employment, resources, the morality of family, and health. The mental health of members in rural communities is an integral part of this research; it

is not the main subject but rather part of the bigger picture that discusses the shortages of mental health professionals in rural communities. However, people in rural communities will have better security of body and health if all the needed resources are available to address mental health issues.

Maslow's theory was not the best fit for this study because it did not address the core issue of the study, which was the shortage of mental health professionals in rural communities. However, there were other theories that were also considered. The next theory that was examined for this research was transformational leadership theory. As described by Kwan (2020), transformational leadership is a leadership theory where a leader collaborates with followers to identify the needed changes, create a vision through inspiration, and execute the change with highly committed followers. A leader must have certain characteristics to inspire people to follow a vision and become more creative. The transformational leadership theory did not fit the research problem for this research. The shortage of mental health providers in rural communities is not due to a lack of leadership.

A case could be made that a lack of vision by the federal, state, local, and private sectors in addressing mental health provider shortages in rural areas has exacerbated the issue of mental health provider shortages in rural communities; however, this does not mean that transformational leadership theory fits this case study. Kwan (2020) stated that transformational leadership aims to improve the followers' performance and maximize their potential. Leaders who portray transformational leadership possess exceedingly strong internal values and ideals. There are situations where a transformational leader could play a significant role in addressing the needs of mental health provider shortages in rural communities. A transformational leader can inspire providers who would otherwise not want to be in rural areas to practice in those areas

serving the residents. Even though transformational leadership theory elements could impact the shortages of mental health professionals in rural communities, the theory does not address the different facets of the researched problem.

Another theory examined for this study's purpose was experiential learning theory. According to Ferreira (2020), experiential learning focuses on the idea that the best way to learn things is by experiencing them. A key aspect of the experiential learning theory is learning by doing, which could be used when providers in urban communities learn to transition to rural communities based on experiences from other providers. Such a transition may impact the mental health provider shortages in rural areas. Another critical aspect of the experiential theory that can be applied to this study is telemedicine technology; mental health providers can learn to use the technology from a location other than rural communities to assess patients. Even though this theory may have served as a valuable theory for this study, its main elements dealt with learning, while the research problem dealt with the shortage of mental health professionals in rural areas, which cannot be fully addressed using experiential learning theory.

Critical theory was another theory examined as part of this study. As described by Varpio et al. (2020), critical theory is a social theory that aims to critique and change society. Critical theories attempt to find the underlying assumptions in social life that keep people from fully and utterly understanding how the world works. Critical theory is an interesting theory because the purpose is to engage society in social change to avoid oppression for any group. This theory would be a good fit for this research because it discusses society's social responsibility for the disadvantaged. In this case, rural communities do not have access to mental health professionals due to shortages of mental health providers in rural communities. According to Varpio et al. (2020), critical theory assumes an ontological position in which reality is shaped over time by

social, political, cultural, economic, ethnic, and gender constructs. From the social perspective of this theory, those in society must care about each other as it is in the best interest of humanity to see all doing well and being treated fairly.

From a cultural perspective, critical theory addresses the differences in culture amongst diverse groups of people. African Americans, for instance, may be hesitant to contact physicians due to a history tarnished by experiments on the community conducted by medical professionals. The economic and political view of critical theory addresses the challenges from the economic and political perspectives faced by underserved communities. Rural communities would be considered underserved because of the lack of economic and political power to attract mental health providers. If rural communities had economic and political power, the current disparity between rural and urban communities would be properly addressed. Critical theory's most important aspect is creating equity in society. Even though this is a good theory, it does not address all the core elements of this research, so it was not the best theory for this study.

Constructs

In case study research, one of the most important things is understanding the constructs, and broad-to-study topics are the theoretical meaning that can define what constructs are (Compeau et al., 2022). Constructs in this study were viewed from the perspective of healthcare systems and how they affect shortages of mental health providers in rural communities. According to Dos Santos (2019), due to career opportunities and compensation limitations, rural hospitals and healthcare centers usually have ongoing career openings for all departments. These constructs are related to the research because they explore the shortage of mental health providers in rural versus urban communities. As Yun et al. (2019) elaborated, constructs are broad concepts and do not need to be observable. The critical constructs in this research are

service quality, provider satisfaction, and scarcity, each of which addresses the theme of this research. According to DCunha et al. (2021), service quality is essential for understanding customer loyalty. In the case of healthcare disparity in urban versus rural communities, the customer is the patient and has little or no choice but to receive care from any providers available in the locality.

This specific construct addresses the disparity of care in urban versus rural communities because of the shortages rural healthcare communities face. According to Terry et al. (2020), provider satisfaction is an essential metric for determining if a provider stays in a specific geographical area. Rural healthcare communities cannot keep providers satisfied due to several factors that affect the provider's ability to provide optimal patient care. As stated by Negi et al. (2019), mental health providers undergo challenges on a professional and personal level, which can impact the ability to continue practicing if overwhelmed with patients as a result of shortages.

Related Studies

Numerous studies expressed different viewpoints regarding mental health provider shortages in rural communities. According to the current literature by Storm et al. (2020), there is no shortage of mental health providers in rural communities due to access to telemedicine. Storm et al. (2020) argued that despite growing disparities in care between urban and rural communities, the shortage of providers is not a factor. Obesity is the cause of most health issues in rural America (Storm et al., 2020). A lack of willingness by people living in rural America to take the necessary precautions to address the root cause of illnesses leads to many other diseases. A chronic shortage of doctors, dentists, pharmacists, and nonphysician providers, a wave of hospital closures, and a widening life expectancy gap favoring the urban populace over rural

residents (Maganty et al., 2023). This view is not an outlier regarding the different viewpoints of mental health provider shortages in rural areas. Maganty et al. (2023) examined the consequences of policies that negatively affect rural communities and concluded that many rural communities vote against self-interest without understanding the implications. The literature is clear on the issue of provider shortages in rural communities and some underlying reasons for the shortages. Each cited study provides information that is relevant to understanding the problem addressed by the research.

Ostrow et al. (2022) concluded in their study that there needs to be a certificate of need for providers who want to open a clinic. They believe there has been a saturation of providers in rural and urban communities over the years due to policies that have increased health spending. However, other studies have come to the opposite conclusion based on several factors used to determine if there is a shortage of mental health providers in rural communities. According to Leider and Henning-Smith (2020), rural communities' lack of healthcare access and infrastructure directly impact patient outcomes. The lack of infrastructure to meet the demands of rural communities has dramatically increased the disparity in care between rural and urban communities (Leider & Henning-Smith, 2020).

As in any research, the varying views from researchers on a specific subject expand the knowledge based on the existing literature. According to Jensen et al. (2021), the lack of proper behavioral health care in rural areas is well documented. Rural family practice physicians were interviewed regarding the state of behavioral health care in their communities and their ideas for increasing access to quality care. According to interviews conducted by physicians who participated in the study, it was expressed that the quality of care in rural communities was not up to par with standards expected for residents with mental health. As of 2017, 62% of

designated mental health shortage areas were rural, a significant shortage for rural communities. If there was a shortage of any service or good with such a high percentage in an urban community, that could be considered a crisis that would need immediate attention from the state's lawmakers.

This study finds commonalities with the other studies regarding attitudes about mental health. Residents in urban and rural areas are apprehensive about seeking and receiving mental health services due to the perceived stigma of mental health. The only way to address this stigma is by eliminating some of the stereotypes associated with residents suffering from mental health problems. The barriers to recruiting mental health providers in rural communities, including location and accommodation concerns, pose a challenge to attracting potential mental health professionals to rural communities; when mental health providers decide to practice in an area, these factors can dissuade them from relocating to rural communities.

According to Jensen et al. (2021), another issue that has led to the shortages of mental health professionals in rural communities is the pay incentives for physicians in urban versus rural communities. Physicians tend to command a higher salary in urban communities than in rural communities. Considering the cost of medical school and the debt most physicians have to complete medical training, there is an incentive to take a job that can financially cover any debt incurred while in medical school. However, this is not the only literature that addresses the shortages of mental health providers nationwide, emphasizing rural communities. According to Nayar et al. (2017), there is a consensus that the mental health delivery system in the United States cannot meet the growing mental health needs of the population.

Rural and frontier counties face substantial challenges in enlisting and retaining mental health professionals. As a result, there is a high turnover ratio due to burnout or other factors that

cause mental health providers to move, creating a shortage of mental health professionals in rural communities. The challenges in rural communities with mental health are not uncommon because urban communities face the same challenges with mental health. The only difference is how mental health is addressed in rural versus urban communities.

There has been a focus on addressing mental health from a geographical perspective. Large cities are seen as the priority for mental health due to the allocation of resources, while rural communities are not considered a high priority. As elaborated by Nayar et al. (2017), the lack of current assessments of the supply and distribution of the behavioral workforce can hamper state policymakers' efforts to address mental health services delivery challenges, particularly in hard-to-reach areas of states. Policymakers must deliberate how mental health is addressed in areas that have difficulty meeting the demands of the residents seeking mental health treatment.

This study also addressed ways to fill the gap in the literature about shortages of mental health professionals in rural communities. The suggestion is that more medical professionals like nurse practitioners and physician assistants be trained to address mental health residents. Some literature addresses the availability of mental health professionals in every community; this literature argues that addressing mental health has changed, affecting the view on shortages of mental health providers in rural communities. As noted by Chow et al. (2019), the use of mental health hospitals has been greatly reduced due to the greater understanding of mental health globally.

Advances in studies and understanding of mental health have changed mental health's perspective. Rather than committing people to mental hospitals and throwing away the keys, mental health professionals have discovered new ways to address mental health. Understanding

mental health has evolved; there are more opportunities for people to receive adequate treatment regardless of community. Since mental health treatment has evolved and many options are not conventional, it is prudent for patients to seek new ways to receive mental health treatment. Various literature discusses the shortages of mental health providers in rural communities. One study that goes to the core of this research is the shortage of mental health providers to address the needs of veterans in rural communities. According to Bachrach and Quinn (2023), military veterans in the United States are more likely than the general population to live in rural areas and often have limited geographic access to Veterans Health Administration (VHA) facilities.

The VHA has the resources to address the mental health needs of veterans, but due to the VHA being scarcely distributed, veterans may not have access to the VHA to get the much-needed mental health services. VHA is always strategically located to serve the greatest number of veterans possible, which tends to be in urban areas. Veterans have a comparable rate of mental health illness to the general population; more than 1.7 million Veterans received treatment in a VA mental health specialty program in the fiscal year 2018, and 11% of veterans reported elevated rates of depression compared with 12.8% of non-veterans (Bachrach & Quinn, 2023). Like all the other members in rural communities, the biggest challenge these veterans face is access to mental health providers. Even though the VHA provides the resources to address mental health challenges amongst veterans, most veterans in rural communities cannot make the trip to urban communities for mental health visits with the VHA. Even though this may rightly seem like just a small segment of the population, the similarities of the challenges veterans face in receiving mental health care are the same challenges residents face in rural communities.

In the case of veterans in rural communities with access to mental health services at the VHA, Congress acted to address the issue of mental health provider shortages. According to

Bachrach and Quinn (2023), Congress enacted the Veterans Access, Choice, and Accountability Act of 2014 (aka the "Choice Act"), which directed the VHA to offer to purchase care from non-VHA providers for veterans who live more than a 40-mile drive from the nearest VHA care site, or who are unable to obtain needed care in VHA within a reasonable period (i.e., generally within 30 days). Lawmakers saw a problem that had to be addressed and found a solution to address veterans' access to mental health providers. Such can be a template for other rural communities to respond to the growing mental health crisis in rural communities. In collaboration with insurance companies that normally only allow residents to see providers within their network, the insurance companies can allow the patients to seek providers outside the network and compensate the provider outside the network for the care provided. It took an act of Congress to address the shortages of mental health providers in rural communities, and it may take an act of Congress to address the disparity in care of mental health providers in rural communities.

Several studies support the current hypothesis on the shortage of mental health professionals explore ways to address the shortage of mental health professionals while acknowledging its existence. According to Melnyk (2020), although depression and anxiety affect approximately 20% of children and adolescents, many of those affected do not receive treatment because, in large part, of the shortage of mental health providers across the United States. There are other ways to address the shortage of mental health providers in rural communities. According to this study, creating personal empowerment programs focusing on the root causes of mental health will help the people most in need.

Understanding the challenges residents face in rural communities is the first step in addressing their mental health needs. Mental health has several aspects, and each must be

addressed based on its severity. According to Melnyk (2020), nationally, the most frequent and costly primary mental health diagnosis in children and teens is depression, which accounts for 44.1% of all mental health admissions and costs the U.S. healthcare system $1.33 billion per year. This analysis as elaborated by Melnyk (2020), considers some residents in rural communities who do not have access to mental health services. Melnyk (2020) showed the devasting effects of mental health provider shortages and the importance of closing the gap. This literature ties in with some previously explored studies on mental health provider shortages in rural communities.

Even though many studies show the shortage of mental health professionals in rural communities, which causes a disparity, some studies argue there is no shortage of mental health professionals. According to Storm et al. (2020), this disparity in health outcomes for people with serious mental illness indicates the need for a coordinated, multifaceted approach that goes beyond conventional psychiatric care alone. Due to the varying diagnoses of mental health illness, distinct kinds of treatment are required for different patients; some patients may need a psychologist, while others may need a psychiatrist. Each mental health provider should identify the appropriate type of care needed and ensure the patient receives the best care possible. Several levels participate in the care and management of mental health treatment, including case managers, providers, pharmacists, and counselors. All these medical professionals are instrumental in addressing the mental health needs of residents in rural communities.

Storm et al. (2020) further examined the lack of coordination, which can leave the impression that there is a shortage of concern when the patients do not receive adequate care. Case managers must coordinate with the medical providers when it comes to the care of the patients; the lack of coordination can lead to the patients falling off the recommended course of

treatment. This study shows there are always mental health providers available to meet the demands of patients in rural communities. Still, residents in rural areas must understand how to use readily available resources.

There are different perspectives regarding shortages of mental health providers in rural communities. One piece of literature takes a very contrarian view of the shortages of mental health professionals in rural communities. According to Muralitharan et al. (2019), many adults with serious mental illness have significant medical illness burden and poor illness self-management. Muralitharan et al. (2019) argued that mental health patients can benefit from illness self-management through a guided care process. Muralitharan et al. (2019) observed Living Well, a group-based illness self-management intervention for adults with serious mental illness, co-facilitated by two providers, one of whom has lived knowledge of co-occurring mental health and medical conditions. The study found that a significant percentage of patients with mental illness could drastically improve based on the monitored self-care. This study implies that mental health provider shortages in rural communities are not a concern when there are other means of receiving quality care. A mental health provider's role is only as significant as the treatment administered. If this model continues to address mental health concerns for residents in rural communities, it can potentially change how mental health is addressed.

Anticipated and Discovered Themes

According to Feyereisen et al. (2021), the shortage of providers in rural communities is well-established and a theme that has plagued the communities facing these shortages. According to Gizaw et al. (2022), there are significant disparities among the different races and classes regarding healthcare, with providers avoiding certain areas or people of a specific race. Some geographical locations with significant minority populations do not have the same

resources to attract mental health providers (Gizaw et al., 2022). Such rural areas must be given the much-needed resources to address the needs of their residents. Gizaw et al. (2022) also claimed that the lack of diversity in the medical field affects provider shortages in rural communities with a minority population. Specific communities historically do not trust mental health professionals due to the unfair treatment received by minorities from the medical field.

Bruns et al. (2019) examined politics as another theme affecting provider shortages in rural communities. Rural communities rely on specific federal grants and subsidies for healthcare; political affiliation sometimes impacts grants requested by certain states, which can impact provider shortages. According to Bruns et al. (2019), there is a belief in certain small-government principles that hinder rural communities from accepting help from federal resources, which can affect provider shortages in those communities. This theme is linked to the overall research because funding shortages in rural clinics will lead to mental health provider shortages (Bruns et al., 2019).

There have been significant changes over the past decade regarding healthcare and affordability (Palomin et al., 2023). Even though the healthcare law was enacted to reduce the cost of healthcare, private providers avoid rural communities due to profit margins. The expected changes to cost due to the healthcare law have not been fully realized. The cost–benefit analysis is related to the research theme because private providers avoiding rural communities for financial benefits affects shortages in rural communities. As stated by Kuroki (2021), healthcare cost has been one of the critical reasons for bankruptcies in the United States.

Several nonprofit organizations run healthcare clinics in rural communities, and when these organizations go bankrupt, the clinic closes. This theme is related to research because

bankruptcy can affect an organization's ability to operate in rural communities, leading to closure and a shortage of mental health providers (Kuroki, 2021).

The anticipated themes in this research address some of the core issues concerning the research problem: the shortage of mental health professionals in rural communities. One of the themes that was anticipated is professionalism. According to Dean (2017), professionalism is the conduct, aims, or qualities that characterize or mark a profession or a professional person. In this case, mental health providers are expected to embody certain qualities and characteristics needed to care for patients. Professionalism is essential when dealing with patients suffering from mental health challenges. Specialized training is required for mental health professionals because the profession can be draining. Depending on the severity of the mental health issue, a psychologist or psychiatrist can see the patient. Professionalism in psychiatry is essential because psychiatrists' unprofessional conduct taints and undermines patients' trust in psychiatrists and the general discipline of psychiatry and medicine (Dean, 2017). Providers must understand that trust is sacred and must not be broken because it may derail the patient's ability to regain trust in the provider or field.

The theme of professionalism amongst mental health professionals was anticipated because providers are expected to meet specific criteria for patient care. The standard of professionalism for mental health professionals must be the highest of any profession because the well-being of patients depends on that elevated level of professionalism from the providers. The next anticipated theme during this research was ethics. Ethics are at the core of the relationship between the patient and the provider. As observed by Bipeta (2019), the Mental Healthcare Act 2017 explicitly talks about the rights of patients with mental illness. It lays down mental health professionals' ethical and legal responsibilities and the government's role in

enforcing the laws. Patients with mental health are among the most vulnerable people in society, so it is essential to establish ethical guidelines for dealing with them.

Ethics may vary based on the profession when it comes to accepted guidelines. According to Bipeta (2019), for mental health professionals, ethics are a set of moral principles, especially ones relating to or affirming a specified group, field, or form of conduct. Generally, ethics talks about morality as well as right and wrong conduct. Regarding ethics in medicine, mental health professionals must meet specific requirements. There are specific guidelines that different countries must follow, and specific ethics boards implement these guidelines to ensure the integrity of the systems put in place. Mental health providers have enormous power over their patients, and the patients entrust the provider to work in their best interests. There are always legal implications when dealing with mental health patients, so it is of utmost importance that the providers know the legal ramifications following the practice. Certain classism occurs when dealing with mental health patients of a different class; residents in rural communities sometimes tend to receive less care due to their socioeconomic status. Residents in urban communities have better access to mental health providers who prioritize the needs of these residents. In contrast, as identified by Bipeta (2019), residents in rural communities with limited access to mental health services do not receive the best care.

Mental health providers must be mindful of the differences between residents in urban and rural communities without using the differences to treat one group differently. It is always tempting for ethical lines to be crossed if no one in rural communities cares about the well-being of their residents. Ethical treatment requires that patients be treated equally and fairly regardless of location. Ethical treatment is one of the most important themes because mental health provider

shortages in rural communities affect how the few providers in rural communities treat the residents.

Another theme that was anticipated during this research was governance in healthcare. According to Underwood and Hayne (2017), governance is a priority for achieving universal healthcare and improving health systems' quality, efficiency, effectiveness, and responsiveness. Governance is especially important in achieving access and quality of care in rural communities with shortages of mental health providers. In the study conducted by Underwood and Hayne (2017), governance was described as the constructs and processes by which the health system is structured, directed, and operated. In healthcare, industry governance is arbitrary of healthcare between the government and the private sector. The government has a role in balancing the public and private sector administration and navigation of care. It is always challenging when government must balance the administration of care by public and private entities. Hospital partnerships have increased considerably because of competitive markets, new regulations, and changing compensation arrangements. As a business, healthcare organizations, like most organizations, always find new ways of generating the most profit while minimizing costs and increasing patient numbers (Underwood & Hayne, 2017). This business model can be remarkably successful for healthcare organizations but has consequences for rural communities. Healthcare organizations need patients to generate more revenue.

The best places to have the most patients are in urban communities, which means most healthcare organizations focus their resources on areas that can generate the most revenue. As a result of such strategies, rural communities are left with few resources to address the needs of the residents. The importance of governance comes into play to balance the inequity of care, resulting from the private sector focused on meeting its profitability goals while ignoring the

obligations to serve every community equally. According to LiPuma and Robichaud (2020), governance is always going to be a challenge because, unlike the public sector, which relies on public funding to continue functioning with regulatory oversight from the public, the private sector does not rely on the public funding or resources to stay in business, which means the norms and rules which the public sector must abide by does not always apply to the private sector. Establishing a foundation by which public and private sector organizations can function is part of the governance that keeps the system in check. Any discussion about mental health provider shortage in rural communities cannot be complete without the implication of profit to healthcare organizations.

The next theme to be reviewed is profits. As described by LiPuma and Robichaud (2020), the United States holds the dubious distinction of being the only industrialized nation in the world lacking provisions to ensure universal healthcare coverage. The key reason for this is the healthcare industry makes the profits; in the United States, healthcare is offered by a combination of for-profit, secular, and not-for-profit, and civic institutions, some of which are autonomous and some of which are part of multi-institutional structures. The objective of most of these organizations is to generate as much profit as feasible in executing the administration of healthcare. With profit as the driving force behind most of these healthcare organizations, the business of patients staying longer or being recommended the most expensive medications has become an art. According to LiPuma and Robichaud (2020), for-profit healthcare organizations understand that patients are the most important asset that keeps giving.

Unlike most industrialized nations, where healthcare is a social program administered in partnership with the private and public sectors, healthcare in the United States is still largely administered by the private industry. Even though laws have been implemented to address the

excessive cost of healthcare, the laws have largely been insignificant in addressing the costs. The implication of profit as a theme of this research addresses the availability of mental health professionals in rural communities. The cost of living in rural communities is typically lower than in urban communities, which means it is usually more profitable for healthcare organizations to continually expand in urban areas, even at the expense of rural communities.

According to LiPuma and Robichaud (2020), like any other professionals, mental health providers understand the cost–benefit analysis of working in a rural versus an urban community healthcare system due to the significant pay gap that providers in urban communities make compared to their rural counterparts; most providers prefer staying in the lucrative urban markets. Access to healthcare has special moral significance due to its impact on human functioning and well-being and optimizing access to and ability to take advantage of opportunities (LiPuma & Robichaud, 2020). When the quality of care is associated with price, it affects who can get and administer the care. Residents in rural communities are at a disadvantage because they lack the resources to attract mental health providers to administer the type of quality care afforded to the residents in urban communities.

In the age of technology, mental health professionals have had to find new ways of addressing residents in far-to-reach areas. One of the discovered themes was the use of telemedicine to address some of the needs of mental health patients in rural communities. As expressed by Mehrotra et al. (2017), compared to other conditions, mental health conditions may be particularly well suited to telemedicine, given that visits frequently do not involve a physical exam.

Telemedicine became more prevalent during the pandemic as more providers had to find new ways to see patients since in-person visits were rare due to COVID-19 restrictions. One of

the advantages of telemedicine that has benefited rural communities is the reimbursement of Medicare for telemedicine visits, which was not done in the past. Telemedicine has created an opportunity for residents in rural communities to access providers who would otherwise not see these patients due to geographical location. Technology is an important bridge between physician and patient. Telemedicine opens a new arena for patients in isolated areas who need help but cannot access providers. According to Mehrotra et al. (2017), telemental health has been promoted to extend mental health specialist care to patients without access to such care in their community. Still, a relatively small fraction (less than 15%) of rural telemental health recipients received mental health specialty care only via telemental health (Mehrotra et al., 2017).

The low rate of rural residents with mental health seeking to use telemedicine could illustrate a need to train residents in rural communities. With the right training, more rural residents can use telemedicine to seek help for mental health issues, which could help balance the shortages of mental health providers in rural communities. According to Mehrotra et al., an established local mental health provider may be the predominant mechanism for obtaining telemental health care. Many rural residents may not have access to this option if there is no pre-established care from a mental health provider; more research is necessary to see the possible ways for rural residents to access much-needed telehealth. Telemental health use among rural Medicare recipients is growing rapidly and serves an especially underprivileged population of disabled rural recipients. Telemedicine is a valuable tool to address the shortages of mental health professionals in rural communities.

Summary of the Literature Review

In reviewing the business practice, different facets and their impact on the overall research were examined. DeTienne et al. (2021) described ethics as one of the most significant

bases for any business practice. Without ethics, organizations blur the lines between right and wrong when dealing with customers. Ethics is especially true when the customer is in the most vulnerable state because, according to DeTienne et al. (2021), the customer is a patient who relies on limited resources. According to Lavee and Itzchakov (2023), the key to any good research is understanding the problem being researched.

Furthermore, the research problem was explored, and in this case study, the problem researched was the shortage of mental healthcare providers in rural communities. This literature review and its importance to this research are analyzed, which lays out current research and the problem of provider shortage in rural communities. As examined by Malayala et al. (2021), this can be seen in many rural counties in America. As stated in this literature review, the problem also lays out a road map for the research. The next aspect examined is the concepts as part of the literature review. According to Porretta et al. (2019), concepts can be abstract and build thoughts. Concepts were further explored in the literature review to understand better what aligned with this study. The literature review further explores theories, constructs, related studies, and known and discovered themes. According to Lavee and Itzchakov (2023), all these aspects are critical in building the research, and each plays an essential role in further understanding the problem being researched. The cited sources help enhance the research by showing the current literature on all the varying viewpoints. This research lays down the facts currently presented in the literature review without bias regarding the expected research outcome.

Summary of Section 1 and Transition

The foundation of this case study was established by a thorough examination of the shortage of mental health providers in rural communities. The foundation starts with the introduction of the study. Introducing the study was essential in explaining what the research is

all about to the readers. According to Shanmugam (2019), when researching the health sciences, the researcher must be aware that information is constantly changing in the health sciences field, and what was true yesterday may not be true tomorrow due to a continually evolving science. The introduction gives the reader an innovative idea of what to expect about the core of the research. The next aspect of tackling was the background of the problem being researched. According to Nasution and Aulia (2019), understanding the knowledge of the problem was instrumental in guiding the scope of the research. The background was discussed to show the existing problem, which is one reason for the study being conducted. The next was the problem and purpose statements that define the problem being researched and the purpose of the research. According to Kirby et al. (2019), the importance of having these statements clearly articulating the researcher's intention in conducting the study based on an existing problem and how the research will either add to the current literature or fill in a gap.

As discussed, research questions pose the relevant questions essential in expanding research and a great guide to keep the research within the scope of the specific topic to am researched. The next aspect discussed was the nature of the study; this explored the research design and outlined why a particular strategy was used. It also discusses the specific research method being used. According to Lavee and Itzchakov (2023), all this gives the researcher a particular direction on what kind of research to perform. Next, the conceptual framework was discussed, which shows how the findings relate to each research finding. Also discussed are the definition of terms, which provides the readers with the definitions of key terms used in the context of this research. A term may mean one thing in a different context than when used in a specific context of researching mental health provider shortages in rural communities. Assumptions, limitations, and delimitations are important ways to examine the boundaries and

potential limitations of the study. It was essential to understand the scope of any case study to know what challenges the researcher would face and areas to focus on as part of the research.

Upon completion of the foundation of the study and summarizing all the sections critical to the foundation, the next phase would be moving to Section 2 of the research, which covers the project. In this section, the research topics to be covered in a narrative form will be the purpose statement, the role of the researcher, research methodology, participants, population and sampling, data collection and organization, data analysis, reliability and validity, and a summary. The next phase was a narrative because it was a more detailed finding and the most crucial issues addressed during the research. The purpose statement was tackled in more detail, expanding on some of the information already researched in the previous section. One of the most important things a researcher must do when conducting research is to avoid bias because it can derail the research.

Researcher integrity is one of the most important aspects of any research to avoid corrupting the data. That is why the methodology being used by research must be clearly stated. According to Witell et al. (2020), having a methodology and design set gives the research a solid foundation to conduct the study. If a researcher cannot decide what methodology or design is needed for the research, the researcher will lack the guidance to conduct an effective case study. This transition section also allowed the researcher to conduct surveys, collect data, and lay out all the necessary information that can be verifiable by any independent researcher.

Section 2: The Project

This study comprehensively studied the shortage of mental health providers in rural communities. As observed by Reilly (2021), rural communities in the United States lack the resources to meet the growing crisis of mental health, which has led to shortages of mental health providers in rural communities. This case study explored the factors that have led to mental health provider shortages in rural communities. Understanding these factors can be achieved by asking pertinent research questions and defining the parameters of this case study. For this study, the researcher used a questionnaire, survey, and semi-structured interview to get feedback from mental health professionals to understand the reasons for the shortage. According to Kirby et al. (2019), rural residents who have the same rate of mental health crisis as their urban counterparts have fewer visits to mental health providers.

Evaluating the shortage of mental health professionals makes this research essential to fill a gap in the existing literature as to why such a disparity exists. Accepted guidance in research was used while conducting this case study. A chronological sequence was followed to develop each section of the study to be fully established as a future scholarly reference. The research was qualitative because conducting a questionnaire, survey, and semi-structured live interviews was essential to understand better the shortage of mental health providers in rural communities. The background of the problem was laid out to understand the research parameters better. The problem and purpose statements followed as these are all critical in furthering the research. The literature was explored better to understand mental health provider shortages in rural communities, and that was outlined to show the possible gaps in the literature. Outlining the literature was an essential part of the research because it will fill in some of the gaps in the literature.

Purpose Statement

This flexible design single case study aimed to expand the understanding of the reasons behind mental health provider shortages in rural communities and their effect on those communities and healthcare outcomes. The research sought to determine the driving factors in mental health provider shortages in rural communities and see if there is a specific influence on why urban communities can attract more mental health providers than rural communities, with the chosen paradigm being constructivism and the design type being qualitative design. Research questions were instrumental in understanding the best structure for this study. They were core to developing a framework to understand the reasons for the shortages of mental health providers in rural communities. According to Padirayon et al. (2019), the constructivism paradigm allows researchers to apply learned knowledge to the study; thus, constructivism integrates knowledge learned into a study.

The problems were addressed when providers in rural and urban communities participated in a questionnaire, survey, and semi-structured interviews as part of the research. The feedback provided a better understanding of why providers leave rural communities, which creates shortages of mental health providers because of a preference for urban communities. According to Kirby et al. (2019), mental health patients in rural communities have fewer opportunities to get mental health treatment than their urban counterparts due to shortages in mental health providers. The research was a potential road map for providers and policymakers to fill the gap in the shortages of mental health providers in rural communities. The purpose statement was critical to the research because it showed why it was being conducted and its purpose for the field of study.

Role of the Researcher

This research sought the core causes of the trend leading to the shortage of mental health providers in rural communities. This study delved into the research question of why mental health provider shortages exist in rural communities and how they impact those communities. To understand the essential aspects that affected mental health provider shortages, questionnaires, surveys, and semi-structured interviews were conducted to help understand the core research questions of this study. It is always important for the researcher to understand the impact bias can have on any study. According to Bergen and Labonté (2020), preconceived notions can impact a researcher's perspective during a study.

The role of the researcher was one of the essential roles of the research process. The researcher took some specific actions for effective research to be conducted. This process can be categorized into distinct stages, each a critical step to be taken by the study. These stages were locating and defining the problem, designing a research plan, collecting data, interpreting data, and reporting research findings.

Locating and Defining the Problem

As stated by Fisher et al. (2023), in determining the problem, the researcher should consider the purpose of the study, the relevant background information, what information is needed, and how it will be used in decision-making. This action was essential because it helped uncover the boundaries of the questions to be answered.

Designing a Research Plan

Without it, having a direction guided by the research can be exceedingly difficult. Fisher et al. (2023) elaborated that a research plan is a framed blueprint for conducting a research study.

It details the procedures for obtaining the required information, and its purpose is to design a study. An effective research plan covered all the research's core areas during this study.

Collecting Data

Collecting data is one of the most crucial parts of any research because this data are key to understanding what is being studied. According to Fisher et al. (2023), data collection can involve experiments, observations, and personal interviewing from an office by telephone (telephone or computer-assisted telephone interviewing) or through the mail (traditional mail and mail panel surveys with recruited households). This action was significant for the research because data integrity was key to successful research, as data must be independently verified by others interested in understanding the study.

Interpreting Data

Once data are collected, it has to be interpreted to understand why the problem exists and fill in the gap. According to Fisher et al. (2023), this step focuses on examining the data and producing a conclusion to address the problem being researched adequately. Data interpretation in research can also be instrumental in solving a problem in research if the study is conducted effectively.

Report Research Findings

Reporting the research findings is the last action required by the researcher. As Fisher et al. (2023) stated, the results should be presented in an understandable format to be readily used in decision-making. In addition, an oral presentation should be made for professionals in the field to challenge some of the assertions in the study while allowing the researcher to defend the research findings.

As with any research, there is always a possibility of bias to impact the study's outcome. Knowing this was possible, the researcher understood these potential shortcomings and implemented contingencies to avoid bias. In broad terms, it is referred to as bracketing. According to McNarry et al. (2019), bracketing is used in qualitative research to mitigate the potentially harmful effects of preconceptions that may taint the research process. However, the processes through which bracketing occurs are poorly understood due to a shift away from its phenomenological origins. The bracketing process is a careful process that involves evaluating preconceived notions of what is being researched.

As McNarry et al. (2019) explained, bracketing is presented as two forms of researcher engagement: data and evolving findings. The first form is the well-known identification and temporary setting aside of the researcher's assumptions. The second engagement is the hermeneutic revisiting of data, and one's evolving comprehension of it in light of a revised understanding of any aspect of the topic. Particular views can be held that can impact how the research is conducted, so it was especially important that the researcher understands how to isolate those views and focus on the problem being researched without any personal biases influencing the outcome.

The role of a researcher has always been an essential aspect of any research. As a result, the researcher needs to understand what actions are necessary to conduct effective research. Key actions were explored to understand the essential steps for the researcher to conduct this study. Each element explored showed the importance of the action taken and how that specific action directly impacted the research outcome. The product of the study must be free of bias, no matter any personal views held, to avoid tainting the research. It would bring about bracketing, which avoids any judgments about the research while conducting the study. It is common for the

researcher to have personal biases, impacting the lens through which the research is conducted. Bracketing was one of the essential tools when conducting this research. As long as people conduct research, there will always be biases, so keeping those biases aside is vital to a successful study.

Research Methodology

Research cannot be conducted without a specific method in place, and to select a suitable method, the researcher understood what kind of research was being undertaken. According to Leatherdale (2019), research methodology refers to the practical "how" of any given piece of research. More specifically, it is about how a researcher systematically designs a study to ensure valid and reliable results that address the research aims and objectives. The study must be accurate and reliable because whatever subject matter is being researched, the research outcome can significantly impact the subject matter. Research on a specific subject can fill a gap, change legislation, or drive new research in that particular research. That is why having a suitable methodology for any analysis is particularly important.

Discussion of Flexible Design

Flexible design was selected as the appropriate design type in conducting this study. The researcher must have a fundamental understanding of what research design to use when performing this case study. Leatherdale (2019) stated that fixed design follows a pre-set or predetermined design, or a sequence, before data collection and is usually driven by theory. The data-gathering tools for this research are fixed and cannot be amended during the study. This type of research design is typical for quantitative analysis. According to Allaverdi and Browning (2020), a flexible design offers data collection freedom. One of the essential aspects of flexible design is receiving feedback that may change the research trajectory.

The researcher could analyze the information collected and make critical decisions on the research direction based on the information received. Finally, according to Leatherdale (2019), mixed-method involves integrating qualitative and quantitative data with a single investigation; this is an emergent form of research to broaden the researcher's scope. This study was conducted with a flexible design using the qualitative method; specifically, a single case study design was used. This proposed design is appropriate for this research because, per Allaverdi and Browning (2020), one of the characteristics of flexible design is that it allows for interim feedback, which is subject to change during an experiment or trial. It can synonymously be substituted with adaptive design. The static method was not selected because this research did not follow a predetermined design as described by how research is conducted using this method. The mixed method was not chosen because this is qualitative research. The quantitative data will only enhance the research rather than define the research. Furthermore, flexible design aligns with the research paradigm, which gives the researcher some license to apply learned knowledge in the study, which is collected, unlike the other two methods.

Discussion of Single Case Study

The study was conducted with a flexible design using qualitative methods; each methodology was explored to understand which method best fits the research. Once the research types were known, it helped narrow down what kind of methodology would be used for the study. The specific method selected was critical in forming the foundation of the research. Each of the five methodologies was further examined to determine which would best suit this research.

As Diop and Liu (2020) discussed, the case study approach allows in-depth, multi-faceted explorations of complex issues in real-life settings. The issue of mental health provider shortages in rural communities is a complex and multi-faceted issue that affects healthcare outcomes in

rural communities. It was essential to understand the appropriateness of selecting the case study as the research type and what case study research is. According to Cole (2023), case study research is a detailed form of research encompassing an array of data sources used to diagnose real-life scenarios.

Understanding the shortages of mental health providers in rural communities is a complex issue, and several sources of gathering and interpreting information would be needed to understand the problem entirely. The specific case study type was the single case study. This method was more appropriate than the other methods because it captured the core of the research subject and enhanced the research paradigm of understanding mental health shortages in rural communities.

Discussion of Methods for Triangulation

This research was conducted using several sources of information to enhance the study. Data were obtained from the National Institute of Health (NIH), interviews, surveys, and open-source information from rural information health systems, a combination of rural hospitals in the South. According to Farquhar et al. (2020), the recommended method would be a case study when conducting case study research. Triangulation helps validate research results by confirming that different methods or different observers of the same phenomenon generate the same results. Triangulation can additionally be employed to challenge inconsistencies and data that diverge or are not in alignment with the rest of the results.

In a study from Moon (2019), there are similarities between method and data source triangulation. Data source triangulation uses several sources to collect data, while method triangulation focuses on a sole source as a form of data collection. Each method has qualities that benefit the researcher based on the research being conducted, as sometimes multiple sources are

needed for research rather than just a single source. The methods to be used for triangulation are data triangulation and method triangulation. In research from Farquhar et al. (2020), using various data sources (e.g., space, time, and person) for a study is described as data triangulation. Whatever the findings, they must be independently collaborated on by other researchers.

Whenever there are witnesses in the research, it can be compensated by the strength of all the data, which gives more credence to the research. Case study research is all about the study's credibility, and this method ensures that the research can stand the test of time. Methods triangulation is the next selected method for this research. According to Farquhar et al. (2020), methods triangulation uses multiple methods to study a situation or phenomenon. The intention is to decrease the deficiencies and biases from any single approach. Method triangulation impacted the study by reducing the probability of preferences during this research, as there is always a probability for biases due to the human factor of conducting any research.

Summary of Research Methodology

The research was conducted using flexible design, and the literature above shows the appropriateness of using flexible design. The research design methodology selected was necessary for this research because of the flexibility it gives the researcher to adapt to changes. One key element critical to flexible design is feedback, which could be used to guide the research during the study. Triangulation plays a vital role in this research because using several methods to conduct research evaluates the study's validity. Triangulation was particularly important in research because validity lends credibility to the research.

Participants

The role of research participants was one of the essential aspects of the study. According to Anderson (2021), subject selection in qualitative research is purposeful; participants are

selected who can best inform the research questions and enhance their understanding of the phenomenon under study. Hence, one of the most critical tasks in the study design phase was identifying appropriate participants. According to Daelman et al. (2020), the first step a person should take is to recognize and describe the type of participant you need. Sitting down and brainstorming and writing a description of your ideal participant is one of the best ways to start thinking about who you need to find for your study to succeed. Understanding the research's critical factors helped the researcher find participants who added value to the analysis based on their knowledge of the subject. The participant who lacks knowledge of the subject being researched in qualitative research can impact the research outcome. Some participants were mental health professionals, for-profit and not-for-profit healthcare organizations, and rural residents.

Mental Health Providers

For this study, the key participants who can best address some of the issues of mental health provider shortages in rural communities are mental health providers. Mental health providers have an intimate understanding of this subject because the critical decision of a location on where to practice lies with the mental health providers. According to Anderson (2021), the subjects sampled were able to inform essential facets and perspectives related to the phenomenon being studied. It defeats having such participants if the subjects are not knowledgeable about the research topic. According to Fish and Mittal (2021), traditionally, mental health has not been a central mission of the public health workforce. Yet, given the growing awareness of the intersection of emotional well-being, morbidity, and all-cause mortality, mental health providers are essential employees of the public health workforce and

critical for promoting our nation's health. Mental health providers were essential participants in this study.

For-Profit and Not-for-Profit Healthcare Organizations

Healthcare organizations are essential in conducting this study. According to Handtke et al. (2019), site selection is one of the first and most critical steps a healthcare organization takes when developing a new outpatient facility. There are many factors that healthcare organizations must consider when investing in a new location or closing an existing site, and that decision can impact mental health provider shortage. According to Arredondo et al. (2023), a key question in ensuring healthcare accessibility is where new service facilities should be located. When healthcare organizations make this decision, there is always consideration for the cost-benefit analysis in opening a new location. The decision by healthcare organizations on where to invest can impact the mental health provider shortage in that specific community. It was vital to understand investment trends, and open-source information on healthcare investments in rural and urban communities was examined.

Rural Residents in Georgia

Rural residents are geographically located in areas lacking resources. According to Maganty et al. (2023), rural communities have disproportionately faced primary care shortages for decades despite policy efforts to prepare and attract health professionals to practice in rural locales. Residents in rural communities are uniquely positioned to understand the resources available in those communities. Historical data on residents' care in rural Georgia would be instrumental in understanding mental health care. According to Cortelyou-Ward et al. (2020), unlike other communities, rural communities have experienced shortages of mental health providers. Shortages of providers have resulted from a lack of resources to attract or keep mental

health providers who come to these communities. The residents in these communities understand this firsthand, and the historical data examined would be vital for this research.

Population and Sampling

Population and sampling were vital ingredients for any qualitative research. According to Stratton (2021), a population is a group that is the main focus of a researcher's interest, while a sample is a group from whom the researcher collects data. For this study, the population group was mental health providers in rural communities in Georgia because the shortages of mental health providers are primarily in rural communities.

Discussion of Population

The population group selected was mental health providers in rural Georgia as the primary focus of this study because the shortage of mental health providers in rural communities is a prevalent problem that was to be explored. According to Stratton (2021), in social science research, a population is the cluster of people, events, things, or other phenomena that you are most interested in; it is often the "who" or "what" that you want to be able to say something about at the end of your study. Populations in research may be relatively large, but mental health professionals are the main focus of this study and focus on a specific population. The selection of mental health providers is appropriate for this research because the subject being researched is the shortage of mental health providers. According to Merz et al. (2021), all experimental, observational, and qualitative research designs involving human subjects should define the study population to determine the eligibility of individuals for a study. Defining the eligibility criteria for the people in a research study ensured the study's validity during the early phases of the research.

Finding the right size is another essential element of the study. For this research, 20–40 mental health professionals were this study's ideal population sample size. This sample size was chosen because samples in qualitative research tend to be small to support the depth of case-oriented analysis that is fundamental to this mode of inquiry, as the smaller sample size tends to be me more focuses on the phenomenon being researched (Bekele & Ago, 2022). Bekele and Ago (2022) further suggested that studies employing individual interviews conduct no more than 50 interviews so researchers can manage the complexity of the analytic task. In amplifying this point, the others suggest that after interviewing 20 people, little new information is generated, which would largely digress from the research questions.

Discussion of Sampling

Sampling is linked to the population because the sample comes from the general population. According to Stratton (2021), sampling is selecting observations to be analyzed for research purposes. Qualitative researchers use sampling techniques to help them identify what or from whom they will collect their observations. Several sampling methods were examined to understand their effectiveness during this study. The sampling research methods to be discussed are purposeful and convenient sampling.

Purposeful Sampling

As described by Gill (2020), purposeful sampling is a technique qualitative researchers use to recruit participants who can provide in-depth and detailed information about the phenomenon under investigation. This type of sampling method is highly subjective, allowing the researcher to define the qualifying criteria each participant must meet to be considered for the research study. Research by Gill (2020) suggested that purposeful sampling is a nonrandom technique that does not need underlying theories or a set number of participants. As a result, the

research can be extensive and not well-defined. Gill (2020) also states that focusing on the researched phenomenon is extremely challenging without a defined sample number in such research types. For those reasons, purposive sampling will not be used for this study.

Convenience Sampling

As elaborated by Gill (2020), this is a sampling technique that qualitative researchers use to recruit participants who are easily accessible and convenient to the researchers. Sampling may include utilizing geographic locations and resources that make participant recruitment convenient. This sampling technique would be appropriate for this study because the study focuses on the shortage of mental health providers in rural communities. Understanding the critical subjects of this study were coming from rural communities makes it easier for the researcher to focus on specific geographic locations. According to Gill (2020), convenience sampling is a nonrandom sampling where members of the target population meet specific practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or willingness to participate in the study. When conducting a study in which the geographical location is essential, convenience sampling was the best type for this study.

Discussion of Sample Frame

According to Bekele and Ago (2022), a sampling frame is a list or database from which a sample can be used. In market research terms, a sampling frame is a database of potential respondents that can be drawn from to invite to participate in a given research project. This framework typically includes critical information about the respondents from which data can be derived to understand the researched subject better. A sample frame is appropriate for this research because knowing the respondents is essential for the study's validity. A critical part of qualitative research is contacting the study participants and identifying important information

that could be used. This framework is perfect for this study because it has been used effectively in achieving research objectives in other healthcare-related studies.

According to Marye (2022), although using healthcare administrative records for identifying a sampling frame that represents a target population has limitations, findings suggest this method has strengths. The study by Marye (2022) used information from large healthcare providers from the metropolitan area of Minneapolis-Saint Paul, Minnesota. This information was readily available from the database of providers in that specific location. A similar sample frame method for this case study would be a perfect fit because it will focus on a particular geographical area, rural communities in the South.

Discussion of Desired Sample and Sample Size

Understanding the selection used for any study is essential for proper research. According to Mthuli et al. (2022), a sample is a group of people, objects, or items taken from a larger population for measurement. The sample should represent the people to ensure that we can simplify the findings from the research sample to the population as a whole. The sample to be used is mental health providers in rural communities. Mental health providers were appropriate because to understand the reason for the shortages of mental health providers in rural communities, mental health providers in rural and urban communities would be in the best position to provide valid feedback on why mental health providers chose urban communities over rural communities.

According to Mthuli et al. (2022), sample sizes may or may not be fixed before data collection, depending on the resources and time available and the study's objectives. The sample size references the total number of respondents included in a study. The number is often broken down into sub-groups by demographics such as age, gender, and location so that the total sample

accurately represents the general population. The sample size for this study will be 20 – 40 people because, according to Bekele and Ago (2022), the recommended optimal sample size ranges for grounded theory (i.e., 20–30 interviews) and single case (i.e., 15–30 interviews) projects. These sample sizes align with the number used for this case study. According to Mthuli et al. (2022), if the sample size is too small, it will not yield valid results or adequately represent the realities of the studied population. On the other hand, larger sample sizes generate smaller margins of error and are more representative. Researchers must resist the urge to get a sample size too large, making the study costly and timely.

Stratified sampling was a great method to target the specific group needed for this research. According to Singh and Gorey (2019), stratified sampling is a method of sampling that involves dividing a population into smaller groups called strata. The groups or strata are organized based on the shared characteristics or attributes of the group members. According to Bekele and Ago (2022), Strata is vital because categorizing the different groups involved in this research would be instrumental in understanding common threads facing each specific group. To reach saturation using this sample size, an analysis of 60 interviews found that the twelfth interview reached saturation of themes. Following the same guide with 20 – 40 participants, there is an expectation that saturation will be achieved based on observation from the study by the authors cited.

Bekele and Ago (2022) further stated that sample sizes of 20 to 40 interviews were required to achieve data saturation of meta-themes that cut across research sites. There are several ways to gain access to a sample, but according to Mthuli et al. (2022), to ensure each individual is chosen entirely by chance and each member of the population has an equal opportunity, or probability, of being selected. One way of obtaining a random sample is to give

each individual in a population a number and then use a table of random numbers to decide which individuals to include. According to Marye (2022), healthcare databases are a good source of information needed for sample size. Several healthcare databases host rural community health systems with relevant information for this research. Access to the database is strictly controlled for privacy reasons. Still, for research, students sign up to the site for some access to public health information in rural communities covered under the system. Public systems were a primary source for gaining access to healthcare information and building a network of industry professionals on social media to participate in this study.

Summary of Population and Sampling

The key to sampling involves selecting the specific observations to be analyzed. In analyzing the shortage of mental health providers in rural communities, it is essential to analyze the key factors that impact the decision of mental health providers in rural communities to move to urban communities. For this to happen, a study was conducted on the population in the best position to address the shortages of mental health providers in rural communities. According to Merz et al. (2021), choosing a study sample is essential in any research project since studying whole populations is rarely practical, efficient, or ethical. The sample size must be diverse to lend credibility to the study but within the studied population. Several elements must be met for effective qualitative research to be conducted; understanding the type of sampling method, the sample frame, and the sample size are all essential portions of the study. However, without the appropriate population to gather that information for the research, the study would not be representative of an accurate depiction of the problem being studied.

Data Collection & Organization

Data collection and organization were an essential part of the research. Data were collected and analyzed to understand the problem being studied. According to Klem et al. (2022), just as qualitative data tends to be unstructured, the methods of collecting it are, too. Some popular qualitative data collection methods within academic research are focus groups, interviews, and surveys. Collecting data is just one part of the research, as it is vital to organize the data to make the research flow seamless. As Hearnshaw et al. (2021) described, data organization is the practice of categorizing and classifying data to make it more usable. Like a file folder, where we keep important documents, the researcher needed to arrange data logically and orderly so that anyone accessing it could easily find what they were looking for. These are core elements that make up an effective data organization for research. According to Klem et al. (2022), document data analysis pipelines should include all steps and parameters in the organization process. Also, document tool versions are used during the analysis so that others can reproduce the work. Reproduction of research analysis based on data provided is core to reliable research. Without the opportunity for the investigation to be created by an independent researcher, it would be challenging for the research's validity.

Data Collection Plan

Data collection was an essential part of the research and was conducted methodically. It is crucial for a plan to be established on what kind of data are to be collected and how that data will be collected. According to McGrath et al. (2019), the type of data to be collected will determine the data collection method. Interviews, focus groups, and ethnographies are qualitative methods, which is the subject of this study. Data that was critical for this study was the ratio of mental health providers in rural versus urban areas, the availability of community hospitals in

rural areas as compared to urban areas, the turnover ratio of mental health providers in rural versus urban areas, and the impact of mental health physician pay to the location selection. Collecting data on the study's subject would be critical to understanding the research problem. According to McGrath et al. (2019), a qualitative research interview is an important data collection tool for various methods used in medical education research. This method aims to assess factors like the thoughts and feelings of research participants.

Qualitative data collection methods go beyond recording events to create context. Other data collection methods included semi-structured live interviews, surveys, questionnaires, documents, and records. Participants were verbally asked open-ended questions in semi-structured interviews. For surveys, a list of questions was distributed to a sample online. According to Smit et al. (2021), qualitative researchers increasingly use multiple media to collect data within a single study. Such approaches may have the potential to generate rich insights. Technology has simplified data collection by making information readily available to researchers through healthcare organizations' network sites that host critical information. Technology was key in accessing some of the information needed for this research. Some healthcare organizations require registration to the network site with a fee to access the information relevant to the study. However, publicly available healthcare information was essential for this research. The information was reliable and available on a state website for public access.

This plan is appropriate for several reasons, primarily because technology has evolved to make accessing information from any location through healthcare systems easier, which will be critical to this study. According to Durneva et al. (2020), blockchain-based patient care applications include medical information systems, personal health records, mobile health and telemedicine, data preservation and social networks, health information exchanges and remote

monitoring systems, and medical research systems. The hub of accessible data that can be accessed and analyzed plays a critical role in easing the burden of collecting data for research. Questionnaires, surveys, and semi-structured interviews were essential in collecting data during this research. Interviews and surveys are appropriate because, according to Braun et al. (2021), a key advantage of online qualitative interviews and surveys is openness and flexibility to address a wide range of research questions of interest to social researchers, as the method allows access to data that range in focus from peoples' views, experiences, or material practices, through to representational or meaning-making practices. The problem being researched is rural communities' shortage of mental health providers. Feedback from professionals in the specific healthcare industry with knowledge was valuable to the research.

Member checking was an essential part of this research because all the data must be able to be verified after the collection. As explained by Candela (2019), member checking provides a way for the researcher to ensure the accurate portrayal of participant voices by allowing participants to confirm or deny the accuracy and interpretations of data, thus adding credibility to the qualitative study. Member checking is an additional step that enhances the research's validity. According to Busetto et al. (2020), the trustworthiness of results is the bedrock of high-quality qualitative research. Member checking, also known as participant or respondent validation, is a technique for exploring the credibility of results. The database and participants used for this research were an invaluable resource to validate the study at the conclusion.

Follow-up semi-structured interviews are an essential part of the research. It is always vital for the interviewer to check back with the participants to see if any views have evolved or are still the same from the first responses submitted. According to Signorell et al. (2021), a follow-up interview allows the interviewer and the participant to reflect on what was discussed in

the first interview, allowing new insights or aspects to emerge. During this research, the follow-up interviews will be conducted by phone calls or video chats with available participants to address the initial questions.

Instruments

Appendix A's interview guide includes ten open-ended questions approved by the Institution Review Board of Liberty University. These questions were crafted with guidelines from a similar study by (Schultz et al., 2021), which was used in a rural community to study mental health shortages in Marion County, a rural community in Indiana. According to the authors, the instrument is authorized for similar research. The first question in Appendix A addresses any influences impacting provider retention or relocation. The question opens the interview by addressing the pros and cons of working in a rural community mental health system. It also addresses research question two, which seeks to understand why mental health providers select rural communities vis-a-vis urban communities. Appendix A's three interview questions describe the credentialing of mental health providers. These questions help answer research question one, which explored the reason for the mental health provider shortage in rural communities. According to Summers-Gabr (2020), the disparity in care between residents in rural and urban communities can be analyzed by reviewing current data on shortages and trends in those communities.

Appendix A's questions four and five also help answer research question two by determining how rural community clinics can recruit more mental health professionals in rural communities. According to Westfall and Byun (2020), rural communities face healthcare inequities not found in urban areas. Most of rural North America is medically underserved. There are not enough physicians, nurses, physician assistants, and behavioral health clinicians to meet

the needs of people living hundreds of miles from the large urban centers that dot our continent. In Appendix A, questions 6 and 7, understanding the engagement of mental health providers within the community and continuous interest in the field would be instrumental in keeping and recruiting mental health professionals in rural communities. The tenth interview question is one of the essential questions for this research, as it goes to the core of mental health professional retention in rural communities. It was essential to explore the key factors that can entice mental health professionals to stay in rural communities, and it was important to hear directly from the mental health professionals as to the potentially crucial factor that would keep a mental health professional in a rural community.

The questions asked in the survey seek to solicit answers to help comprehend some factors that influence provider shortage in rural communities. These questions were conducted by using surveys. As Rinkus et al. (2021) stated, qualitative surveys can help a study early on to discover the issues/needs/experiences to be explored further in an interview or focus group. Appendix B prepared a questionnaire to collect data to answer research questions and determine elements that lead to provider shortages in rural communities. The research question addressing this specific problem is mental health provider burnout. Even though the Appendix B questionnaire speaks specifically to burnout in other professions, understanding the burnout ratio of mental health professionals was crucial to know how that compares with other professions. Appendix B's standardized training question correlates to the research question on mental health provider credentialing and recruitment.

Training plays an essential role in any profession and is especially important for providers; understanding how mental health providers are credentialed and trained will help inform on the critical role of recruiting and retaining skilled personnel. The last two Appendix B

questions address geographical barriers and turnover of mental health providers compared to other physicians. These questions address the location of rural communities in the survey, which significantly impacts mental health provider recruitment. The survey questions helped clarify how significant locations affect provider recruitment to rural communities.

The rural community health platform was used to access archive information on mental health provider retention in rural communities. The importance of accessing historical data on mental health provider recruitment and retention in rural communities cannot be overstated. That was crucial information for understanding the trends and shifts in the demand and supply of mental health providers in rural communities. Bonacina et al. (2020) discussed that baseline data play a vital role when conducting research by analyzing the cause and effect of a phenomenon. Understanding the significance of any phenomenon's baseline changes was essential to answering the research questions regarding provider shortages in rural communities based on available data.

The role of archival data is not limited to just the provider shortages in rural communities. Still, it may also answer research questions on mental health provider retention in rural communities. The data will also have the possible outcome of mental health provider retention vis-a-vis patient outcomes in rural communities. It was valuable to use the data in the archives; the researcher can associate the mental health provider shortage information with the different locations. The data resulted in an understanding of the core issues of mental health provider shortages and retention in rural communities. Information is key to any research; the more a researcher can understand a specific phenomenon, the better data to use for the research.

Surveys are essential in gathering information from participants regarding the research being conducted. Braun et al. (2021) stated that qualitative surveys consist of a series of open-

ended questions crafted by a researcher and centered on a particular topic. Traditional tools have been used to conduct academic surveys, but technology is changing how surveys are conducted. According to Braun et al. (2021), a key advantage of online qualitative surveys is openness and flexibility to address a wide range of research questions of interest to social researchers, as the method allows access to data that range in focus from peoples' views, experiences, or material practices, through to representational or meaning-making practices. The reliability and validity of any survey depend on the information being verifiable by an independent body, which gives credence to the study. According to Mac Giolla Phadraig et al. (2021), reliability reflects the extent to which the research results can be reproduced when repeated under the same conditions.

Information is always essential when conducting research; the source of that information is equally relevant to the study. Some databases are publicly available in the healthcare industry without personal patient information to get data on specific health issues. According to Delios et al. (2022), using archival data for research is essential to understanding the wealth of knowledge on the researched subject. In the case of mental health provider shortages in rural communities, specific databases would provide broad information on provider distribution by region. According to Lavingia et al. (2020), over half of the adults with a mental illness do not receive treatment, totaling over 27 million adults in the United States who go untreated.

Using databases like Mental Health America (MHA) can be a valuable tool for understanding the disparity of providers in urban versus rural communities. Other significant government databases can be used to research mental health provider shortages in rural communities. An excellent example of such a database with archival information would be the Substance Abuse and Mental Health Data Archive (SAMHDA), which provides information about patients and mental health provider distribution in different geographical locations. The

data addresses the research questions because it goes to the core of exploring the problems faced by mental health professionals shortages. The database will provide valuable information on the patient ratio per region and mental health provider distribution in those regions. Having data that can explore different aspects of mental healthcare in various communities was a great resource in expanding on the problem of mental health provider shortages in rural communities. It is also essential for the researcher to select what information is relevant when scanning through an archive. It is common to be overwhelmed with information in a database, so narrowing the search with keywords will be crucial to keep the research focused on the objective.

Data Organization Plan

Data serves a crucial purpose in any research; even though collecting the data posed some mild challenges, it was essential to plan how that data would be organized once collected. A practical method to manage the data was advantageous in chronologically conducting the research. According to Kanza and Knight (2022), a data organization plan describes the data you expect to acquire or generate during a research project, how you will manage, describe, analyze, and store those data, and what mechanisms you will use at the end of your project to share and preserve your data. One of the priorities in organizing the data would be selecting the method to collect the data; questionnaires, semi-structured live interviews, and surveys were used for this study. Understanding the participants while collecting this data is another critical aspect of organizing the data, as the participants were categorized into different levels. Once the participants are categorized, questions were well defined and recorded so that a flow of the chosen qualitative data collection methods was followed as closely as possible.

Finally, SurveyMonkey was used to annotate all the information collected chronologically for effortless flow and understanding during the research. SurveyMonkey would,

however, not be the only tool for data analysis; another tool used was Excel to perform any analytics. According to Worku (2023), research analytics is essential for any research, and using a standardized tool within the research community guideline gives more credence to the research. A research study's appropriateness depends on the research being conducted. According to Rose and Johnson (2020), the researcher should selectively and correctly choose an approach according to the nature of the problem and what is known about the phenomenon to be studied. For this to happen, there are specific criteria that must be met. According to Creswell and Poth (2018), qualitative methods are used to answer questions about experience, meaning, and perspective, most often from the participant's standpoint. These data are usually not amenable to counting or measuring. Understanding the research problem of shortages of mental health providers falls within the realm of this research method, making it appropriate for this study.

Summary of Data Collection & Organization

Data are always one of the essential aspects of conducting any research. Qualitative research is part of understanding what data are needed and how to collect the information. It is also vital to know the difference between qualitative and quantitative data because that determines the method that would be appropriate for collecting data. Once the data were collected, the next step is equally important: organizing the data. Managing data collected during research is about creating a system that would make information easy to understand with a chronological flow. Data organization also serves to preserve the data to be used later to verify critical information about the research.

Data Analysis

Data analysis requires a couple of steps to conduct an adequate analysis. Understanding the definition of data analysis would shed more insight into the importance of data analysis in

research. According to Worku (2023), qualitative data analysis is a process of gathering, structuring, and interpreting qualitative data to understand what it represents. With a good understanding of qualitative analysis, some steps about how the analysis should be conducted must be outlined. These steps include gathering and collecting the qualitative data, organizing the qualitative data, coding the data, analyzing the qualitative data for insights, and reporting on the insights derived from the analysis.

Emergent Ideas

There is always a possibility of things evolving during any research. According to Lo et al. (2020), an emergent idea is an ability to adapt to new ideas, concepts, or findings while conducting qualitative research. During the study, new ideas emerged, which must be considered as the investigation is being fulfilled. Some information was anticipated during an examination, while others will be unanticipated. Welcoming incidental information is a critical part of emergent ideas in qualitative research. As explained by Yorgason et al. (2021), a defining characteristic of emergent designs is that they are flexible by allowing for interaction between different strands of data at other points of time during the research. Emergent design is crucial because the information is core to understanding the research problem.

Coding Themes

In qualitative research, themes arise during the study and are utilized to find patterns across the qualitative data set. According to Parameswaran et al. (2020), It is important to note that coding is not a one-time, linear event. The qualitative analytic process is cyclical, and the first coding cycle occurs during the data's initial coding. The view of coding as a means to better understand and comprehend information is essential to research. As Younas et al. (2022) expressed, thematic analysis is an excellent approach to research where you are trying to

discover something about people's views, opinions, knowledge, experiences, or values from a set of qualitative data. Thematic analysis was especially important because the opinions of mental health providers are essential to understanding the views of key research participants. Comprehending data cannot be unique to the researcher; the information must have a logical layout that can be learned by others reading the study.

Interpretations

The process of coding themes, per Younas et al. (2022), includes familiarization, coding, generating, reviewing, defining, naming, and writing up. A process is needed to interpret data during the coding process. Interpretation of data includes preparing and organizing the data, reviewing and exploring the data, creating initial codes, reviewing the codes, revising combined themes, and cohesively presenting themes. Interpreting data helps develop the researched themes, but it is critical for enough data representation.

Data Representation

Pedersen et al. (2022) elaborated that data representations are graphics that display and summarize data and help us understand the data's meaning. There is a specific purpose for data representation in research because it helps illuminate how much of the data falls within a specified category or range of values and understand the typical value of the data and the variables in the data. According to Pedersen et al. (2022), various data representations can communicate qualitative (categorical) data. A table summarizes the data using rows and columns. Each column contains data for a single variable, and a basic table contains one column for the qualitative variable and one for the quantitative variable.

Analysis for Triangulation

The final step in understanding the overall picture in coding is triangulation analysis. According to Farquhar et al. (2020), triangulation in research means using multiple datasets, methods, theories, and investigators to address a research question. It is a research strategy that can help you enhance the validity and credibility of your findings. Triangulation analysis is used in both quantitative and qualitative research. From a qualitative research perspective, in-depth interviews will be conducted with the participants. Information was obtained from multiple sources to understand better the mental health provider shortage problem in rural communities. Publicly available information on and information from healthcare organizations was crucial for triangulation. The plan to gather data for this research was through video interviews, and the participants consented for the information to be used as part of the research. All the discussions will be analyzed to understand the varying perspectives of participants and categorized based on the different views.

Summary of Data Analysis

Several components make data analysis essential in analyzing data, from emerging ideas that discuss themes found during research to coding themes that seek to find commonalities in different themes as the research is conducted. Interpreting data plays an equally important role in research because this process entails a detailed understanding of the data collected, as a narrative of the data must be presented during the study, and mispresenting the data can alter the research outcome. It is not the role of the study to reject that which contradicts any preconceived notion but rather to present all the data chronologically, as that boosts the credibility of the research. The process ends with data triangulation, which encompasses getting data from various sources to enhance the study’s credibility.

Reliability and Validity

If there is one phrase that describes any research findings is the ability for that research to be reliable and valid. Reliability and validity are the core of any good research project. One of the critical tenets of research is the ability of external research to use that research as credible work in the field of study. According to Rose and Johnson (2020), trustworthiness issues in qualitative research are often demonstrated through particular reliability and validity techniques. Work can only be deemed reasonable if the information provided is reliable and can be validated independently of what the researcher has provided.

Reliability

Reliability is a critical tenet that must be considered during research. How reliable is the method used to obtain data, and can that information be replicated with an independent researcher? According to Rose and Johnson (2020), reliability refers to how consistently a method measures something. The measurement is considered reliable if the same result can be consistently achieved using the same methods under the same circumstances. During this research, it would be essential to use the test method to ensure that the results do not vary from test to test. According to Coleman (2021), reliability is sometimes called dependability, confirmability, or "consistency" within a qualitative investigation. Demonstrating reliability within a qualitative study is challenging because, unlike quantitative research, there are no available statistical tests for this purpose. Numbers have a predictable outcome while people do not, so that challenge will always exist when conducting reliable qualitative research.

As described by Phillips et al. (2019), some ways to ensure reliability for this study is to use refutational analysis, which involves exploring and explaining contradictions between individual studies, and triangulation, which provides credibility, transferability, dependability,

and confirmability. Phillips et al. (2019) also stated that when scholars express concern about trust in science, they often focus on whether the public trusts research findings; this is because even with the stringent standards required for research, the researcher is possibly doing unethical things. Keeping a comprehensive record of data and tables collected during this study was important to dissuade some reliability concerns in research.

Validity

Another core aspect of research is the validity of the study. Rose and Johnson (2020) explained that the reality of a research study refers to how well the results among the study participants represent actual findings among similar individuals outside the study. It was essential to maintain the validity of the research; there is a need to understand the underlying needs of the research, the overarching process guidelines, and the societal rules of ethical research. One of the techniques used for validity in this research was triangulation by using multiple methods or data sources in qualitative research to develop a comprehensive understanding of phenomena. As discussed by Coleman (2021), the validity of qualitative research can also be established using a technique known as respondent validation. Respondent validation involves evaluating the initial results with the participants to see if the results still ring true. The process would be another test that would be applied during this research.

As in any research, some fundamental guiding principles are necessary to meet specific standards. It is important to understand data saturation for validity. According to Fofana et al. (2020), data saturation is reached when no new relevant information emerges with additional interviews. At some point, it would be irrelevant to continue getting more people to the sample size if the information gathered would not affect the research outcome.

Finally, another method used for validating research is member checking. According to Motulsky (2021), member checking is a qualitative technique used to establish the tenet of credibility in trustworthiness. Credibility involves establishing the truth of the research study's findings; in layperson's terms, it means showing that the findings are accurate and honest. Participant feedback was vital to this process as it gave more credence to the study.

Bracketing

At its core, bracketing is the suspension of personal biases to understand a specific phenomenon during research. According to Dörfler and Stierand (2021), bracketing demonstrates the validity of the data collection and analysis process in most phenomenological studies; how the researchers use them in practice is rarely shown explicitly. The core of bracketing is mitigating the potentially harmful effects of preconceptions that may taint the research process. One of the critical techniques for bracketing would be to list all potential biases and address the preferences before addressing the core of the research.

There are always anticipated themes of study that could play a significant role in bracketing because setting aside the anticipated themes would help in the study and only confirm those themes upon coming across the specific themes. As Brown et al. (2021) described, in exploring the Moustakas method of bracketing, the key takeaway is understanding how one's personal view can be set aside while conducting research. Keeping personal judgment away from the research was core to ensuring the study maintained its integrity.

Summary of Reliability and Validity

Several factors are essential to research, but all the elements that make up research are irrelevant if the research has no credibility. Credibility is necessary for research, and one of the crowning achievements of any researcher is receiving the stamp of approval from their peers.

Peer-reviewed research is regarded as the gold standard because it shows reliable information based on reviews by other researchers and has been validated as a work that can be cited. It is the researcher's responsibility to ensure all the information obtained during the research is accurate to the best of the researcher's ability. There is always the possibility of the human factor impacting the outcome of research, and researchers need to set aside personal biases to avoid conflict of interest or unique feelings that could affect the research.

Summary of Section 2 and Transition

In any research, some critical aspects must be met for the reader to understand the core of the research. Jack and Phoenix (2022) stated that the purpose statement announces the research's scope and direction. It tells the reader what to expect in a paper and the specific focus. The purpose of this case study, as explored during the research, was the shortage of mental health providers in rural communities. Once the purpose of the research was understood, the researcher needed to stick to the research guidelines as elaborated in the role of the researcher. Locating and defining the problem, designing a research plan, and collecting, interpreting, and reporting the data collected findings are all vital aspects of the researcher's role. No research can be done without understanding the research methodology, as defining what methodology to use guides the principles governing the research. As discussed during this study, flexible design was the research methodology used because it allows the researcher to be flexible in changing the course of the research based on feedback from the research participants. This section summarizes the core building blocks necessary for any research's reliability and validity. Using peer-reviewed literature currently is essential in expanding all the critical areas of the study.

Section 3: Application to Professional Practice and Implications for Change

The researcher presented and explored the overview of this study, the presentation of findings, their application to professional practice, and gaps that could be addressed in future studies. The analysis explored the themes discovered by the researcher, how the themes were interpreted, and the presentation and visualization of the data. The researcher explored the relationships of findings between the research questions, the conceptual framework, anticipated themes, current literature, and the problem being researched. The researcher also explored the impact of mental health provider shortages in rural communities and the impact on the communities. Also, the researcher addressed some feasible solutions to address the shortages of mental health providers in rural communities due to a lack of resources. Essential to the findings by the researcher was the impact this study had in addressing some of the existing gaps in the shortage of mental health professionals in rural communities. In finality, the research showed the spiritual impact of this study and how it impacted the researchers' personal growth from a professional and spiritual perspective.

Overview of the Study

This qualitative single case study examined the shortage of mental health professionals in rural Georgia and the impact the shortage could have on several other factors, like patient outcomes and an increase in unaddressed mental health cases in rural communities. The researcher explored how rural communities, with support from federal, state, and local governments, can directly impact the trajectory of mental health professional shortages in rural communities. Key to arriving at the findings for this research was the method by which the researcher used to reach the prospective participants. A questionnaire was designed and approved by the IRB board of Liberty University, and in coordination with a participating clinic

in Georgia, a survey and questionnaire were sent out via a link created by SurveyMonkey to qualified participants. From the list of qualified participants initially identified, a follow-up Zoom link was sent for semi-structured live interviews after the initial phase of the study. There were disqualifying screening questions that eliminated prospective participants who did not meet the criteria stated in the welcome SurveyMonkey page guidelines.

Presentation of the Findings

This study was conducted with a diverse group of certified mental health professionals, comprising 128 participants, with 81 participants who met the review requirements for this study. To achieve saturation for this study, 30 random participants were selected to review responses for this study by the researcher. The participants included psychiatric mental health nurse practitioners (PMHNP), medical doctors (MD), mental health counselors, Licensed Clinical Alcohol & Drug Abuse Counselors, and Clinical Social Workers. These mental health professionals provide direct care to rural and urban Georgia patients. For this study, survey questions and questionnaires were sent to the participants. These mental health professionals are first-line providers for patients seeking mental health and are normally their primary care providers.

Several credentialing elements are required to practice as a mental health provider; without such credentials being standardized, it is difficult for mental health providers to move across the state or certain regional lines without uniform credentialing. Patients rely on these mental health providers for care in an extremely critical area of health. Consistent with Kim (2020), who stated that despite the importance and conflicting perspectives on the role of training and occupational credentials for direct care workers, theoretical explanations and empirical evidence that support its effects on job qualities are rare.

Each participant completed an online questionnaire and survey distributed through the SurveyMonkey® application shared by a collaborating clinic on a mental health provider platform. The survey guide (Appendix A) was designed to require ten minutes to be completed, which consisted of ten questions from a similar study developed and approved by the Indiana University Institutional Review Board and concurred by the Liberty University Institutional Review Board. To start the survey, all participants were provided with a qualifying survey question to meet the criteria. Each survey question required a "Yes" or "No" response or a multiple-choice option. Mental health professionals are a vital group for this study because these are the first-line providers to address mental health care directly with patients.

In a study by Radfar et al. (2021), common barriers such as accessibility failure, insufficient funding, insufficient psychiatric beds, limited insurance access and economic burden, and clinician shortages have strained the healthcare system. There is a consensus amongst mental health professionals that the mental health delivery system in the United States cannot meet the population's growing mental health needs, leading to provider burnout in a critical field. As McGrath (2023) stated, America's rural and frontier cultures can adversely impact healthcare delivery; enormous disparities exist between the care provided to rural and urban communities. When there is a disparity in care, there is a shortage of mental health providers; businesses and local governments must find ways to address the shortages. Kirby et al. (2019) noted that in 2017–2018, one-third of rural counties had no psychiatrists per 100,000 or (33.3%) when, according to best practices, there should be 50.1% per 100,000. This disparity is inadequate for mental health providers in rural areas per the recommended standard.

A diverse pool of mental health providers was sought for this research; per findings by Cullen et al. (2023), there are different mental health providers with different perspectives on

mental health issues in rural communities. In research by O'Sullivan et al. (2021), informed consent depends on disclosing pertinent information, the capacity to consent, and a voluntary decision. One of the challenges to gaining access to these participants was the schedule; however, providing a survey and questionnaire that could be responded to at the convenience of a cellphone reduced the burden of participation by the mental health providers. To complement the survey and questionnaire was the follow-up semi-structured live Zoom interviews. The researcher protected any identifiable information in a secured and password-protected database available only to him. The questionnaire and survey collection phase were conducted on the SurveyMonkey application after preliminary screening on the introduction page of the survey. Upon completing this phase, the semi-structured live interview entailed follow-up questions via a Zoom teleconference. During this time, participants could further elaborate on questions from the questionnaire. Qualified candidates responded to the survey and questionnaires with the follow-up Zoom semi-structured live interview without any personal information shared or captured by the researcher.

Several sections are part of this research; each is critical in revealing relevant information about the shortage of mental health providers in rural communities. The results show feedback from mental health professionals. When collecting data, measures must be put in place to ensure the information is reliable and valid, which can be done through the analysis of the reliability and validity test of the data. In conclusion of this finding, there is a discussion of applying the results to business practice and how best to apply the results to business practice. Another key area will be the reflections on professional and personal growth from conducting this research. The researcher administered 10 open-ended questions to help understand the challenges faced by mental health professionals working in rural areas. These questions are meant to solicit responses

to understand the shortage of mental health providers in rural communities. The researcher communicated by phone calls and email with the partnership clinic on sharing the survey link on a closed mental health provider social medial platform and appealing to participants. One hundred and twenty-eight mental health professionals responded to the survey, and 81 met the specific criteria to participate in the research study.

The researcher provided a consent form on the first page of the online survey with the Liberty University Review Board's contact information for any concerns before beginning the survey. Creswell and Poth (2018) specified that qualitative researchers often collect data in the participant's field and the site of the study problem. Due to the nature of online surveys, participants could take the survey from any location using any device with internet access. It was a challenging experience to get the participants to participate in the online survey, as participants decided when to take the survey as their time permitted. The initial appeal got just twelve participants to participate in the survey; a collaborating member of the participating clinic who is part of a social media mental health provider page deleted a message showing the link. Communicating with the collaborating clinic personnel, a relaunch of the online survey was sent with a notice informing potential participants the survey was time sensitive. The relaunch successfully got more participants to engage in the survey and questionnaire as required for the participants to meet all the criteria. The follow-up semi-structured live Zoom interviews did not face the same challenges to need a relaunch.

As in a study by Savard and Kilpatrick (2022), recruitment challenges to participate in studies are not unexpected, even if the study's outcome could benefit the field. Mental health professionals are preoccupied with private and professional obligations like any other group of professionals. All participants in this research responded voluntarily to the survey. Appendix E

shows the participant numbers (P1–P30) as they relate to the corresponding number of randomly selected participants from the questionnaire who met all survey criteria. Table 1 describes key questions from the questionnaire and codes aligned with the questionnaire as produced by the SurveyMonkey software, as the research questions form the core and foundation of the study. Each question aligns with the theme and research question as described below. The research questions all with the specific questionnaires and the accompanying themes. From this foundation, the researcher explored other aspects of this research finding using the SurveyMonkey application, which was used to conduct the survey and questionnaire. Also critical was the semi-structured live follow-up Zoom interviews, which allowed the participants to expand from the original responses.

Table 1

Research Questions and Interview Answer Theme Alignment

Questionnaire	Alignment Code	Theme
RQ1. Why are mental health providers leaving rural healthcare communities?		
How does mental health provider pay in rural communities versus urban communities impact provider decisions on a location to practice?	Pay Patient load Work environment Sparsely distributed	Incentives for providers Stretched resources Geographical challenge
What are some of the ways in which community clinics can recruit mental health professionals?	Higher pay More resources Flexible hours	Incentives Resources Relocation bonus
What is a crucial factor that would help mental health professionals in rural communities?	High pay Better resources Public transportation Funding	Resources Incentives Accessibility

RQ2. How can rural healthcare communities increase the retention rate of providers?		
How involved do you feel in the community as a mental health professional?	Investment	Geographical location
	Peace of mind	Resources
	Community	Accessibility
	Family-oriented	
What is the typical patient load for providers in rural communities?	Burnout	Workload
	Complacent	Resources
	Overworked	Accessibility
What factors could enhance mental health provider involvement in the community?	Family orientation	Public–private partnership (Resources)
	Funding	Collaboration (Accessibility)
	Community focused	Resources
RQ3. What barriers in mental health credentialing hamper an organization's ability to hire qualified mental health professionals?		
What is a crucial factor that would help mental health professionals in rural communities?	Uniformity	Resources
	Community support	Accessibility
	Funding	Location
How are people in rural communities getting their mental health needs met?	Transportation	Geographical challenges (Location)
	Shortage	Local clinics (Resources)
	No care	Lack of care (Accessibility)
How does licensure impact the selection of location to practice?	Opportunities	Licensure
	Urban choices	Geographical choices (Location)
	Biggest factor	Regional standards (Accessibility)

Themes Discovered

Key to understanding the themes discovered by the researcher was exploring the research questions and analyzing the responses from the participants to understand which common themes or new themes were discovered. The questionnaire had an average of 50 responses, which were used for analysis. The researcher reviewed all the responses for common trends amongst the participants. The researcher read these transcripts numerous times to become familiar with each transcript before commencing memorization, and this is an essential part of understanding feedback in any research (Creswell & Poth, 2018). The researcher also used word cloud, part of the SurveyMonkey application, to detect the most frequent or common words used responses to the questionnaire. This process enabled the researcher to analyze each participant's voice, essential to collecting rich and meaningful data (Lobe et al., 2020). The participants responded to all 10 open-ended questions, and the research explored some of the key themes from the research question. As a result, five key themes were developed after reviewing all questions and responses. These themes from the word cloud developed by SurveyMonkey software in analyzing the results were licensure, accessibility, location, work resources, and incentives.

Theme 1: Incentives

The introduction of per diem prospective payment systems has recently become topical because the reform of mental healthcare financing to improve cost-efficiency is currently of public concern (Pott et al., 2021). To question how community clinics can recruit mental health providers, incentives were a recurring theme. Incentive plays a critical role in attracting mental health providers to disadvantaged communities, according to the survey responses from P1, P2, P3, P4, P6, P8, P12, P13, P14, P15, P16, P17, P20, P21, P23, P25, P26, P27, P29, and P30 which accounts for 67% of the selected respondents for this study. P5, P7, P9, P10, P11, P18, P19, P22,

P24, and P28, which constitute 33% of selected respondents, are an array of responses. P24 stated, “hiring events,” P24 stated “community outreach programs, local health department website, social media,” P18 “having a great program that has made a difference in the community.”

This theme is not unique to mental health professionals in rural communities, as some of the respondents of this survey worked in urban areas. Haggerty et al. (2022) mentioned that financial incentives are widely used to influence physician behavior concerning productivity and quality. It has also been utilized to increase the uptake of specific interventions. With the rise in mental health globally, mental health professionals need to have all the resources necessary to address the needs of rural communities. The current incentive structures have proven ineffective in addressing the shortage of mental health professionals in rural communities. Per Palomin et al. (2023), community mental health centers in rural areas are often underserved due to shortages of mental health providers and limited resources.

Incentives encouraging mental health professionals to come to rural communities could impact the specific problem of mental health professional shortage in rural communities. It is incumbent on rural communities to develop more robust incentive programs to retain mental health professionals in rural communities.

Theme 2: Accessibility

Rural-urban disparities in access to mental health services exist. In 2003-2004, rural adults had a greater need for mental health services but fewer office-based mental health visits than urban adults (Chen et al., 2022). Access to care is an essential determinant of outcomes for patients. Lack of access creates a disparity in an already scarce resource. As Pryor et al. (2023) demonstrated, the most frequently reported barrier to accessing mental health care pertained to

personal resources. Lack of personal transportation can affect the ability to sort and receive care in rural communities, which is not as prevalent in urban communities due to access to affordable public transportation.

Such a hindrance may seem insignificant, but it significantly impacts residents of rural communities. Thirty-seven percent (37%) of participants mentioned accessibility as an issue when selecting a rural location versus an urban location. To the question as to how people in rural communities are getting their mental health care, P1 responded, “Most people are not unless they have access to care,” P4 stated, “Access to providers, access to a therapist, cost of appointments with providers/therapists,” P6 stated, “Accessibility of licensure impacts the location of practice,” and P14 stated, “Expanded scope of practice may improve provider supply, healthcare access and utilization, and quality of care.”

Of the 63% of respondents to did not specifically indicate accessibility as a key deterrent for selecting rural communities, some of the participants had similar perspectives. As an example, P15 stated, “The counties are picky,” P17 stated, “It limits my options as far as where I can commute to work,” and P27 stated, “It can increase but decrease solicitation.” This sample of the responses shows that participants still have various concerns about working in rural communities. This concern impacts location selection by mental health professionals in rural communities, which leads to a shortage of mental health professionals in rural communities that desperately need more access to care.

Theme 3: Location

The professional practice environment can significantly impact mental health professionals’ decision-making process. Location is essential as it encompasses the core of what mental health professionals need to accomplish the goal of meeting with patients (Zelenikova et

al., 2020). During this study, 81% of the respondents said the location impacted the decision on where to work. As de Deuge et al. (2020) indicated, mental health promotion programs are particularly important in rural communities, where the impact of mental health problems is compounded by geographic isolation and a lack of relevant services. The impact of isolation in rural areas cannot be overstated when it comes to the mental health of the residents in these communities. With the disparity of care in urban areas versus rural areas, some feasible ways must be used to address the challenges faced by location. Location is an important matrix as expressed by participants' responses, P7, P9, P10, P11, P12, P13, P14, P15, P16, P17, P20, P21, P23, P25, P26, P27, P29, and P30. These participants constituted 60% of respondents and provided varying accounts as to the importance of location. As part of the questionnaire, two questions delved into the location issue.

The questions were: How does licensure impact the selection of a location to practice? How does mental health provider pay in rural communities versus urban communities impact provider decisions on a location to practice? The feedback provided by participants were as follows: P7 stated, "Providing incentives that are needed such as tuition reimbursement, relocation allowance, housing, annual bonuses," "Higher pay in urban areas is more attractive to employees," P9 stated, "In rural communities, we get paid less than in urban because of the volume of patients," and P17 stated, "It limits my options as far as where I can commute to work."

Essential to this study was a follow-up semi-structured live interview with the participants to understand if the themes changed from the initial interview, and the discussion that occurred via Zoom was as follows: The researcher welcomed the participants. A screen was shared with the first five questions, and the floor was open for conversation after some ground

rules of the video conference were set. The open microphones initiated the first discussion prompted by P13 as follows:

P13 stated: “Concerning how licensure impacts my location selection and its impact on where I practice, I think I gave a generic no, but it truly affects how I pick a location.” The researcher inquired what made the participant come to this new conclusion from your previous response. P13 stated, “I recently rejected an offer to move to a new location because a different license would be required, and I did not want to pay out of pocket for the license.” The response from P13 was great feedback as it aligned with the initial response of the participant on licensing.

As indicated by Holtom et al. (2022), in general, a response rate should be seen as more valid when the responses are freely given without fear of coercion, and they should be seen as more valid when participants are less aware of the specific hypotheses being evaluated. Of the 40% of participants who did not elaborate on location as a key factor, the responses varied but still related to location as a factor. For example, P6 stated, “more likely to work in urban communities for the pay benefits,” and P1 stated, “It does not pay as well, which is why I do not work in a rural area.” This shows rural communities’ challenges in recruiting or retaining mental health professionals. Hailemariam et al. (2019) stated that mental health services remain numerically limited, geographically centralized, and structurally hospital based. Consequently, there is a large treatment gap, with over 90% of people with severe mental disorders. When rural communities lack facilities to employ mental health professionals, there is a lack of access to mental health professionals, which directly impacts the shortage of mental health professionals in rural communities.

Theme 4: Work Resources

Per DCunha et al. (2021), in the rural United States, the dim economy and scarce healthcare resources are attributed to exclusion from broader society. In this way, health institutions have become "core institutions' reshaping experiences of poverty and citizenship. As demonstrated by selected responses from the participants, rural communities lack the resources to address the severe mental health shortages in those communities. P1, P2, P3, P4, P5, P6, P7, P8, P9, P10, P11 P12, P13, P14, P15, P16, P17, P20, P21, P22, P23, P24, and P25 which compromised 83% of selected respondents mentioned resources in some form or fashion. As mentioned by Silver et al. (2022), physicians' primary ethical obligation is to promote the well-being of their patients. Policies for allocating scarce healthcare resources can impede their ability to fulfill that obligation. Some of the specific responses to address resources from participants included P2 stating "pay, availability community resources, affordability for the patient," P5 stating "better pay and resources" and "higher pay and better resources," P6 stated, "offer adequate salary compensation, support, and resources" and P9 stated, "knowing the community as a whole. The current resources that are available for the community. And knowing the need." These responses show the importance of resources in rural communities, especially for mental health patients.

One of the challenges in rural communities regarding addressing the mental health needs of the residents is the lack of resources physicians need to practice in these communities. When there is a shortage of essential resources for mental health professionals, mental health professionals tend to find alternative urban areas with more resources to practice. As a result of the movement to urban communities, a shortage of mental health professionals in rural areas is created (Arredondo et al., 2023).

Theme 5: Licensure

Eisenmann (2020) stated that professional organizations advocate for patient safety through professional practice, whereas a regulatory organization can regulate unsafe practice by licensure discipline. The participants who cited licensure as critical to being a mental health professional and the impact it has on rural communities were P1, P2, P3, P5, P6, P9, P10, P11 P12, P15, P16, P17, P20, P25, P26, P27, P29, and P30. These participants acknowledged that licensure was important in deciding where to practice or how a location is selected. As stated by P1, "I want to be licensed in a place where I can make the most money," and P5 stated, "Providers will practice where it is easy to obtain licensure," P6 stated, "accessibility of licensure impacts the location of practice," P9 stated, "licensure has a positive role regarding the community. It helps clients reach trained personnel," P10 stated, "licensure of a public service and the use to ensure the quality and safety for all," P20 stated, "because it affects the quality of the output of the work," and P29 stated, "you have to look at the state's need for mental health professionals, as well as the individual communities that need service." This accounts for 60% of respondents selected for this study's analysis.

As Bayne and Doyle (2019) indicated, counselors have been licensed to practice in all 50 states and the District of Columbia since 2009. Still, licensure portability (i.e., the ability to transfer a license from one state to another) remains elusive due largely to variations in educational and training requirements between states. As a result, there are challenges with mental health professionals being able to practice in various regions, especially rural communities, which leads to a shortage of mental health professionals in these communities. To further explore this perspective, a follow-up semi-structured live interview via Zoom conference was conducted, and the feedback was as follows: P29 stated, "Regarding the barriers to hiring

mental health professionals, I believe and did not respond, but I think with all kinds of credentials requirements in different regions, it reduces some good potential candidates." This response prompted the researcher to ask how P29 came to this new perspective. P29 stated, "Just thought about it more than the first time." The researcher noted the feedback, as the discussion aligns with the theme and sheds light on P29's original view.

Interpretation of the Themes

Many participants responded to all 10 open-ended questions, and the researcher explored key themes from the research questionnaire. From an analysis of P1, P2, P3, P4, P7, P10, P13, P15, P16, P17, P18, P19, P20, P21, P25, P27, and P30 believed that location, accessibility, work resources, incentives, and licensure are part of the challenge faced by mental health professional rural communities. These themes from the word cloud developed by SurveyMonkey software and analyzed by the researcher aligned with the literature review. As Terry et al. (2020) demonstrated, provider satisfaction is an essential metric for determining if a provider stays in a specific geographical area and is necessary for this research. Rural healthcare communities cannot keep providers satisfied due to several factors that affect the provider's ability to provide optimum patient care.

The themes developed from this research affirm the current literature regarding the factors that affect selecting a location and the incentives needed to attract providers. This was further evident by the responses from the participants. P6 stated, "Accessibility of licensure impacts the location of practice," P9 stated, "In rural communities, we get paid less than in urban because of the volume of patients," and P4 stated, "access to providers, access to a therapist, cost of appointments with providers/therapists." The current literature on the shortage of mental health professionals in rural communities aligns with the themes discovered during this research.

Mental Health Professional Licensing and Credentials

The role licenses played in mental health care was essential to the research issue. Most participants in the questionnaire expressed the importance of licensing and credentialing in the mental health field. The research examines the shortage of mental health professionals in rural areas, and having a license plays an important role in addressing such shortages. Systematizing regulation and credentialing processes may benefit the development of a competent and responsive public health workforce (Gershuni et al., 2023). There is a need for nationalized credentialing in healthcare, giving providers of the same background and training universal access to provide care.

In this research, credentialing described the professional qualification standard expected of mental health providers. Part of the questionnaire, which had similar responses from most respondents, asked, “How does licensure impact the selection of location to practice?” The participants’ responses varied, and the following quotations from P6, P7, P10, P12, P15, P17, P19, P21, P23, P25, and P28 are as follows:

- “Licensure has a positive role regarding the community. It helps clients reach trained personnel.”
- “Licensure of a public service and the use to ensure the quality and safety for all.”
- “Expanded scope of practice may improve provider supply, healthcare access and utilization, and quality of care.”
- “It limits my options as far as where I can commute to work.”
- “It seems a bit overwhelming at times.”
- “It can increase but decrease solicitation.”

As presented by P1 through P30 throughout this research, the views on the impact of licensing aligned with the current literature. P1, P2, P3, P5, P6, P9, P10, P11 P12, P15, P16, P17, P20, P25, P26, P27, P29, and P30 participants discussed the impact licensing has on location, limitations, and expansion, and this will further be examined during this finding. The feedback provided by these participants is important because this study examined rural communities' mental health professional shortages.

As stated above, licensing is an important tool for the quality of services. Rasmussen et al. (2019) stated that mental illness is stigmatized worldwide. In cross-national studies, people with mental illness report experiencing discrimination in most areas, including making friends, keeping jobs, or interacting with their partners and families. Within the United States, multiple states experience high mental health needs and limited access to care, resulting in areas of underserved mental health populations. Mental health professionals must be trained to administer the best care (Polinsky et al., 2022). Another key response from a participant above is the scope expansion for mental health providers. P14 stated, "Expanded scope of practice may improve provider supply, healthcare access and utilization, and quality of care."

The implication from this response implies that an expanded scope would mitigate some limitations on mental health professionals. As described by P14, this expanded scope would enable the mental health professional to provide needed care to mental health patients in rural communities. As indicated by P17, "Licensing limits my options as far as where I can commute to work," which would affect the mental health professional's ability to work in certain rural communities. This is an interesting perspective because licensure may differ by area and impact the ability of rural communities to recruit mental health professionals to certain areas effectively.

As DellaCrosse et al. (2022) indicated, allowing participants to provide feedback was important to understanding the research data. The participant feedback during the semi-structured live Zoom interviews did not deviate from the original themes, as P17 indicated, “I talked about the cost of licensing being expensive. I think organizations should pay mental health professionals to get licenses in exchange for a commitment to work for a year or so.” The researcher asked, “Would you encourage more mental health professionals to visit rural communities?” P17 replied, “Absolutely.” The researcher asked if any participant had any further contribution, to which P3 stated, “I stand by all my responses from the initial questionnaire.” P12 also stated, “Typically, there are no huge swings in our field, so my responses are consistent with my original thought process on the issues being discussed.” P23 stated, “I concur with my colleague who just spoke; I stand by all my responses.” P9 stated, “Wouldn’t change a thing from the last time I responded.” P26 crystalized the discussion with this comment: “It would be presumable of me to speak for the group, but most of our responses wouldn’t change.” Other participants felt it important to contribute to the overall discussion. P10 stated, “My responses would still be the same if I had to complete the questionnaire again.” P11 said, “Nothing to add.” P27 said, “I don’t want to sound like I am on a bandwagon, but my responses would also be the same.” The final comment was made by P15 who indicated: “Agree with my fellow participants; nothing to add from me.” All the feedback provided as the continued effort on follow-up interviews aligned with the original input by the participants during the questionnaire.

Licensure is an important theme because it goes to the core of this study. The impact of mental health professionals being able to practice in certain areas expands the ability to hire more mental health professionals. If more mental health professionals can have standardized

licensing, it can impact the ability of rural areas to recruit more mental health professionals. As Kirby et al. (2019) mentioned, in 2017–2018, one third of rural counties had no psychiatrists per 100,000 (33.3%) when, according to best practices, there should be 50.1% per 100,000. This indicates that more must be done to recruit mental health professionals for rural communities.

This theme of licensing was addressed by P6, who stated that "accessibility of licensure impacts the location of practice," and P14 stated, "Expanded scope of practice may improve provider supply, healthcare access and utilization, and quality of care," indicating the importance of licensing for mental health professionals to practice in rural communities. It goes to the core of addressing the research question, "What barriers in mental health credentialing hinder organizations' ability to hire qualified mental health professionals?" Thus, the core theme of licensure emerges to define the challenges faced by mental health professionals being able to practice in rural communities as stated by P6 and P14 above.

Accessibility to Care

There are several perspectives when it comes to accessibility from the participants of the survey. Accessibility is a key factor that affects the quality and timeliness of care. As indicated in the responses by P1, P4, P9, P10, P14, P18, P19, P22, P24, and P28, accessibility is a challenge in rural communities. P1 stated, "Most people are not unless they have access to care," P4 stated, "access to providers, access to a therapist, cost of appointments with providers/therapists," and P14 stated, "expanded scope of practice may improve provider supply, healthcare access and utilization, and quality of care." Myers (2019) suggested more than 85% of shortages in mental health professionals are in rural locations, resulting in rural communities seeking virtual alternatives to meet the high demand for mental healthcare treatment.

Participants of the study were asked a question as part of the questionnaire, which elicited information of regards to accessibility of mental health services. The question asked of the participants was, “How are people in rural communities getting their mental health needs met?” The participants, P1, P3, P4, P5, P10, P20, and P30, expressed, “There are not many options. Most in these communities go untreated due to no accessibility.” “Sometimes they aren’t.” “Honestly, and they struggle to ask for help as a pride thing.” “It is less cared about and taboo.” “Most people are not unless they have access to care.” P15, P21, P6, and P2 expressed, “Department of Health, out-of-pocket cost, support person.” “They are not. We are failing at meeting the mental health needs of all people across the country as evidenced by the daily violence and the self-neglect we see in most citizens’ overall physical health.” “They are reaching out to providers/therapists who can do appointments remotely. -They drive 2-3 hours for appointments if it is a provider/therapist they already know. -They use emergency medical services (EMS) during a crisis.” “Almost half of the rural adults who received behavioral health treatment over the last year have used telehealth.” “They often have to travel further to find the help they need.”

The assessment of the responses from the mental health professional starts to develop the theme of accessibility to mental health care by residents of rural communities. Mental health professionals understand that access to mental health care is critical when needed. The experience expressed by P6, P8, P12, P13, P14, P15, P16, P17, P20, P21, P23, and P25 showed that one of the primary concerns of those who provide care is the accessibility of care by residents in rural communities. Per Childs and Washington (2022), limited access to healthcare services has been cited as a barrier to care for individuals who live in rural areas, contributing to significant health disparities in this population.

The follow-up semi-structured interview with participants showed time can impact a participant's perspective, although it was inconsistent for the rest. P8 updated a view not clearly expressed in the initial responses: "So, I did not respond regarding mental health pay in rural versus urban communities, but I know urban communities pay better than rural communities." The researcher probed further by asking why P8 did not respond initially to the question during the questionnaire and why P8 stated urban communities pay more. P8 responded: "Truth be told, I was in a rush when completing the questionnaire and could answer everything. But urban communities pay more due to the patient workload than rural communities." This live feedback is a dialogue that can only be obtained from a follow-up semi-structured Zoom interview.

If rural communities lack access to mental health services, the communities are bound to suffer the consequences. P3 and P5 also mentioned that the stigma of receiving mental health services in rural communities is a barrier. P3 stated, "Barriers include lengthy credentialing processes and unnecessarily complex and lengthy state-to-state license reciprocity processes." Rural residents do not want to drive long distances to receive care if there is a concern about getting care from providers not part of the community. Based on responses from P1, P2, P3, P4, P5, P6, P7, P8, P9, P10, P11 P12, P13, P14, P15, P16, P17, P20, P21, and P22 the research shows that such barriers impact the accessibility of care in rural communities. The theme of accessibility ties to research questions of "Why are mental health providers leaving rural healthcare communities?" as stated by P6, "Incentives, good facilities that promote accessibility to care," and P29 stated, "There are not a lot of options. Most in these communities go untreated due to no accessibility." The feedback provided by P6 and P29 was essential in understanding how it can lead to a shortage of mental health professionals in rural communities. It also addresses the research question.

The Zoom follow-up semi-structured live interview was very insightful to hear the participants expand on previously provided responses on specific issues, like addressing workload in rural communities, as stated by P23: “I cannot remember what I said about the patient load in rural communities, but it was not a great response. Because the workload is light, even though there are other stresses in rural communities, will leave it at that.” The researcher asked if P23 could expand on the comment. P23 stated, “No, thanks.” This response prompted P3 to state:

> I want to refine my answers regarding a crucial factor to help mental health professionals in rural communities; I said pay but would also want to include family. As I commute to work in rural communities and my family being there would make it easier for me.

The research inquired: Would you relocate your family if your employer paid a relocation allowance? P3 stated: “Hmmm, I would have to think about that, as it is a family decision that impacts more than just myself. The researcher asked if there was any further input from anyone in the group. P25 stated, “Even though I haven’t spoken much, I didn’t think I had anything more to add to my initial responses. P11 added, “I think I am all good, and thank you for your research.”

Geographical Location

Rural communities come with a set of challenges. The researcher found that most participants identified location as a core issue when dealing with mental health in rural areas. Morales et al. (2020) stated a shortage of mental health professionals in rural communities due to disparities in rural communities versus urban health communities, resulting in 21.2% of nonmetro adults, or 7.3 million adults, not having consistent mental healthcare providers. Rural communities are sparsely distributed across the United States and face similar challenges to the

case study of rural communities in the South. Several aspects are identified from this research by participants who are all mental health professionals, which are: P8, P9, P10, P11 P12, P13, P14, P15, P16, P17, P20, P21, P22, P23, P24, and P25 expressed, “In rural communities, we get paid less than in urban areas because of the volume of patients.” “There are transportation challenges from rural to the urban area.” “Distance is a deterrent to sort treatment.” “There is a lack of specialized mental health services.” “Challenges with connectivity.”

The importance of mental health services and location cannot be overstated, as participants in this study drew a direct connection between quality of care and location. As Morales et al. (2020) explained, patients in rural communities receive mental health treatment less frequently and often by providers with less specialized training than those in metropolitan locations, resulting in a lower standard of care. The patients in rural communities would receive the same quality of care if the barrier between urban and rural communities did not exist. Per Smit et al. (2021), researchers have become more assertive about the contributions qualitative methods can make to understanding health and social issues and shaping broader research agendas. Qualitative researchers often collect data in the participant’s field and the site of the study problem. Collecting data from mental health professionals who provide care in the South, most of which are rural communities, illustrates the importance of addressing mental health crises in rural communities, which are higher than in urban communities because of location. The location has a significant impact when mental health professionals decide where to practice, as mental health professionals face challenges in rural communities, unlike their urban counterparts.

The theme of geographical location also answered the research question of “Why are mental health providers leaving rural healthcare communities?” as stated by P3, “Licensure

restrictions and collaborating physician requirements make it difficult to practice in rural locations," and P9 stated, "In rural communities, we get paid less than in urban because of the volume of patients," which indicates that there are challenges in rural communities based on geographical location as compared to urban locations. As stated by P28, "location changes pay drastically," impacting mental health professionals leaving rural communities.

Resources Shortage in Rural Communities

According to the Health Resources and Services Administration (2019), there is a massive shortage of mental healthcare health professionals, estimated at around 5,042 provider shortages in the United States, many of which are in rural communities. Per the Healthcare Health Professional Shortage Areas (HPSAs), the federal government designates an area with a shortage if there is not at least one provider per 30,000 people. One of the most valuable resources is the mental health professionals to manage the patients in rural communities.

P10, P11, P12, P13, P14, P15, P16, P17, P20, P21, P22, P23, P24, P25, P26, P27, P28, P29, and P30 expressed several points during this study and acknowledged that resources limitation impact mental health care in rural communities. P17 stated, "It limits my options for where I can commute to work." Thomeer et al. (2023) indicated that concerns surrounding mental health and healthcare disparities are especially pertinent during the COVID-19 pandemic, given its profound mental health impact at the population level and the racial disparities in illness and death stemming from it. Rural communities have historically lacked enough resources to address the needs of these communities. When patients seek mental health care in rural communities, the chances of receiving that care timely are limited based on the lack of resources. Part of the issue with work resources is funding in rural areas versus urban areas.

There has been a drastic increase in mental health funding from the federal government through the Affordable Care Act. Even with the increased funding, rural communities still have a shortfall due to how federal funds are distributed amongst states and local governments (George et al., 2022). Priority is always placed on addressing the larger population areas in allocating resources that live the rural communities with limited resources to address the same level of concerns regarding mental health. The theme of resource shortages addresses the research question, "How can rural healthcare communities increase the retention rate of providers?" which is an essential resource impacting the shortage of mental health providers. As stated by P5, "higher pay and better resources," or P6, "Offer adequate salary compensation, support, and resources," are all factors that impact the ability of rural communities to retain mental health professionals.

Incentives for Mental Health Professionals

Glazier et al. (2019) stated that primary care payment reform in the United States and elsewhere usually involves capitation, often combined with bonuses and incentives. In capitation systems, providing care within the practice group is needed to contain costs and ensure continuity of care. However, this is challenging in settings that allow patient choice in access to services. One of the key cloud words throughout this study for mental health providers to select rural communities was incentives. There is a pay disparity between mental health providers in rural communities and their urban counterparts. One of the ways to address the mental health provider shortages in rural communities, according to P7, is "providing incentives that are needed such as tuition reimbursement, relocation allowance, housing, annual bonuses," and per P29, "offer better incentives" to retain mental health providers in rural communities. Here are

more participants' responses regarding pay incentives from rural communities seeking to recruit or retain mental health providers.

P1, P2, P3, P4, P12, P16, P19, P25, P28, P29, and P30 expressed, "Offer incentives such as paying off student loans." "Community Clinics can provide incentives like sign-on bonus, flexible working hours (four weekdays), and good retirement packages." "It does; rural communities pay lower on average." There need to be incentives to pull providers towards rural areas, as it is an important part of recruitment (Jing et al., 2019). "Incentives, good facilities that promote access to care." "Providing incentives that are needed such as tuition reimbursement, relocation allowance, housing, annual bonuses." "Offer better incentives." "Lower pay in rural areas, usually offered hourly wage instead of salary based." "They pay less." "It does not pay as well, which is why I do not work in a rural area." "More likely to work in urban communities for the pay benefit."

From the feedback provided by all mental health professionals, incentives are a key determinant of where mental health professionals decide to work. The responses indicate that mental health professionals would like to work in rural communities to provide much-needed care but would need financial incentives to accomplish this.

As stated above, P1 through P30 clarified in various responses why incentives could be critical in encouraging more mental health professionals to consider rural communities a viable option. Incentives tie in with all the other themes of this study, as location impacts providers' incentives. With limited resources, rural communities must work with what is available, which limits the amount of money in those communities to attract mental health professionals. In reviewing the responses, P6 stated, "Incentives, good facilities that promote accessibility to care," P7 stated, "Providing incentives that are needed such as tuition reimbursement, relocation

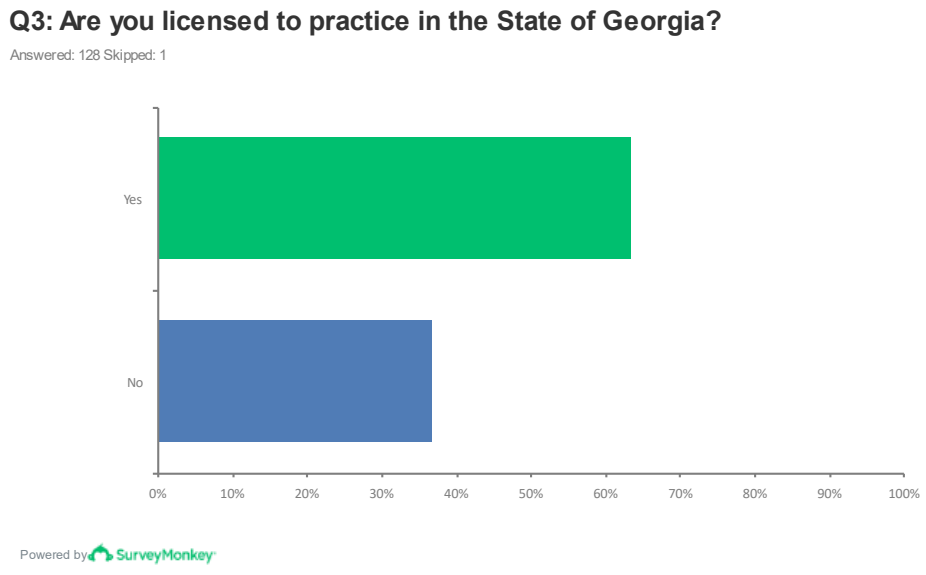
allowance, housing, annual bonuses" are essential for mental health professionals. These statements address the theme of incentives and the research questions of "Why are mental health providers leaving rural healthcare communities? "How can rural healthcare communities increase the retention rate of providers?" all key factors in understanding the role incentives can play in retaining and recruiting mental health professionals in rural communities.

Representation and Visualization of the Data

To show and appropriately demonstrate the results from the findings through visualization of the data, SurveyMonkey was used to generate essential visualization and representation of the findings. This is critical to establishing picture data patterns (Creswell & Poth, 2018). Graphs are shown in this section to directly convey the findings and representation of the data as displayed by the SurveyMonkey application, followed by an analysis of the data. Secondary data are also used and cited to boost the current trend and further explain the representations of the findings.

Figure 2

Licensure and Credentialing in the State of Georgia

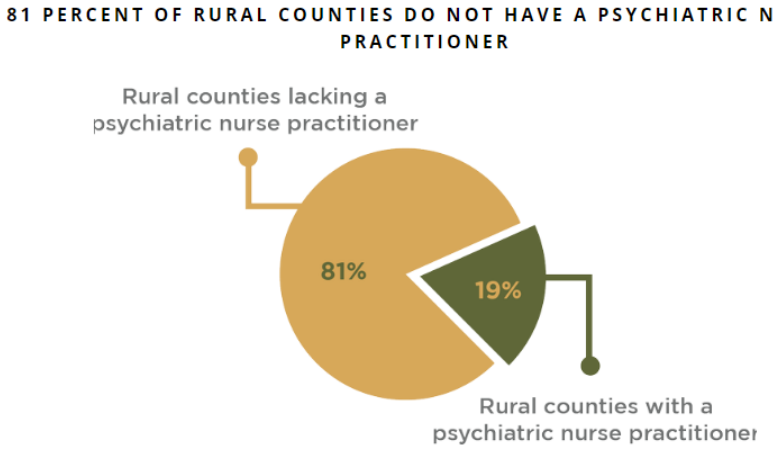


Licensure plays a significant role in mental health providers being able to practice in certain rural communities. As seen in Figure 2, some of the participants of this study are not licensed to practice in the State of Georgia. This is significant because, with a shortage of mental health professionals in rural areas, this data shows that mental health professionals are available. However, the criteria for providing care in certain rural areas have not been met. With the rise in telehealth during COVID-19, rural communities could get mental health providers in various ways. Perry et al. (2020) stated that telemedicine involves using information technology to exchange health information and provide healthcare services securely. Telemedicine eliminates barriers to care commonly encountered by rural patients, including travel time, distance, expense, and lack of local providers with specialized or culturally competent training. With few exceptions among the 50 states, a doctor must be licensed both in the state where they practice medicine and where the patient resides.

The responses from P3, which stated, “licensure restrictions and collaborating physician requirements make it difficult to practice in rural locations,” “increase the pay and decrease licensure restrictions,” and from P5, who stated, “providers will practice where it is easy to obtain licensure” shows the lack of licensing standards hinders mental health professionals from practicing in rural areas. Cortelyou-Ward et al. (2020), at both the national and the state levels, regulatory boards and professional associations are still developing guidelines and policies to standardize the use of telehealth. A broad consensus would go a long way in addressing some of the concerns expressed by the study participants. The core theme of licensing is one of the most important themes of this study, particularly because participants provide a path to addressing mental health provider shortages in rural communities.

Figure 3

Shortage of Psychiatric NPs in Rural Communities



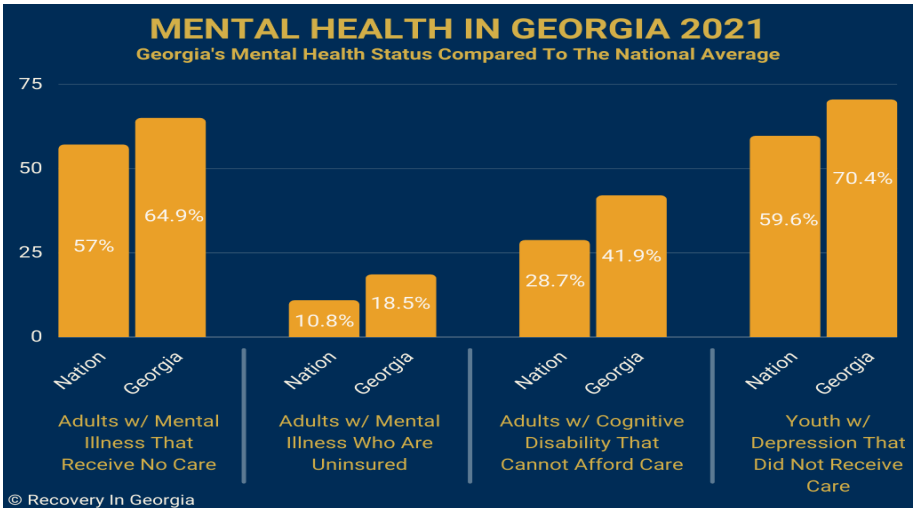
Note. Graphic created by Rural Minds (n.d.), *Serving Rural America*. (https://www.ruralminds.org/serving-rural-america), based on data reported in "Geographic Variation in the Supply of Selected Behavioral Health Providers" by C. H. A. Andrilla, D. G. Patterson , L. A. Garberson, C. Coulthard, and E. Larson, 2018, *American Journal of Preventative Medicine, 54*(6 Suppl 3), S199–S207. Used with permission (see Appendix F).

Accessibility is another theme that goes to the core of this research. Mental health provider shortage in rural communities affects accessibility to mental health services. As Zemel and Norris (2023) stated, the disparity between rural and urban suicide rates epitomizes one of the American mental health care system's main challenges: the psychiatrist shortage and unequal geographic distribution of access to psychiatrists. During the questionnaire, P6 indicated that access to mental health care was a problem in rural communities by stating, "incentives, good facilities that promote accessibility to care." The data shows that responses P5, P7, P9, P10, P11, P18, P19, P22, P24, and P28, as stated above, boost the key theme of this research about access to mental health care. As cited earlier, Kirby et al. (2019) indicated in 2017–2018, one-third of

rural counties had no psychiatrists per 100,000 or (33.3%) when, according to best practices, there should be 50.1% per 100,000. Mental health professionals understand the barriers within the system that have created accessibility circumstances. The theme of accessibility can be seen throughout the responses of participants who linked the issue of care with the accessibility of the residents in rural communities. As illustrated by Figure 3, the inadequacies and disparities in rural communities are glaringly obvious. Seeing such widespread disparities, especially at every level of the system, can lead to significant changes in how the needs of these rural communities are met.

Figure 4

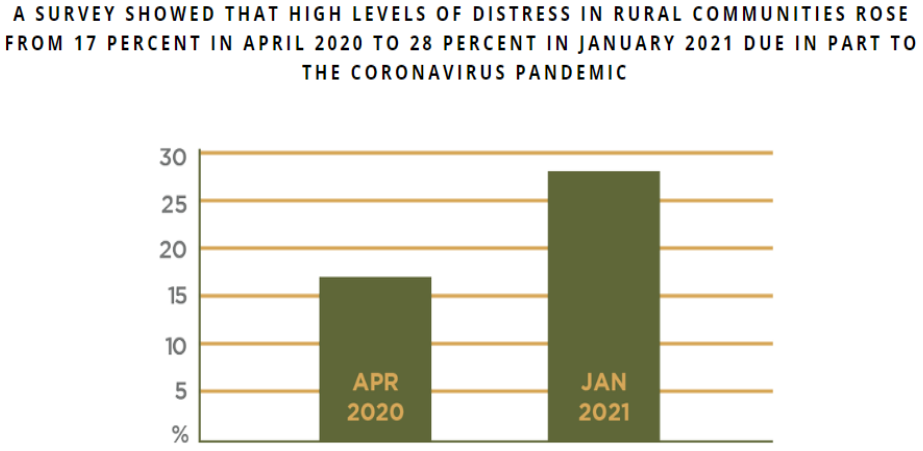
Georgia's Mental Health Status Compared to the National Average



Note. Reprinted from *Georgia Mental Health Statistics* by Michael, August 3, 2021, Recovery in Georgia (https://recoveryingeorgia.org/georgia-mental-health-statistics/). Used with permission (see Appendix G).

Figure 5

The Silent Epidemic Ravaging Rural America



Note. Graphic created by Rural Minds (n.d.), *Serving Rural America*. (https://www.ruralminds.org/serving-rural-america), based on data reported in "Household Pulse Survey: Anxiety and Depression" by Centers for Disease Control and Prevention, January 2021. Used with permission (see Appendix F).

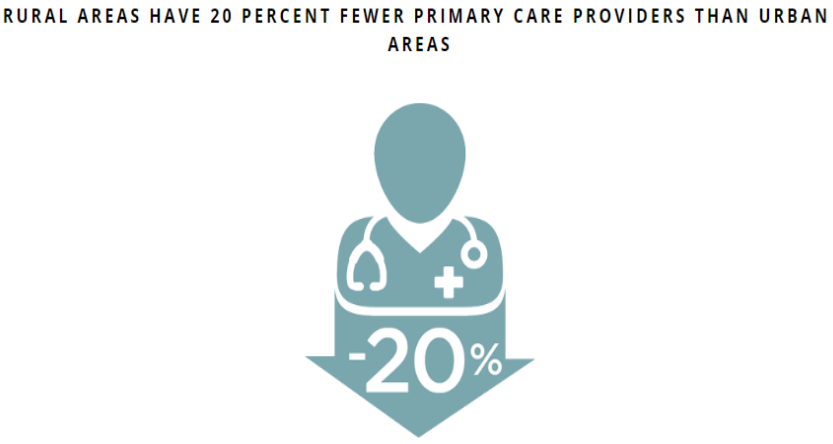
Location is another key theme of this research because it explores the impact based on the questionnaire with mental health professionals. As explained by Clark et al. (2023), 60 million people in the United States live in rural America. Several participants indicated during the survey that location impacts the selection of practicing in rural communities. Due to geographical location, rural communities come with a specific set of challenges, as expressed in the questionnaire. This finding is supported by Morales et al. (2020), who stated patients in rural communities receive mental health treatment less frequently and often by providers with less specialized training than those in metropolitan locations; this is because providers prefer to work in metropolitan areas that are not sparsely populated.

The unequal geographic distribution of access to psychiatrists is due to fewer psychiatrists living in rural areas, limited public transportation, the economic limitation of 40%–

45% of psychiatrists not accepting insurance, and the increased cultural stigma against psychiatry (Zemel & Norris, 2023). The feedback provided by P1, P2, P3, P4, P5, P6, P7, P8, P9, P10, P11, P12, P13, P14, and P15 as to how rural communities can recruit mental health professionals indicated geographical location impacts the decision made by mental health professionals to work in rural communities. Some responses included P1 stating, "I want to be licensed in a place where I can make the most money," and "It does not pay as well, which is why I do not work in a rural area." P3 stated, "licensure restrictions and collaborating physician requirements make it difficult to practice in rural locations," P7 stated, "providing incentives that are needed such as tuition reimbursement, relocation allowance, housing, annual bonuses." These findings align with the literature on mental health provider shortage in rural communities. As indicated by Roberts et al. (2021), the level of intention to quit is alarming for regional and rural areas already struggling with workforce shortages of skilled labor. The challenges in rural communities are enhanced by the lack of mental health professionals to meet the needs of the communities due to geographical challenges.

Figure 6

Lack of Primary Care Providers in Rural Communities



Note. Graphic created by Rural Minds (n.d.), *Serving Rural America*. (https://www.ruralminds.org/serving-rural-america), based on data reported in "Assessment of Changes in Rural and Urban Primary Care Workforce in the United States From 2009 to 2017" by D. Zhang, H. Son, Y. Shen, Z. Chen, J. Rajbhandari-Thapa, Y. Li, H. Eom, D. Bu, L. Mu, G. Li, and J. A. Pagán, 2020, *Journal of American Medical Association*, *3*(10), e2022914. Used with permission (see Appendix F).

Figure 7

Lack of Access to Broadband in Rural Communities

Note. Graphic created by Rural Minds (n.d.), *Serving Rural America*. (https://www.ruralminds.org/serving-rural-america), based on data reported in *Some Digital Divides Persist Between Rural, Urban and Suburban America* by E. Vogels, 2021, Pew Research Center. Used with permission (see Appendix F).

The work resources theme is especially important for rural communities. The questionnaire participants expressed the lack of resources as a reason for not selecting rural communities as work locations. As Domino et al. (2019) mentioned, the lack of these resources impacts rural community clinics' ability to function, as rural communities need providers to stay open, as cited above. P7 stated, "Providing incentives that are needed such as tuition

reimbursement, relocation allowance, housing, annual bonuses" would encourage mental health professionals in rural communities to stay in those communities. P5 stated that "higher pay and better resources" are key ingredients to help mental health professionals in rural communities. Rural communities lack tangible resources like mental health facilities, which are critical to addressing mental health in rural areas. Participants also mentioned the lack of public transportation, making commuting in rural communities to seek mental health help challenging. Another aspect of resource disparity is the lack of effective broadband systems in rural areas. Disparities in broadband access can exacerbate disparities in other social determinants of health. The importance of broadband access cannot be overstated, as rural communities rely on telemedicine to make up for the shortfall of actual facilities in rural communities (Bauerly et al., 2019).

In finality, the theme of incentives to recruit mental health providers to rural communities is one of the most important aspects identified during this finding. The above graph illustrates mental health providers' feedback about pay incentives in rural versus urban communities. The survey participants stated the importance of incentives to attract mental health professionals in rural areas. There are several challenges, as stated with working in rural communities, from provider burnout, lack of resources, and stigma. These challenges happen in rural and urban communities, but the circumstances in rural communities with limited resources worsen these issues exponentially. As Tamata and Mohammadnezhad (2022) indicated, the World Health Organization (WHO) reported that health services worldwide are affected by a shortage of nursing workforce to deliver healthcare services. The impact poses a huge global challenge, affecting more than one billion people, especially vulnerable populations such as women and

children who desperately need quality healthcare services in rural communities. Mental health professionals tend to command a higher salary in urban communities than in rural communities.

Relationship of the Findings

To develop the research question and the problem of this study, an extensive review of current academic literature was reviewed as a guide. This review showed a persistent issue with a shortage of mental health providers; however, there still was a gap in research relative to rural communities. Data were collected by the researcher from 81 qualified mental health professionals using an online questionnaire. Using word cloud search as part of the development of participants' responses to the questionnaire, several themes were developed to be explored by the researcher. The specific software tool approved for this research was the SurveyMonkey application, as it could provide an array of settings to facilitate participant responses.

The link was shared with prospective participants on several mental health provider networking sites in collaboration with the participating clinic. The researcher presented the analysis of the findings with the five common themes and the relationship to the problem being researched, the research questions, the conceptual framework, and the literature review. Through the development of the analysis, the research affirms that this study, based on the findings, provided valuable data that can address the gap being studied of mental health provider shortage in rural areas and advance to the academic literature in this field of study.

The Research Questions

The researcher designed questions to explore without bias the shortage of mental health providers in rural communities, which is significant because there has been a rise in mental health challenges across all demographics in the United States. Mental health professionals and leaving rural communities for other opportunities in urban areas. Per Probst et al. (2019),

exploring the reasons mental health providers are leaving rural communities would be vital to understanding changes that can be made to avoid this trend. There is a real cost to mental health provider shortage overall, especially in rural communities; that is why this study, leaning on existing literature, analyzed information to shed more light on the problem and if there is a significant difference in provider shortage in rural communities. Understanding why there is a shortage of mental providers in rural communities is structured in a manner that would solicit responses as to the reason for shortages in rural communities; this goes to the core of the problem being researched.

Research Question 1. The first research question is why mental health providers leave rural healthcare communities. Rural communities need to find tangible ways to retain mental health providers and continue to strive to recruit more mental providers to rural communities. As elaborated by the research, mental health professionals have an array of resources in urban versus rural areas (Domino et al., 2019). Rural communities always look for new ways to recruit and retain mental health professionals.

The research determined that mental health professionals would like to work in rural communities if the conditions permit such efforts. The current literature shows there have not been enough changes in recruiting mental health professionals to rural communities. With the evolving technology, there are important considerations to be made regarding the shortage of mental health professionals in rural communities. This finding relates to a key area of the research proposal because it concurs with the literature on the shortage of mental health professionals in rural communities. The lack of infrastructure to effectively manage the shortage of mental health professionals throughout the country is especially highlighted in rural communities with fewer resources than their urban counterparts. Rural areas face a persistent

shortage of mental health specialists such as psychiatrists, psychiatric nurse practitioners, psychologists, social workers, and counselors. Rural counties comprise two-thirds of all counties and about 20% of the U.S. population, but fewer than 10% of the mental health workforce practices are in these settings (Feyereisen et al., 2021). As shown in this study, mental health professionals have consistently stated that more needs to be done to keep the few providers in rural communities. As the statistics above show, with rural communities making up two-thirds of all counties, emphasis must be placed on addressing mental health challenges in rural communities. Some programs must be considered to address current inequities in rural communities.

In responses P1, P4, P5, and P6, the consistent incentive theme can be seen in the responses. P1 stated, “Offer incentives such as paying off student loans.” P4 stated, “Community clinics can provide incentives like sign-on bonus, flexible working hours (4 weekdays), and good retirement packages.” P5 stated, “There need to be incentives to pull providers towards rural areas,” as incentives were needed as a motivator to work in rural communities. There is competition among healthcare facilities and organizations to recruit the best and brightest to manage the continuous growth of mental health crises. These responses address why mental health professionals are leaving rural communities. Rural communities must match or surpass the current incentives urban areas offer to keep or recruit new mental health professionals. Mental health specialists in rural areas are often the only mental health professionals in their community with little access to colleagues in challenging work. This situation makes it difficult for mental health professionals to stay in rural communities without the resources to sustain the important work of caring for patients (Feyereisen et al., 2021). The research participants, encompassing all

types of mental health professionals, have provided a guide to what could be beneficial in addressing the shortage of mental health professionals in rural communities.

Research Question 2. The second research question inquires how rural healthcare communities can increase the retention rate of providers. A health system can only function with healthcare providers; improving health service coverage and realizing the right to enjoy the highest attainable standard of health depends on availability, accessibility, acceptability, and quality of care (Gizaw et al., 2022).

One of the consistent themes throughout the study, as identified by the SurveyMonkey application word cloud regarding selecting rural communities, was incentives. This ties in with the overall research proposal because the key issue to be studied is the shortage of mental health professionals in rural communities. As part of this research study, the questionnaire asked participants, "What is a crucial factor that would help mental health professionals in rural communities?" This question aimed to elicit information critical to understanding what could be done to retain mental health professionals in rural communities. P1, P4, P6, P11, P18, P19, P22, P24, and P28 provided varying perspectives as mental health providers.

As an example, P6 stated, "Incentives, good facilities that promote access to care," P1 stated, "Offer incentives such as paying off student loans." P4 stated, "Community clinics can provide incentives like sign-on bonus, flexible working hours (four weekdays), and good retirement packages," were some of the responses during this study. It can be challenging to understand what is needed to retain mental health professionals in rural communities if there is no feedback from mental health professionals. Mental health professionals currently in rural communities who have worked in rural communities or intend to work in rural communities have provided the possible blueprint for retaining mental health professionals in rural communities.

Another issue that has led to the shortages of mental health professionals in rural communities is the pay incentives for physicians in urban versus rural communities. Several forms of incentives can be instrumental in retaining mental health professionals in rural communities. Still, one of the critical issues for some mental health professionals is the pay, as illustrated in a study by Jensen et al. (2021). This is important because this research proposal seeks to understand the challenges faced with retaining mental health professionals in rural communities. Witter et al. (2021) indicated that most countries face challenges attracting and retaining mental health professionals in remote areas. Even though financial incentives can play a possible role in creating a structure to retain mental health professionals, there are other ways in which mental health professionals can be retained in rural communities.

Research Question 3. The final research question asks? What barriers in mental health credentialing hinder organizations' hiring qualified mental health professionals? Kraus (2019) stated that standardized credentialing can be critical in addressing provider shortages in rural communities. Licensing and credentialing are particularly important in mental health services, as specialized training must be needed to address mental health diseases. Revising credentialing standards will allow providers with the skill set to perform certain prescribed services, such as Licensed Clinical Professional Counselors for substance use disorder services; this would allow providers with a broader skill set, such as licensed clinical social workers or physicians, to provide care for which they are uniquely qualified. Having standardized licensing and credentialing does not mean reducing the quality of care for patients (West et al., 2022). There is sometimes a misperception when it comes to standardizing care for mental health professionals, even within the mental health community; as responded by P9, "licensure has a positive role regarding the community." P10 stated, "licensure of a public service and the use to ensure the

quality and safety for all." As Ward et al. (2023) mentioned, the precise scope of practice of therapists and counselors is determined by licensures regulated at the state level and, therefore, differs by state. Further, there are various subspecialty areas requiring additional licensure. This shows the current literature aligns with the study's findings about the importance of licensure for mental health professionals.

Even when there are concerns about mental professional credentialing, there has to be a standard to address the concerns. As explained by Jung and Lushniak (2019), boards must set standards that require specific training that incorporates clinical skills particular to the provider and non-clinical skills based on preventive medicine residency training competency requirements. Once boards can set standards that can be accepted nationally, that could address the barrier to mental health provider credentialing. P17 mentioned, "There are some costs associated with maintaining licensure." The importance of communities recognizing other regional licenses to facilitate the transition to different communities by providers without significant barriers is necessary to address the mental health provider shortage in rural communities. The research proposal reviewed literature that discusses how the lack of universal credentialing hinders mental health providers from practicing in rural communities. There is a need for nationalized credentialing in healthcare, giving providers of the same background and training universal access to provide care. The barriers currently in place can arguably be seen as contributing to the shortage of mental health professionals in rural areas (Kraus, 2019).

Summary of the Findings

This single case study explored the shortage of mental health professionals in rural Georgia communities. Some existing literature affirms the findings of this study about the shortage of mental health professionals in rural communities. The researcher used stringent

research guidelines to collect, analyze, and interpret the data, which affirmed the research problem of a shortage of mental health professionals in rural communities. Myers (2019) suggests more than 85% of shortages in mental health professionals are in rural locations, resulting in rural communities seeking virtual alternatives to meet the high demand for mental healthcare treatment. The findings of this study address the problem statement of mental health provider shortage through the themes discovered during the research. The participants of this study, who were all mental health professionals, provided specific responses to a questionnaire surrounding the shortage of mental health professionals in rural communities. Based on the responses, the researcher could interpret the data, which affirmed the shortages of mental health professionals in rural communities and the underlying factors behind such disparities vis-a-vis urban communities.

This flexible design single case study aimed to expand the understanding of the reasons behind mental health provider shortages in rural communities and their effect on those communities and healthcare outcomes. All indications from participant responses indicated that there were clear reasons for a shortage of mental health providers in rural communities. According to Kirby et al. (2019), mental health patients in rural communities have fewer opportunities to get mental health treatment than their urban counterparts due to shortages in mental health providers. Communities are poorly served due to a shortage of mental health providers in rural communities.

This study's findings shed light on why mental health professionals preferred working in urban areas over communities. According to this finding, mental health professionals want more resources in rural communities to have such communities and the top preference; mental health professionals also wanted better incentives to balance the inequities of pay between rural and

urban communities. The mental health professionals also provided critical feedback on licensures and the need for a unified system. The responses indicated that if more rural communities had a unified credentialing system, it would ease the burden of getting mental health providers from other areas who would otherwise not qualify to provide cases in certain rural communities simply because of varying licensing requirements. The key conclusion from these findings shows that all the issues listed by the mental health professionals directly impact care in rural communities and can be addressed with some of the solutions provided by the mental health professionals who participated in this study.

The research questions were an important base for developing the questionnaire to understand the essential uses being studied. The research questions were RQ1. Why are mental health providers leaving rural healthcare communities? RQ2. How can rural healthcare communities increase the retention rate of providers? RQ3. What barriers in mental health credentialing hinder organizations' ability to hire qualified mental health professionals? The findings of the first research question, through the participants' responses, showed why mental health professionals were leaving rural communities. Some of the reasons were a lack of pay equity, the challenging geographical location of rural communities, limited resources, and an ununified licensing system. The second research question, per the findings, elaborates on some ways rural communities can retain mental health professionals: bonuses, better resources, and unified credentialing processes.

The final research question ties in with the first two questions because the reason mental health professionals are leaving and why rural communities cannot retain mental health professionals goes to some of the issues presented, like the lack of unified credentialing. All the research questions are related to the findings of this study. According to Schultz et al. (2021),

rural communities need to find tangible ways to retain mental health providers and continue to strive to recruit more mental providers to rural communities. The findings of this study have provided a blueprint based on the participant responses and can be used to address the problem, purpose, and research questions for this study. This will be an instrument for filling gaps in current research in an ever-evolving field.

Application to Professional Practice

This section evaluated the shortage of mental health professionals in rural Georgia and potential strategies to address the impact of mental health professional shortages. This section reviewed the literature on mental health professional shortages in rural communities and the implications and significance of having a viable strategy for evaluating the shortages of mental health professionals. The semi-structured interview via Zoom was instrumental in understanding the perspectives of mental health professionals. General business suggestions must consider rural and urban communities' conditions regarding mental health care accessibility. Inherent to the fact that rural communities are in geographically challenged locations. Potential application strategies are essential in addressing the disparity and shortage of mental health providers in rural communities.

Improving General Business Practice

The results of this research were essential as these findings can potentially improve the general business practice regarding mental health professionals in rural areas. To improve business practices, it was essential to understand the current business practices that hindered mental health professionals from working in rural communities. Understanding the feedback from the participants during the study was instrumental in improving general business practices. Looking at the themes addressed during this study can help improve general business practices.

One of the themes discussed was accessibility to care in rural areas. In 2003–2004, rural adults had a greater need for mental health services but fewer office-based mental health visits than urban adults (Chen et al., 2022). More office-based visits would improve business practices that could serve rural communities well. A way to get more office-based visits is by increasing mental health awareness in rural areas to break some stigma.

Another reason for the lack of accessibility is the lack of resources needed to address the needs of rural communities. As Pryor et al. (2023) demonstrated, the most frequently reported barrier to accessing mental health care pertained to personal resources. Transportation is a particularly important means of getting from one destination to another, and the lack of public transportation in rural areas affects access to care. Community clinics must invest in more public transportation in rural communities in collaboration with the local, state, and federal governments. This would improve business practice by addressing the consumer's need for care.

For healthcare organizations to improve business practices, there always needs to be an evaluation of the best practices from the industry. Mental health is always an especially important subject that must be tackled carefully. Mental health professionals are key to improving business practices for any community. The study shows several factors that cause a shortage of mental health professionals in rural communities. One of the factors that was a key theme throughout this research was incentives for mental health professionals. According to Jensen et al. (2021), another issue that has led to the shortages of mental health professionals in rural communities is the pay incentives for physicians in urban versus rural communities.

When organizations decide how to improve business practices, these organizations need to consider the needs of mental health professionals. Mental health professionals are a key asset in addressing mental health professional shortages in rural communities. Haggerty et al. (2022)

mentioned that financial incentives are widely used to influence physician behavior concerning productivity and quality. It has also been utilized as a recruiting tool for providers in rural areas. It is incumbent upon healthcare organizations to do everything possible to attract mental health professionals into rural communities, as that would increase general business practices.

Exploring the literature on mental health professional shortages in rural communities was an important part of knowing ways to implement best practices. According to Caldera et al. (2019), businesses have used the lean process more efficiently, affecting hiring practices in rural healthcare centers. The lean process has its background in the Japanese efficiency process, doing more with less. In the business field, doing more with less can be beneficiary if the outcomes are positive for the organization. In the healthcare industry, the trends, as shown by this study and semi-structured interviews with mental health professionals that attempting to do more with less is detrimental to both the mental health professional and patients. Healthcare organizations must be concerned about mental health provider burnout if there is a patient overload for the limited number of providers in rural communities.

There has been a significant shift in the perception of mental health in recent years due to research. Oh et al. (2023) mentioned that the use of mental health hospitals has been greatly reduced due to the greater understanding of mental health globally. Advances in studies and understanding of mental health have changed mental health's perspective. Continuous research and understanding of mental health will be instrumental in improving business practice.

Potential Application Strategies

This single-case qualitative research explored ways rural communities can address the shortage of mental health professionals in rural communities. Certain things cannot change, like geographical location. Location is essential as it encompasses the core of what mental health

professionals need to accomplish the goal of meeting with patients (Zelenikova et al., 2020). However, it should not prevent rural communities from implementing strategies to address the shortages of mental health professionals. A potential strategy that could be applied to rural communities due to geographical location is sign-on bonuses and student loan repayment programs. This study was instrumental in understanding drivers that would encourage mental health professionals to relocate to rural communities as providers. Several forms of incentives can be instrumental in retaining mental health professionals in rural communities. Still, one of the critical issues for some mental health professionals is the pay, as illustrated in a study by Jensen et al. (2021). Bonuses for relocation to rural communities as mental health professionals will be a good strategy for recruiting mental health professionals to rural communities. The feedback from the mental health professionals as a result of this study indicated that bonuses as part of a pay incentive package would be enticing in recruiting mental health professionals in rural areas. Such an incentive package is a great potential application strategy to draw mental health professionals in rural communities.

Student loan debt is becoming incredibly challenging for most working-class families with a certain education level. Mental health professionals with post-graduate education must find ways to repay student loans when owed. There must be incentives to pull providers towards rural areas, as it is an important part of recruitment (Jing et al., 2019). A potential strategy would be for rural community clinics to offer student loan repayments for mental health professionals who decide to relocate to rural communities. In exchange for the loan repayment, mental health professionals can sign contracts to fulfill a period negotiated with the healthcare organization based on the loan repayment amount. Healthcare organizations must attempt all potential

strategies to address the current and growing crisis of mental health professional shortages in rural communities.

One of the key instruments that can be used to address the shortages of mental health professionals in rural communities is licensure. Eisenmann (2020) stated that professional organizations advocate for patient safety through professional practice, whereas a regulatory organization can regulate unsafe practice by licensure discipline. There is currently a lack of standardization regarding licensure amongst local, state, and federal agencies when it comes to licensing for mental health professionals. Creating a standardized licensure system is a potential strategy to address the shortage of mental health professionals shortages in rural communities. As Bayne and Doyle (2019) indicated, counselors have been licensed to practice in all 50 states and the District of Columbia since 2009. Still, licensure portability (i.e., the ability to transfer a license from one state to another) remains elusive due largely to variations in educational and training requirements between states.

Understanding that licensure affects the ability of communities to recruit mental health professionals, with a wider disparity in rural communities, strategies must be implemented to mitigate some of this crisis. Naylor et al. (2023) stated that despite growing disparity in rural communities leading to a shortage of mental health professionals, technology shortens the gap between rural and urban communities. Suppose there is potential for technology to address gaps arising from the shortage of mental health professionals in rural communities. In that case, it is incumbent on rural communities to work with local, state, and federal licensing agencies to alleviate some of the barriers caused by licensing. If there is a potential for mental health professionals to see patients from across state lines using technology, then there should be ample consideration given to accepting standardized licensing. Leveraging technological advances to

address a growing and widening mental health crisis that disproportionally affects rural communities is a potential great application strategy.

Summary of Application to Professional Practice

The professional practice environment can significantly impact mental health professionals' decision-making process. During this study, 81% of the respondents said the location impacted the decision on where to work. As de Deuge et al. (2020) indicated, mental health promotion programs are particularly important in rural communities, where the impact of mental health problems is compounded by geographic isolation and a lack of relevant services.

As indicated by Holtom et al. (2022), in general, a response rate should be seen as more valid when the responses are freely given without fear of coercion, and they should be seen as more valid when participants are less aware of the specific hypotheses being evaluated. Of the 40% of participants who did not elaborate on location as a key factor, the responses varied but still related to location as a factor. Hailemariam et al. (2019) state that mental health services remain numerically limited, geographically centralized, and structurally hospital based. Consequently, there is a large treatment gap, with over 90% of people with severe mental disorders. When rural communities lack facilities to employ mental health professionals, there is a lack of access to mental health professionals, which directly impacts the shortage of mental health professionals in rural communities. This study has the potential to play a significant role in how organizations in the healthcare sector address general business practices because the feedback provided by mental health professionals gives an inside to the challenges by the industry overall and addresses how best to mitigate the shortage of mental health professionals in rural communities.

Recommendations for Further Study

This study was exhaustive in exploring the shortage of mental health professionals in rural communities. However, some areas can be further explored to understand its impact on the shortage of mental health professionals in rural communities. The first would be technology and specific telehealth's impact on mental health professional shortages in rural communities. According to Huang et al. (2021), companies understand the importance of human capital and innovation in the healthcare industry. Rural communities are still lagging when it comes to using technology as a resource for mental health. Per Reilly (2021), providers choose to stay in urban cities because of access to resources not readily available in rural communities.

Understanding the importance of technology and its use in the healthcare industry is an important area to explore further. Some cultural differences between rural and urban communities must be understood to explore this study area further. The perception of receiving mental health care in rural and urban communities is also different. The unequal geographic distribution of access to psychiatrists is due to fewer psychiatrists living in rural areas, limited public transportation, the economic limitation of 40%–45% of psychiatrists not accepting insurance, and the increased cultural stigma against psychiatry (Zemel & Norris, 2023). The stigma poses a real threat to advancing mental health wellness in rural communities. Because of their geographical location, rural communities tend to have a closer-knit lifestyle, which can pose a challenge to accepting care provided through telehealth if there is no personal connection to the provider. Exploring this study area would help determine how viable technology can be applied in addressing the shortage of mental health professionals in rural communities.

The next area recommended for further studies is the expanded licensure authority for mental health professionals. From this study, the findings showed that one of the challenges

faced by mental health professionals was the lack of ability to practice outside specific geographic locations. Eisenmann (2020) stated that professional organizations advocate for patient safety through professional practice, whereas a regulatory organization can regulate unsafe practice by licensure discipline. The growth of mental health challenges in both rural and urban communities continues to be significant, but the larger disparity affects members of rural communities. As Bayne and Doyle (2019) indicated, mental health professionals can obtain licenses in all 50 states, but the licenses are only geared toward practicing in the specific states that issue the licensing. The requirements for obtaining a license may be similar in some cases, but cross-state licenses in the mental health field are still not recognized nationally.

There are legitimate reasons why states may not want to accept cross-state licensing when it comes to mental health care; that is why further studies need to be conducted to understand the cost-benefit analysis of allowing cross-state licensing. As Cortelyou-Ward et al. (2020) stated, at both the national and the state levels, regulatory boards and professional associations are still developing guidelines and policies to standardize the use of telehealth. Once further studies are conducted to understand a nationalized credentialing system, more information can be developed to understand better how such an implementation would impact the shortage of mental health professionals in rural communities.

Reflections

This section explored the personal and professional growth attained from conducting this study. The discussion revolved around the impact on the researcher from personal, professional, and spiritual realms. The themes and concepts examined during this study will be further explored to understand the religious perspective of the themes and concepts explored during this

study. It will be cumulated with a biblical integration to understand better how such a study impacts the researcher as a Christian.

Personal and Professional Growth

As with any research being conducted, it is always important for the researcher to set aside all personal biases to conduct a study worthy of being peer-reviewed and meeting the professional standards expected of a researcher. As stated by Palomin et al. (2023), there are always ethical challenges that a researcher must overcome when conducting research. However, once the study has been conducted, the researcher must look outside the research from a personal perspective. This research has had a profound impact on the research for several reasons. The researcher has lived in several communities and seen from interactions with members of such communities the impact of mental health professional shortages in such communities. It can be challenging to separate the personal perspective of the impact of mental health professional shortages in rural communities. Still, it is essential to observe the phenomenon and encourage members of rural communities about the importance of seeking and receiving mental health care if there are challenges built within the system.

Just as in the personal realm, the professional growth experienced by the researcher has been incredible. Conducting any study takes a lot of dedication to start and see the end. Reviewing current literature on the subject matter exposed the researcher to a lot of nuanced information on the topic of mental health in both rural and urban communities and the challenges faced by both mental health professionals and patients. Gaining insight into how the institution review board shapes the research direction from challenging the researcher to think deeply about questions that would elicit the most valuable information from participants. Such an experience is unique to the research, as not every study uses the institution review board for research.

Finally, the interaction with the participants was integral during the semi-structured live interview. It was valuable in getting first-hand accounts from the perspective of the mental health professional and the challenges in administering care.

Biblical Perspective

Christianity's role in understanding the relationship between research and finding was invaluable. The researcher must put aside personal Christian beliefs when conducting the research but can analyze the biblical perspective to understand how it may or may not reflect the researcher's worldview. Throughout this study, several themes and concepts were developed that have significance to the bible and Christian worldview. The first concept explored was the lack of funding for community clinics, leading to clinic closures. The communities that lack funding are normally disadvantaged communities without enough state or federal government investment. The conditions of these rural communities bring to mind a specific verse in the Bible, which states, "Because the poor are plundered, because the needy groan, I will now arise," says the Lord; "I will place him in the safety for which he longs" (*ESV*, 2001, Psalms 12:5). The economic conditions in rural communities have created clear disparities in care in rural communities versus urban communities. However, the Lord still watches over those in despair.

Another explored concept was the lack of mental health providers in rural communities, leading to clinic closures. Mental health professionals are essential to providing the care patients in rural communities need. Without mental health professionals, clinics in rural areas are forced to close. The Bible teaches us a valuable lesson about physicians: "And when Jesus heard it, he said to them, 'Those who are well do not need a physician, but those who are sick. I came not to call the righteous, but sinners'" (*ESV*, 2001, Mark 2:17). This passage speaks to the need for help for those who are sick, as those who do not need help. In this case, patients in rural communities

need help, but unfortunately, there are not enough providers in rural communities to meet the needs of the patients. The sick need to seek help even when it is challenging, just as it is essential for Christians always to seek redemption, even if it may seem far-fetched.

Some of the themes during this research were relevant to understanding the biblical perspective of such themes. Incentives were a consistent theme throughout this study based on the feedback provided by the mental health professionals; the ability to work in a rural community has been hindered by the lack of incentives to attract mental health providers to rural communities. The Christian perspective on financial incentives is slightly different, as stated in the Bible: “No one can serve two masters, for either he will hate the one and love the other, or he will be devoted to the one and despise the other. You cannot serve God and money” (*ESV*, 2001, Matthew 6:24). The Bible is clear when it comes to money and its negative impact on Christian values. There is an argument that money is needed for survival, but when it comes to prioritizing the will of God, the choice is easy. It is always easy for Christians to search for reason to justify things against the text, but we must adhere to the text and let the will of God be done.

This research addressed the shortage of mental health providers in rural communities. Even though several factors can be attributed to the shortage of mental health providers in rural communities, which has led to patients not receiving adequate care, questions must be asked about the obligation of Christians to take care of the least among us. The verse that brings this point to light is, “But if anyone has the world’s goods and sees his brother in need, yet closes his heart against him, how does God’s love abide in him? Little children, let us not love in word or talk but indeed and truth” (1 John 3:17–18). There is a collective responsibility to take care of the least amongst us in society, and when we fail to do that, we are putting man’s needs before that

of God. Understanding the right balance between worldly and Heavenly obligations will always be challenging, but the truth is our duty to serve the Lord should always be first.

Summary of Reflections

This research explored the shortage of mental health professionals in rural communities and the impact the shortages had on rural communities. As with any research, there are some benefits to the researcher, and in this case, separate from what contributions it adds to the mental health field, it was a personal, professional, and spiritual growth journey for the researcher. The research provided an enlightening perspective into the current state of mental health care in rural communities from a perspective the researcher did not anticipate. Myers (2019) suggested more than 85% of shortages in mental health professionals are in rural locations, resulting in rural communities seeking virtual alternatives to meet the high demand for mental healthcare treatment. From a personal perspective, this research provided a call for action from the researcher to spread more awareness as to the current state of mental health in rural communities. It also exposed the researcher to knowledge that can be used professionally to expand the current literature on mental health professional shortages in rural communities.

From the Christian perspective, this research forced the researcher to examine Christians' responsibility to each other and the large community. One of the callings of the Christian faith is to reach others where they are to spread the word of God and serve the people. This has allowed the researcher to ponder whether enough is being done personally or collectively to ensure those in rural communities can access care. There are small things Christians can do to mitigate rural communities' challenges, like volunteering time or resources to least amongst us.

Summary of Section 3

This study was essential in expanding the existing literature on the shortage of mental health professionals in rural communities. From the study overview, a comprehensive background of the problem and purpose of the studies was examined. Questions were developed that helped shape the foundation of the study and were vital to conducting the research. Denny and Weckesser (2022) stated qualitative research begins with one or more relatively broad research questions that may be revised iteratively as the research is conducted to narrow the research aim or purpose. The institution review board was critical in ensuring the study met the ethical requirements for such research. Based on the standards approved by the institution review board, this research was conducted on the shortage of mental health professionals in rural communities with an initial questionnaire sent to participants. A follow-up Zoom link was sent for semi-structured live interviews after the initial phase of the study, which was essential to understand if the earlier held perspectives of the participants had evolved or stayed the same. The findings' results were published as expressed by the study participants, free of any biases by the researcher.

The application to professional practice expressed the significance of this study on how it could improve business practices and the researcher's role from a professional, personal, and spiritual perspective. The researcher examined the study's findings and showed the potential benefits of the study to improve business practices based on the results. Also, an essential aspect of the findings was the application strategies to be implemented, as the feedback provided by the participants can be used as a roadmap to address the shortage of mental health professionals in rural communities. The researchers evaluated the findings and recommended areas for further

studies because the researcher understood that there are still areas that must be explored that are not fully covered in this study.

Finally, as with any study, the researcher can reflect on the research and its findings. The researcher examined the study to ensure personal biases were kept out of the studies and the research met professional standards that any third-party researcher could scrutinize. Also as important was the role of religion for a researcher with Christian beliefs because there is always a consideration which is made based on the findings of research what is the role and responsibility of a Christian in fulfilling the gaps that cannot be accomplished by the private sector, local, state, or federal government in addressing the findings of the study.

Summary and Study Conclusions

Conducting any study can be exhaustive, but the work can be very rewarding based on the findings if it adds value to the literature or fills a current gap in the study. For this study, the problem being researched was the shortage of mental health professionals in rural communities. The shortage of mental health professionals is a problem faced by both rural and urban communities, but the issue is exacerbated.is rural communities due to other factors that make it challenging for mental health professionals working in rural communities. Questions were developed which helped shape the direction of the research. The questions played a foundational role in how the research was conducted. Denny and Weckesser (2022) stated qualitative research begins with one or more relatively broad research questions that may be revised iteratively as the research is carried out to narrow the research aim or purpose. The research was carried out narrowly, focusing on mental health provider shortages in rural communities. To better diagnose mental health provider shortage in rural communities, a survey, questionnaire, and semi-structured interview were conducted to get a first-hand account of qualified mental health

professionals. Understanding the right methodology for this research was instrumental in conducting the research, as was identifying the research's themes, concepts, and theories. The researcher fully explored each to develop the core aspects of the research. Conducting research to a professional standard was essential, as this work must be able to be tested by any third-party researcher for the validity of the research.

This research showed that mental health professionals had several hurdles to providing care in rural communities, which caused mental health professionals to decide on urban communities for practice over rural communities. The shortage of mental health professionals is a global problem, and so is the growth of mental health. The geographical location of rural communities in the United States already creates natural challenges for providers to practice, and there are few incentives, as shown by this study, to attract mental health professionals to rural communities. The current trajectory of the mental health provider shortage or filling the much-needed gap, it would be recommended that rural communities consider some of the study findings expressed by mental health professionals as a guide to mitigate the growing problem. This study adds value to the current literature. It shows future areas that can be studied further because the research on mental health provider shortage is broad with many possible solutions. A roadmap is always a good starting point for addressing a specific problem. As shown by this study and the valuable input provided by mental health professionals through the survey, questionnaire, and semi-structured interviews, there is a possible path to address the shortages of mental health professionals in rural communities. The private and public sectors must address the problem of mental health professional shortages in rural communities, as mental health is fast becoming a serious global crisis.

References

Adeoye‐Olatunde, O. A., & Olenik, N. L. (2021). Research and scholarly methods: Semi‐structured interviews. *Journal of the American College of Clinical Pharmacy*, *4*(10), 1358–1367. https://doi.org/10.1002/jac5.1441

Allaverdi, D., & Browning, T. R. (2020). A methodology for identifying flexible design opportunities in large‐scale systems. *Systems Engineering*, *23*(5), 534–556. https://doi.org/10.1002/sys.21548

Alvarez, G., Núñez-Cortés, R., Solà, I., Sitjà-Rabert, M., Fort-Vanmeerhaeghe, A., Fernández, C., Bonfill, X., & Urrútia, G. (2021). Sample size, study length, and inadequate controls were the most common self-acknowledged limitations in manual therapy trials: A methodological review. *Journal of Clinical Epidemiology*, *130*, 96–106. https://doi.org/10.1016/j.jclinepi.2020.10.018

Anderson, E. E. (2021). Sharing research opportunities on personal social media accounts and fair subject selection. *American Journal of Bioethics*, *21*(10), 40–42. https://doi.org/10.1080/15265161.2021.1965252

Arredondo, K., Touchett, H. N., Khan, S., Vincenti, M., & Watts, B. V. (2023). Current programs and incentives to overcome rural physician shortages in the United States: A narrative review. *Journal of General Internal Medicine: JGIM*, *38*(Suppl 3), 916–922. https://doi.org/10.1007/s11606-023-08122-6

Atiq, E. H. (2023). Legal positivism and the moral origins of legal systems. *The Canadian Journal of Law and Jurisprudence*, *36*(1), 37–64. https://doi.org/10.1017/cjlj.2022.17

Bachrach, R. L., & Quinn, D. A. (2023). The role of gender and veteran status in healthcare access among a national sample of U.S. adults with unhealthy alcohol use. *Substance Use & Misuse, 58*(4), 491–499. https://doi.org/10.1080/10826084.2023.2170182

Bacong, A. M., & Đoàn, L. N. (2022). Immigration and the life course: Contextualizing and understanding healthcare access and health of older adult immigrants. *Journal of Aging and Health*, *34*(9-10), 1228–1243. https://doi.org/10.1177/08982643221104931

Barati, M., & Fariditavana, H. (2022). Income and healthcare financing system in the United States: An asymmetric analysis. *Journal of Economic Studies (Bradford)*, *49*(5), 809–820. https://doi.org/10.1108/JES-12-2020-0592

Bauerly, B. C., McCord, R. F., Hulkower, R., & Pepin, D. (2019). Broadband access as a public health issue: The role of law in expanding broadband access and connecting underserved communities for better health outcomes. *The Journal of Law, Medicine & Ethics*, *47*(2_suppl), 39–42. https://doi.org/10.1177/1073110519857314

Bayne, H. B., & Doyle, K. (2019). Licensure portability through an ethical lens: Considering multiple stakeholders. *Journal of Mental Health Counseling*, *41*(2), 97–111. https://doi.org/10.17744/mehc.41.2.01

Beals, A. C., Kazberouk, A., Rosenberg, J., Wachter, K., Choi, S., Yan, Z., & Weintraub, R. (2017). Expanding competency-based credentialing in healthcare: A case for digital badges for global health delivery. *Annals of Global Health*, *81*(1), 71. https://doi.org/10.1016/j.aogh.2015.02.668

Beatty, K., Heffernan, M., Hale, N., & Meit, M. (2020). Funding and service delivery in rural and urban local US health departments in 2010 and 2016. *American Journal of Public Health (1971)*, *110*(9), 1293–1299. https://doi.org/10.2105/AJPH.2020.305757

Bekele, W. B., & Ago, F. Y. (2022). Sample size for interview in qualitative research in social sciences: A guide to novice researchers. *Research in Educational Policy and Management, 4*(1), 42–50. https://doi.org/10.46303/repam.2022.3

Bergen, N., & Labonté, R. (2020). "Everything is perfect, and we have no problems": Detecting and limiting social desirability bias in qualitative research. *Qualitative Health Research, 30*(5), 783–792. https://doi.org/10.1177/1049732319889354

Bipeta, R. (2019). Legal and ethical aspects of mental health care. *Indian Journal of Psychological Medicine, 41*(2), 108–112. https://doi.org/10.4103/ijpsym.ijpsym_59_19

Bonacina, S., Grassi, M., Zedde, M., Zini, A., Bersano, A., Gandolfo, C., Silvestrelli, G., Baracchini, C., Cerrato, P., Lodigiani, C., Marcheselli, S., Paciaroni, M., Rasura, M., Cappellari, M., Del Sette, M., Cavallini, A., Morotti, A., Micieli, G., Lotti, E. M., … Calloni, M. V.. (2020). Long-term outcome of cervical artery dissection: IPSYS CeAD: Study protocol, rationale, and baseline data of an Italian multicenter research collaboration. *Neurological Sciences, 41*(11), 3265–3272. https://doi.org/10.1007/s10072-020-04464-9

Braun, V., Clarke, V., Boulton, E., Davey, L., & McEvoy, C. (2021). The online survey as a qualitative research tool. *International Journal of Social Research Methodology*, *24*(6), 641–654. https://doi.org/10.1080/13645579.2020.1805550

Brown, J. R., Kapteyn, A., Luttmer, E. F. P., Mitchell, O. S., & Samek, A. (2021). Behavioral impediments to valuing annuities: Complexity and choice bracketing. *The Review of Economics and Statistics, 103*(3), 533–546. https://doi.org/10.1162/rest_a_00892

Bruns, E. J., Parker, E. M., Hensley, S., Pullmann, M. D., Benjamin, P. H., Lyon, A. R., & Hoagwood, K. E. (2019). The role of the outer setting in implementation: Associations

between state demographic, fiscal, and policy factors and use of evidence-based treatments in mental healthcare. *Implementation Science: IS*, *14*(1), 96. https://doi.org/10.1186/s13012-019-0944-9

Busetto, L., Wick, W., & Gumbinger, C. (2020). How to use and assess qualitative research methods. *Neurological Research and Practice*, *2*(1), 14. https://doi.org/10.1186/s42466-020-00059-z

Caldera, H. T. S., Desha, C., & Dawes, L. (2019). Evaluating the enablers and barriers for successful implementation of sustainable business practice in "lean" SMEs. *Journal of Cleaner Production*, *218*, 575–590. https://doi.org/10.1016/j.jclepro.2019.01.239

Caloni, F., Cazzaniga, A., De Angelis, I., Fossati, P., Mormino, G., Pedrazzi, M., Casati, G., & Sambuy, Y. (2021). Virtual class on alternative methods: Ethics and science. *ALTEX, Alternatives to Animal Experimentation*, *38*(1), 156–157. https://doi.org/10.14573/altex.2012152

Candela, A. G. (2019). Exploring the function of member checking. *Qualitative Report*, *24*(3), 619–628. https://core.ac.uk/download/pdf/215371472.pdf

Chappell, K. B., Howard, M. S., Lundmark, V., & Ivory, C. (2021). Credentialing and certification: Overview, science, and impact on policy, regulation, and practice. *International Nursing Review*, *68*(4), 551–556. https://doi.org/10.1111/inr.12721

Chee, G., Wynaden, D., & Heslop, K. (2019). The physical health of young people experiencing first‐episode psychosis: Mental health consumers' experiences. *International Journal of Mental Health Nursing*, *28*(1), 330–338. https://doi.org/10.1111/inm.12538

Chen, Z., Roy, K., Khushalani, J. S., & Puddy, R. W. (2022). The trend in rural‐urban disparities in access to outpatient mental health services among U.S. adults aged 18‐64 with employer‐sponsored insurance: 2005‐2018. *The Journal of Rural Health*, *38*(4), 788–794. https://doi.org/10.1111/jrh.12644

Childs, E. M., & Washington, T. (2022). Perception of health care access in rural Georgia: Findings from a community health needs assessment survey. *Journal of the Georgia Public Health Association*, *8*(3), 70–77. https://doi.org/10.20429/jgpha.2022.080309

Chow, W. S., Ajaz, A., & Priebe, S. (2019). What drives changes in institutionalized mental health care? A qualitative study of the perspectives of professional experts. *Social Psychiatry and Psychiatric Epidemiology*, *54*(6), 737–744. https://doi.org/10.1007/s00127-018-1634-7

Clark, V., Ming, H., & Kim, S. J. (2023). Location, age, and race matter: A path model of emotional distress in the U.S. during COVID-19. *BMC Public Health*, *23*(1), 762. https://doi.org/10.1186/s12889-023-15640-9

Cole, R. (2023). Inter-rater reliability methods in qualitative case study research. *Sociological Methods & Research*, 4912412311569. https://doi.org/10.1177/00491241231156971

Coleman, P. (2021). Validity and reliability within qualitative research in the caring sciences. *International Journal of Caring Sciences*, *14*(3), 2041–2045. https://www.internationaljournalofcaringsciences.org/docs/54_goleman_special_14_3.pdf

Compeau, D., Correia, J., & Thatcher, J. B. (2022). When constructs become obsolete: A systematic approach to evaluating and updating constructs for information systems research. *MIS Quarterly*, *46*(2), 679–712. https://doi.org/10.25300/MISQ/2022/15516

Cortelyou-Ward, K., Atkins, D. N., Noblin, A., Rotarius, T., White, P., & Carey, C. (2020). Navigating the digital divide: Barriers to telehealth in rural areas. *Journal of Health Care for the Poor and Underserved*, *31*(4), 1546–1556. https://doi.org/10.1353/hpu.2020.0116

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design choosing among five approaches* (4th ed.). Sage.

Cribb, A., Entwistle, V., & Mitchell, P. (2020). What does "quality" add? Towards an ethics of healthcare improvement. *Journal of Medical Ethics*, *46*(2), 118–122. https://doi.org/10.1136/medethics-2019-105635

Cullen, S. W., Bowden, C. F., Olfson, M., Marcus, S. C., Caterino, J. M., Ross, A. M., Doupnik, S. K., & True, G. (2023). "Treat them like a human being … They are somebody's somebody": Providers' perspectives on treating patients in the emergency department after self-injurious behavior. *Community Mental Health Journal*, *59*(2), 253–265. https://doi.org/10.1007/s10597-022-01003-y

Daelman, S., De Schauwer, E., & Van Hove, G. (2020). Becoming-with research participants: Possibilities in qualitative research with children. Childhood (Copenhagen, Denmark), 27(4), 483–497. https://doi.org/10.1177/0907568220927767

Daniel, M., & Joseph, R. A. (2019). Horizontal integration of concepts: An innovative teaching strategy. *Nurse Educator*, *44*(5), 284–287. https://doi.org/10.1097/NNE.0000000000000608

Daraio, C., & Vaccari, A. (2020). Using normative ethics for building a good evaluation of research practices: Towards assessing researcher's virtues. *Scientometrics, 125*(2), 1053. https://doi.org/10.1007/s11192-020-03658-4

DCunha, S., Suresh, S., & Kumar, V. (2021). Service quality in healthcare: Exploring servicescape and patients' perceptions. *International Journal of Healthcare Management, 14*(1), 35–41. https://doi.org/10.1080/20479700.2019.1605689

Dean, E. (2017). Professionalism. *Emergency Nurse, 25*(3), 13. https://doi.org/10.7748/en.25.3.13.s15

DeCamp, M., & Snyder Sulmasy, L. (2021). Ethical and professionalism implications of physician employment and health care business practices: A policy paper from the American college of physicians. *Annals of Internal Medicine, 174*(6), 844–851. https://doi.org/10.7326/M20-7093

de Deuge, J., Hoang, H., Kent, K., Mond, J., Bridgman, H., Skromanis, S., Smith, L., & Auckland, S. (2020). Impacts of community resilience on the implementation of a mental health promotion program in rural Australia. *International Journal of Environmental Research and Public Health, 17*(6), 2031. https://doi.org/10.3390/ijerph17062031

Delios, A., Clemente, E. G., Wu, T., Tan, H., Wang, Y., Gordon, M., Viganola, D., Chen, Z., Dreber, A., Johannesson, M., Pfeiffer, T., & Uhlmann, E. L. (2022). Examining the generalizability of research findings from archival data. *Proceedings of the National Academy of Sciences, 119*(30), e2120377119. https://doi.org/10.1073/pnas.2120377119

DellaCrosse, M., Pleet, M., Morton, E., Ashtari, A., Sakai, K., Woolley, J., & Michalak, E. (2022). "A sense of the bigger picture:" A qualitative analysis of follow-up interviews

with people with bipolar disorder who self-reported psilocybin use. *PloS One*, *17*(12), e0279073. https://doi.org/10.1371/journal.pone.0279073

Delman, J., Arntz, D., Whitman, A., Skiest, H., Kritikos, K., Alves, P., Chambers, V., Markley, R., Martinez, J., Piltch, C., Whitney-Sarles, S., London, J., Shtasel, D., & Cather, C. (2023). Using community-based participatory research to conduct a collaborative needs assessment of mental health service users: Identifying research questions and building academic-community trust. *Health Promotion Practice*, 15248399231171144. https://doi.org/10.1177/15248399231171144

Denny, E., & Weckesser, A. (2022). How to do qualitative research?: Qualitative research methods. *BJOG: An International Journal of Obstetrics and Gynaecology*, *129*(7), 1166–1167. https://doi.org/10.1111/1471-0528.17150

DeTienne, K. B., Ellertson, C. F., Ingerson, M., & Dudley, W. R. (2021). Moral development in business ethics: An examination and critique. *Journal of Business Ethics*, *170*(3), 429–448. https://doi.org/10.1007/s10551-019-04351-0

Diop, K. A. S., & Liu, E. (2020). Categorization of case in case study research method: New approach. *Knowledge & Performance Management (Online)*, *4*(1), 1–14. https://doi.org/10.21511/kpm.04(1).2020.01

Domino, M. E., Lin, C. C., Morrissey, J. P., Ellis, A. R., Fraher, E., Richman, E. L., Thomas, K. C., & Prinstein, M. J. (2019). Training psychologists for rural practice: Exploring opportunities and constraints. *The Journal of Rural Health*, *35*(1), 35–41. https://doi.org/10.1111/jrh.12299

Dörfler, V., & Stierand, M. (2021). Bracketing: A phenomenological theory applied through transpersonal reflexivity. *Journal of Organizational Change Management*, *34*(4), 778–793. https://doi.org/10.1108/JOCM-12-2019-0393

Dos Santos, L. M. (2019). Rural public health workforce training and development: The performance of an undergraduate internship program in a rural hospital and healthcare centre. *International Journal of Environmental Research and Public Health*, *16*(7), 1259. https://doi.org/10.3390/ijerph16071259

Durneva, P., Cousins, K., & Chen, M. (2020). The current state of research, challenges, and future research directions of blockchain technology in patient care: Systematic review. *Journal of Medical Internet Research*, *22*(7), e18619. https://doi.org/10.2196/18619

Eisenmann, N. (2020). Differences between licensed healthcare professionals with substance use-related licensure discipline. *Substance Use & Misuse*, *55*(12), 2035–2042. https://doi.org/10.1080/10826084.2020.1788090

English Standard Bible. (2001). *ESV Online*. https://esv.literalword.com/

Erwin, P. C., & Braund, W. E. (2020). A public health lens on rural health. *American Journal of Public Health (1971)*, *110*(9), 1275–1276. https://doi.org/10.2105/AJPH.2020.305863

Fan, X. (2022). Unpacking the association between family functionality and psychological distress among Chinese left-behind children: The mediating role of social support and internet addiction. *International Journal of Environmental Research and Public Health*, *19*(20), 13327. https://doi.org/10.3390/ijerph192013327

Farquhar, J., Michels, N., & Robson, J. (2020). Triangulation in industrial qualitative case study research: Widening the scope. *Industrial Marketing Management*, *87*, 160–170. https://doi.org/10.1016/j.indmarman.2020.02.001

Ferreira, C. C. (2020). Experiential learning theory and hybrid entrepreneurship: Factors influencing the transition to full-time entrepreneurship. *International Journal of Entrepreneurial Behaviour & Research*, *26*(8), 1845–1863. https://doi.org/10.1108/IJEBR-12-2019-0668

Feyereisen, S. L., Puro, N., & McConnell, W. (2021). Addressing provider shortages in rural America: The role of state opt-out policy adoptions in promoting hospital anesthesia provision. *The Journal of Rural Health*, *37*(4), 684–691. https://doi.org/10.1111/jrh.12487

Fish, J. N., & Mittal, M. (2021). Mental health providers during COVID-19: Essential to the U.S. public health workforce and in need of support. *Public Health Reports (1974)*, *136*(1), 14–17. https://doi.org/10.1177/0033354920965266

Fisher, S. L., Bonaccio, S., Jetha, A., Winkler, M., Birch, G. E., & Gignac, M. A. M. (2023). Guidelines for conducting partnered research in applied psychology: An illustration from disability research in employment contexts. *Applied Psychology*, *72*(4), 1367–1391. https://doi.org/10.1111/apps.12438

Fofana, F., Bazeley, P., & Regnault, A. (2020). Applying a mixed methods design to test saturation for qualitative data in health outcomes research. *PloS One*, *15*(6), e0234898. https://doi.org/10.1371/journal.pone.0234898

Garbuio, M., & Lin, N. (2019). Artificial intelligence as a growth engine for health care startups: Emerging business models. *California Management Review*, *61*(2), 59–83. https://doi.org/10.1177/0008125618811931

George, P., Ghose, S. S., Goldman, H. H., O'Brien, J., Daley, T. C., Dixon, L. B., & Rosenblatt, A. (2022). Growth of coordinated specialty care in the United States with changes in

federal funding policies: 2014–2018. *Psychiatric Services*, *73*(12), 1346–1351. https://doi.org/10.1176/appi.ps.202100600

Germack, H. D., Kandrack, R., & Martsolf, G. R. (2019). When rural hospitals close, the physician workforce goes. *Health Affairs*, *38*(12), 2086–2094. https://doi.org/10.1377/hlthaff.2019.00916

Gershuni, O., Orr, J. M., Vogel, A., Park, K., Leider, J. P., Resnick, B. A., & Czabanowska, K. (2023). A systematic review on professional regulation and credentialing of the public health workforce. *International Journal of Environmental Research and Public Health*, *20*(5), 4101. https://doi.org/10.3390/ijerph20054101

Gill, S. L. (2020). Qualitative sampling methods. *Journal of Human Lactation*, *36*(4), 579–581. https://doi.org/10.1177/0890334420949218

Giusto, A., Jack, H. E., Magidson, J. F., Ayuku, D., Johnson, S. L., Lovero, K. L., Hankerson, S. H., Sweetland, A. C., Myers, B., Fortunato dos Santos, P., Puffer, E. S., & Wainberg, M. L. (2023). Global is local: Leveraging global mental-health methods to promote equity and address disparities in the United States. *Clinical Psychological Science*, 216770262211257. https://doi.org/10.1177/21677026221125715

Gizaw, Z., Astale, T., & Kassie, G. M. (2022). What improves access to primary healthcare services in rural communities? A systematic review. *BMC Family Practice*, *23*(1), 313. https://doi.org/10.1186/s12875-022-01919-0

Glazier, R. H., Green, M. E., Frymire, E., Kopp, A., Hogg, W., Premji, K., & Kiran, T. (2019). Do incentive payments reward the wrong providers? A study of primary care reform in Ontario, Canada. *Health Affairs*, *38*(4), 624–632. https://doi.org/10.1377/hlthaff.2018.05272

Goldschmidt, J. (2019). Use of ethnography as a research tool. *Journal of the Academy of Nutrition and Dietetics, 119*(1), 31. https://doi.org/10.1016/j.jand.2018.10.013

Gutierrez, J., Moeckli, J., McAdams, N., & Kaboli, P. J. (2020). Perceptions of telehospitalist services to address staffing needs in rural and low complexity hospitals in the Veterans' Health Administration. *The Journal of Rural Health, 36*(3), 355–359. https://doi.org/10.1111/jrh.12403

Haggerty, T., Turiano, N. A., Turner, T., Dekeseredy, P., & Sedney, C. L. (2022). Exploring the question of financial incentives for training amongst non-adopters of MOUD in rural primary care. *Addiction Science & Clinical Practice, 17*(1), Article 72. https://doi.org/10.1186/s13722-022-00353-y

Hailemariam, M., Fekadu, A., Medhin, G., Prince, M., & Hanlon, C. (2019). Equitable access to mental healthcare integrated into primary care for people with severe mental disorders in rural Ethiopia: A community-based cross-sectional study. *International Journal of Mental Health Systems, 13*(1), 78. https://doi.org/10.1186/s13033-019-0332-5

Handtke, O., Schilgen, B., & Mosko, M. (2019). Culturally competent healthcare – A scoping review of strategies implemented in healthcare organizations and a model of culturally competent healthcare provision. *PloS One, 14*(7), e0219971. https://doi.org/10.1371/journal.pone.0219971

Harrill, W. C., & Melon, D. E. (2021). A field guide to U.S. healthcare reform: The evolution to value-based healthcare. *Laryngoscope Investigative Otolaryngology*, *6*(3), 590–599. https://doi.org/10.1002/lio2.575

Health Resources and Services Administration. (2019). *Designated health professional shortage area statistics: First quarter of the fiscal year 2018 designated HPSA quarterly summary*. HRSA. https://www.hrsa.gov/

Hearnshaw, J., Brandizi, M., Singh, A., Rawlings, C., & Hassani-Pak, K. (2021). Organizing knowledge to enable faster data interpretation in COVID-19 research [version 1; peer review: 2 approved with reservations]. *F1000 Research, 10*, 703. https://doi.org/10.12688/f1000research.54071.1

Henry, C., & Loomis, J. M. (2023). Healthcare as an asset: Private equity investment and the changing geographies of care in the United States. *Geoforum, 146*, 103866. https://doi.org/10.1016/j.geoforum.2023.103866

Holtmann, G., Quigley, E. M., Shah, A., Camilleri, M., Tan, V. P., Gwee, K. A., Sugano, K., Sollano, J. D., Fock, K. M., Ghoshal, U. C., Chen, M., Dignass, A., & Cohen, H. (2020). "It ain't over … till it's over!" Risk‐mitigation strategies for patients with gastrointestinal diseases in the aftermath of the COVID‐19 pandemic. *Journal of Gastroenterology and Hepatology*, *35*(7), 1117–1123. https://doi.org/10.1111/jgh.15133

Holtom, B., Baruch, Y., Aguinis, H., & A Ballinger, G. (2022). Survey response rates: Trends and a validity assessment framework. *Human Relations (New York), 75*(8), 1560–1584. https://doi.org/10.1177/00187267211070769

Howe, S. J., Ladipus, D., Hull, M., Yeaw, J., Stevenson, T., & Sampson, J. B. (2022). Healthcare resource utilization, total costs, and comorbidities among patients with myotonic dystrophy using U.S. insurance claims data from 2012 to 2019. *Orphanet Journal of Rare Diseases, 17*(1), 79. https://doi.org/10.1186/s13023-022-02241-9

Huang, S. S., Yu, Z., Shao, Y., Yu, M., & Li, Z. (2021). Relative effects of human, social, and psychological capital on hotel employees' job performance. *International Journal of Contemporary Hospitality Management*, *33*(2), 490–512. https://doi.org/10.1108/IJCHM-07-2020-0650

Izadi, A., Mohammadi, M., Nasekhian, S., & Memar, S. (2020). Structural functionalism, social sustainability, and the historic environment: A role for theory in urban regeneration. *The Historic Environment (London)*, *11*(2-3), 158–180. https://doi.org/10.1080/17567505.2020.1723248

Jack, S. M., & Phoenix, M. (2022). Qualitative health research in the fields of developmental medicine and child neurology. *Developmental Medicine and Child Neurology*, *64*(7), 830–839. https://doi.org/10.1111/dmcn.15182

Jensen, E. J., Mendenhall, T., Futoransky, C., & Clark, K. (2021). Family medicine physicians' perspectives regarding rural behavioral health care: Informing ideas for increasing access to high-quality services. The Journal of Behavioral Health Services & Research, 48(4), 554–565. https://doi.org/10.1007/s11414-021-09752-6

Jing, L., Liu, K., Zhou, X., Wang, L., Huang, Y., Shu, Z., Lou, J., Fan, J., & Sun, X. (2019). Health‐personnel recruitment and retention target policy for health care providers in the rural communities: A retrospective investigation at Pudong new area of Shanghai in China. *The International Journal of Health Planning and Management*, *34*(1), e157–e167. https://doi.org/10.1002/hpm.2618

Johansson, P., Blankenau, J., Tutsch, S. F., Brueggemann, G., Afrank, C., Lyden, E., & Khan, B. (2019). Barriers and solutions to providing mental health services in rural Nebraska. *Journal of Rural Mental Health*, *43*(2-3), 103–107. https://doi.org/10.1037/rmh0000105

Johnson, K. F., & Brookover, D. L. (2020). Counselors' role in decreasing suicide in mental health professional shortage areas in the United States. *Journal of Mental Health Counseling*, *42*(2), 170–186. https://doi.org/10.17744/mehc.42.2.06

Johnson, S. L. J. (2019). AI, machine learning, and ethics in health care. *The Journal of Legal Medicine (Chicago. 1979)*, *39*(4), 427–441. https://doi.org/10.1080/01947648.2019.1690604

Jora, O. (2020). Sustainable university – Concept and conception. *Amfiteatru Economic*, *22*(54), 307–309. https://doi.org/10.24818/EA/2020/54/307

Jung, P., & Lushniak, B. D. (2019). Credentialing and privileging the preventive medicine physician. *Preventive Medicine*, *118*, 166–170. https://doi.org/10.1016/j.ypmed.2018.10.015

Kanza, S., & Knight, N. J. (2022). Behind every great research project is great data management. *BMC Research Notes*, *15*(1), 20. https://doi.org/10.1186/s13104-022-05908-5

Keltner, D., Sauter, D., Tracy, J. L., Wetchler, E., & Cowen, A. S. (2022). How emotions, relationships, and culture constitute each other: Advances in social functionalist theory. *Cognition and Emotion*, *36*(3), 388–401. https://doi.org/10.1080/02699931.2022.2047009

Kenworthy, N., & Igra, M. (2022). Medical crowdfunding and disparities in health care access in the United States, 2016–2020. *American Journal of Public Health (1971)*, *112*(3), 491–498. https://doi.org/10.2105/AJPH.2021.306617

Keselman, A., Arnott Smith, C., Murcko, A. C., & Kaufman, D. R. (2019). Evaluating the quality of health information in a changing digital ecosystem. *Journal of Medical Internet Research*, *21*(2), e11129. https://doi.org/10.2196/11129

Killough, C., Ortegon, E. R., Vasireddy, R., Kincaid, T., Silverblatt, H., Crisanti, A., & Page, K. (2022). Training psychiatrists in New Mexico: Reflections from psychiatry residents who participated in a rural track versus a traditional program alone over the past decade. *Academic Psychiatry*, *46*(4), 470–474. https://doi.org/10.1007/s40596-021-01572-2

Kim, J. (2020). Occupational credentials and job qualities of direct care workers: implications for labor shortages. *Journal of Labor Research*, 41(4), 403–420. https://doi.org/10.1007/s12122-020-09312-5

Kirby, J. B., Zuvekas, S. H., Borsky, A. E., & Ngo-Metzger, Q. (2019). Rural residents with mental health needs have fewer care visits than their urban counterparts. *Health Affairs (Project Hope)*, *38*(12), 2057–2060. https://doi.org/10.1377/hlthaff.2019.00369

Klem, N., Shields, N., Smith, A., & Bunzli, S. (2022). Demystifying qualitative research for musculoskeletal Practitioners Part 4: A qualitative researcher's toolkit sampling, data collection methods, and data analysis. *The Journal of Orthopedic and Sports Physical Therapy*, *52*(1), 8–10. https://doi.org/10.2519/JOSPT.2022.10486

Kraus, E. M. (2019). An exploratory analysis of U.S. nurse practitioner perspectives on training and credentialing. *Narrative Inquiry in Bioethics*, *9*(3), 233–246. https://doi.org/10.1353/nib.2019.0053

Kuroki, M. (2021). The effect of health insurance coverage on personal bankruptcy: Evidence from the Medicaid expansion. *Review of Economics of the Household*, *19*(2), 429–451. https://doi.org/10.1007/s11150-020-09492-0

Kwan, P. (2020). Is transformational leadership theory passé? Revisiting the integrative effect of instructional leadership and transformational leadership on student outcomes.

Educational Administration Quarterly, *56*(2), 321–349. https://doi.org/10.1177/0013161X19861137

Lavee, E., & Itzchakov, G. (2023). Good listening: A key element in establishing quality in qualitative research. *Qualitative Research: QR*, *23*(3), 614–631. https://doi.org/10.1177/14687941211039402

Lavingia, R., Jones, K., & Asghar-Ali, A. A. (2020). A systematic review of barriers faced by older adults in seeking and accessing mental health care. *Journal of Psychiatric Practice*, *26*(5), 367–382. https://doi.org/10.1097/PRA.0000000000000491

Leatherdale, S. T. (2019). Natural experiment methodology for research: A review of how different methods can support real-world research. *International Journal of Social Research Methodology*, *22*(1), 19–35. https://doi.org/10.1080/13645579.2018.1488449

Leider, J., & Henning-Smith, C. (2020). Resourcing public health to meet the needs of rural America. *American Journal of Public Health (1971)*, *110*(9), 1291–1292. https://doi.org/10.2105/AJPH.2020.305818

Leucht, S., Siafis, S., & Davis, J. M. (2022). Limitations in research on maintenance treatment for individuals with schizophrenia—Reply. *JAMA Psychiatry (Chicago, Ill.)*, *79*(1), 86–87. https://doi.org/10.1001/jamapsychiatry.2021.3403

Lienhart, G., Thivichon-Prince, B., Farge, P., Schott-Pethelaz, A., & Chaneliere, M. (2022). What are health professionals' perceptions and attitudes regarding children with early childhood caries and their families? A qualitative research protocol to assess oral health stigma in the medical setting. *BMJ Open*, *12*(12), e066680. https://doi.org/10.1136/bmjopen-2022-066680

LiPuma, S. H., & Robichaud, A. L. (2020). Deliver us from injustice: Reforming the U.S. healthcare system. *Journal of Bioethical Inquiry*, *17*(2), 257–270. https://doi.org/10.1007/s11673-020-09961-2

Lityński, P., & Hołuj, A. (2020). Urban sprawl risk delimitation: The concept for spatial planning policy in Poland. *Sustainability (Basel, Switzerland)*, *12*(7), 2637. https://doi.org/10.3390/su12072637

Lo, F., Rey-Martí, A., & Botella-Carrubi, D. (2020). Research methods in business: Quantitative and qualitative comparative analysis. *Journal of Business Research*, *115*, 221–224. https://doi.org/10.1016/j.jbusres.2020.05.003

Lobe, B., Morgan, D., & Hoffman, K. A. (2020). Qualitative data collection in an era of social distancing. *International Journal of Qualitative Methods*, *19*, 1609406920937875. https://doi.org/10.1177/1609406920937875

Mac Giolla Phadraig, C., Ishak, N. S., Harten, M., Al Mutairi, W., Duane, B., Donnelly‐Swift, E., & Nunn, J. (2021). The oral status survey tool: Construction, validity, reliability, and feasibility among people with mild and moderate intellectual disabilities. *Journal of Intellectual Disability Research*, *65*(5), 437–451. https://doi.org/10.1111/jir.12820

Maganty, A., Byrnes, M. E., Hamm, M., Wasilko, R., Sabik, L. M., Davies, B. J., & Jacobs, B. L. (2023). Barriers to rural health care from the provider perspective. *Rural and Remote Health*, *23*(2), 1–11. https://doi.org/10.22605/RRH7769

Malayala, S. V., Vasireddy, D., Atluri, P., & Alur, R. S. (2021). Primary care shortage in medically underserved and health provider shortage areas: Lessons from Delaware, USA. *Journal of Primary Care & Community Health*, *12*, 2150132721994018. https://doi.org/10.1177/2150132721994018

Marye, S. (2022). Opinion: NHAMCS database variables limit healthcare disparities research. *Public Health Nursing*, *39*(4), 865–866. https://doi.org/10.1111/phn.13048

Masulis, R. W., Pham, P. K., Zein, J., & Ang, A. E. S. (2023). Crises as opportunities for growth: The strategic value of business group affiliation. *Journal of Financial and Quantitative Analysis*, *58*(4), 1508–1546. https://doi.org/10.1017/S002210902200093X

Matlala, N. T., Malema, R. N., Bopape, M. A., & Mphekgwana, P. M. (2021). The perceptions of professional nurses regarding factors affecting the provision of quality health care services at selected rural public clinics in the Capricorn District, Limpopo Province. *African Journal of Primary Health Care & Family Medicine*, *13*(1), e1–e8. https://doi.org/10.4102/phcfm.v13i1.2830

Mattie, A. S., Charlier, S. D., West, S., & Runyan, J. D. (2020). Educating healthcare compliance professionals: Identification of competencies. *Journal of Education for Business*, *95*(6), 367–374. https://doi.org/10.1080/08832323.2019.1664375

McAlexander, T. P., Algur, Y., Schwartz, B. S., Rummo, P. E., Lee, D. C., Siegel, K. R., Ryan, V., Lee, N. L., Malla, G., & McClure, L. A. (2022). Categorizing community type for epidemiologic evaluation of community factors and chronic disease across the United States. *Social Sciences & Humanities Open*, *5*(1), 100250. https://doi.org/10.1016/j.ssaho.2022.100250

McGrath, C., Palmgren, P. J., & Liljedahl, M. (2019). Twelve tips for conducting qualitative research interviews. *Medical Teacher*, *41*(9), 1002–1006. https://doi.org/10.1080/0142159X.2018.1497149

McGrath, K. (2023). Rural healthcare disparities in the United States: Can our payer structures help us get upstream? *Journal of General Internal Medicine: JGIM*, *38*(Suppl 1), 16–17. https://doi.org/10.1007/s11606-022-07922-6

McNarry, G., Allen-Collinson, J., & Evans, A. B. (2019). Reflexivity and bracketing in sociological phenomenological research: Researching the competitive swimming lifeworld. *Qualitative Research in Sport, Exercise and Health*, *11*(1), 138–151. https://doi.org/10.1080/2159676X.2018.1506498

Mehrotra, A., Huskamp, H. A., Souza, J., Uscher-Pines, L., Rose, S., Landon, B. E., Jena, A. B., & Busch, A. B. (2017). Rapid growth in mental health telemedicine uses among rural Medicare beneficiaries, wide variation across states. *Health Affairs*, *36*(5), 909–917. https://doi.org/10.1377/hlthaff.2016.1461

Meisters, J., Hoffmann, A., & Musch, J. (2023). More than random responding: Empirical evidence for the validity of the (extended) crosswise model. *Behavior Research Methods*, *55*(2), 716–729. https://doi.org/10.3758/s13428-022-01819-2

Melnyk, B. M. (2020). Reducing healthcare costs for mental health hospitalizations with the evidence-based COPE program for child and adolescent depression and anxiety: A cost analysis. *Journal of Pediatric Health Care*, *34*(2), 117–121. https://doi.org/10.1016/j.pedhc.2019.08.002

Merz, S., Jaehn, P., & Holmberg, C. (2021). Participation in population-based research: A qualitative, intersectional perspective. *European Journal of Public Health*, *31*(Supplement_3), 166–245. https://doi.org/10.1093/eurpub/ckab165.245

Michael. (2021, August 3). *Georgia mental health statistics*. Recovery in Georgia. https://recoveryingeorgia.org/georgia-mental-health-statistics/

Miller, K. E. M., Miller, K. L., Knocke, K., Pink, G. H., Holmes, G. M., & Kaufman, B. G. (2021). Access to outpatient services in rural communities changes after hospital closure. *Health Services Research*, *56*(5), 788–801. https://doi.org/10.1111/1475-6773.13694

Moon, M. D. (2019). Triangulation: A method to increase validity, reliability, and legitimation in clinical research. *Journal of Emergency Nursing*, *45*(1), 103–105. https://doi.org/10.1016/j.jen.2018.11.004

Morales, D. A., Barksdale, C. L., & Beckel-Mitchener, A. C. (2020). A call to action to address rural mental health disparities. *Journal of Clinical and Translational Science*, *4*(5), 463–467. https://doi.org/10.1017/cts.2020.42

Motulsky, S. L. (2021). Is member checking the gold standard of quality in qualitative research? *Qualitative Psychology*, *8*(3), 389–406. https://doi.org/10.1037/qup0000215

Mthuli, S. A., Ruffin, F., & Singh, N. (2022). "Define, explain, justify, apply" (DEJA): An analytic tool for guiding qualitative research sample size. *International Journal of Social Research Methodology*, *25*(6), 809–821. https://doi.org/10.1080/13645579.2021.1941646

Muralitharan, A., Brown, C. H., E. Peer, J., A. Klingaman, E., M. Hack, S., Li, L., Walsh, M. B., & Goldberg, R. W. (2019). Living well: An intervention to improve medical illness self-management among individuals with serious mental illness. *Psychiatric Services*, *70*(1), 19–25. https://doi.org/10.1176/appi.ps.201800162

Myers, C. R. (2019). Using telehealth to remediate rural mental health and healthcare disparities. *Issues in Mental Health Nursing*, *40*(3), 233–239. https://doi.org/10.1080/01612840.2018.1499157

Nasution, M. K., & Aulia, I. (2019, June). Design of the research problem statement. *Journal of Physics: Conference Series*, *1235*(1), 12115. https://doi.org/10.1088/1742-6596/1235/1/012115

Nayar, P., Apenteng, B., Nguyen, A. T., Shaw-Sutherland, K., Ojha, D., & Deras, M. (2017). Needs assessment for behavioral health workforce: A state-level analysis. *The Journal of Behavioral Health Services & Research*, *44*(3), 465–473. https://doi.org/10.1007/s11414-016-9500-4

Naylor, P., Minawala, R., Wong, K., Ehrinpreis, M. N., & Mutchnick, M. (2023). Racial disparity in HCV demographics and treatment between the interferon era (2002–2003) and direct acting anti-viral era (2019). *Curēus (Palo Alto, CA)*, *15*(3), e36643. https://doi.org/10.7759/cureus.36643

Negi, N. J., Forrester, P., Calderon, M., Esser, K., & Parrish, D. (2019). “We are at full capacity”: Social care workers persisting through work‐related stress in a new immigrant settlement context in the United States. *Health & Social Care in the Community*, *27*(5), e793–e801. https://doi.org/10.1111/hsc.12802

Oh, A., Scott, J. Y., Chow, A., Jiang, H., Dismuke‐Greer, C. E., Gujral, K., & Yoon, J. (2023). Rural and urban differences in the implementation of virtual integrated Patient‐Aligned care teams. *The Journal of Rural Health*, *39*(1), 272–278. https://doi.org/10.1111/jrh.12676

Ormerod, R. (2020). The history and ideas of sociological functionalism: Talcott parsons, modern sociological theory, and the relevance for OR. *The Journal of the Operational Research Society*, *71*(12), 1873–1899. https://doi.org/10.1080/01605682.2019.1640590

Ostrow, L., Cook, J. A., Salzer, M. S., Pelot, M., & Burke-Miller, J. K. (2022). Employment outcomes after certification as a behavioral health peer specialist in four U.S. states. *Psychiatric Services, 73*(11), 1239–1247. https://doi.org/10.1176/appi.ps.202100651

O'Sullivan, L., Feeney, L., Crowley, R. K., Sukumar, P., McAuliffe, E., & Doran, P. (2021). An evaluation of the process of informed consent: Views from research participants and staff. *Current Controlled Trials in Cardiovascular Medicine*, *22*(1), 544. https://doi.org/10.1186/s13063-021-05493-1

Padirayon, L. M., Pagudpud, M. V., & Cruz, J. S. D. (2019, February). Exploring constructivism learning theory using mobile game. In *IOP Conference Series: Materials Science and Engineering* (Vol. 482, No. 1, p. 012004). IOP Publishing. https://doi.org/10.1088/1757-899X/482/1/012004

Palomin, A., Takishima-Lacasa, J., Selby-Nelson, E., & Mercado, A. (2023). Challenges and ethical implications in rural community mental health: The role of mental health providers. *Community Mental Health Journal, 59*, 1442–1451. https://doi.org/10.1007/s10597-023-01151-9

Papakitsou, V. (2020). Qualitative research: Narrative approach in sciences. *Dialogues in Clinical Neuroscience & Mental Health (Online), 3*(1), 63–70. https://doi.org/10.26386/obrela.v3i1.177

Papaleontiou-Louca, E., Esmailnia, S., & Thoma, N. (2022). A critical review of Maslow's theory of spirituality. *Journal of Spirituality in Mental Health*, *24*(4), 327–343. https://doi.org/10.1080/19349637.2021.1932694

Parameswaran, U. D., Ozawa-Kirk, J. L., & Latendresse, G. (2020). To live (code) or to not: A new method for coding in qualitative research. *Qualitative Social Work: QSW: Research and Practice, 19*(4), 630–644. https://doi.org/10.1177/1473325019840394

Peck, J. L., Greenbaum, J., & Stoklosa, H. (2021). Mandated continuing education requirements for health care professional state licensure: The Texas model. *Journal of Human Trafficking*, 1–6. https://doi.org/10.1080/23322705.2021.1981708

Pedersen, S. L., Lindstrom, R., Powe, P. M., Louie, K., & Escobar-Viera, C. (2022). Lack of representation in psychiatric research: A data-driven example from scientific articles published in 2019 and 2020 in the American Journal of Psychiatry. *The American Journal of Psychiatry*, *179*(5), 388–392. https://doi.org/10.1176/appi.ajp.21070758

Perea, B. (2020). Using smaller credentials to build flexible degree completion and career pathways. *New Directions for Community Colleges*, *2020*(189), 23–37. https://doi.org/10.1002/cc.20395

Perry, K., Gold, S., & Shearer, E. M. (2020). Identifying and addressing mental health providers' perceived barriers to clinical video telehealth utilization. *Journal of Clinical Psychology*, *76*(6), 1125–1134. https://doi.org/10.1002/jclp.22770

Pessoa, A. S. G., Harper, E., Santos, I. S., & Gracino, M. C. D. S. (2019). Using reflexive interviewing to foster a deep understanding of research participants' perspectives. *International Journal of Qualitative Methods*, *18*, 160940691882502. https://doi.org/10.1177/1609406918825026

Phillips, T., Saunders, R. K., Cossman, J., & Heitman, E. (2019). Assessing trustworthiness in research: A pilot study on CV verification. *Journal of Empirical Research on Human Research Ethics*, *14*(4), 353–364. https://doi.org/10.1177/1556264619857843

Piat, M., Wainwright, M., Rivest, M., Sofouli, E., von Kirchenheim, T., Albert, H., Casey, R., Labonté, L., O'Rourke, J. J., & LeBlanc, S. (2022). The impacts of implementing recovery innovations: A conceptual framework grounded in qualitative research. *International Journal of Mental Health Systems*, *16*(1), 1–49. https://doi.org/10.1186/s13033-022-00559-2

Polinsky, E. J., Bradsell, J. E. B., Keeley, J. W., & Cardin, S. A. (2022). Analysis of mental health workforce: Implications for social work practice and profession. *Social Work in Public Health*, *37*(6), 560–580. https://doi.org/10.1080/19371918.2022.2054891

Porretta, S., Gere, A., Radványi, D., & Moskowitz, H. (2019). Mind genomics (conjoint analysis): The new concept research in the analysis of consumer behavior and choice. *Trends in Food Science & Technology*, *84*, 29–33. https://doi.org/10.1016/j.tifs.2018.01.004

Pott, C., Stargardt, T., Schneider, U., & Frey, S. (2021). Do discontinuities in marginal reimbursement affect inpatient psychiatric care in Germany? *The European Journal of Health Economics*, *22*(1), 101–114. https://doi.org/10.1007/s10198-020-01241-5

Probst, J., Eberth, J. M., & Crouch, E. (2019). Structural urbanism contributes to poorer health outcomes in rural America. *Health Affairs*, *38*(12), 1976–1984. https://doi.org/10.1377/hlthaff.2019.00914

Pryor, E. K., Tyre, M., Brands, S., Flinn, R. E., Stepleman, L. M., & Holt, N. R. (2023). Barriers to mental health care identified by sexual and gender minority individuals in Georgia and South Carolina. *Southern Medical Journal (Birmingham, Ala.)*, *116*(3), 264–269. https://doi.org/10.14423/SMJ.0000000000001524

Radfar, A., Caceres, M. M. F., Sosa, J. P., & Filip, I. (2021). Overcoming the challenges of the mental health care system in the United States in the aftermath of COVID-19. *CNS Spectrums*, *26*(2), 176. https://doi.org/10.1017/S1092852920002886

Rasmussen, J. D., Kakuhikire, B., Baguma, C., Ashaba, S., Cooper-Vince, C. E., Perkins, J. M., Bangsberg, D. R., & Tsai, A. C. (2019). Portrayals of mental illness, treatment, and relapse and their effects on the stigma of mental illness: Population-based, randomized survey experiment in rural Uganda. *PLoS Medicine*, *16*(9), Article e1002908. https://doi.org/10.1371/journal.pmed.1002908

Reilly, M. (2021). Health disparities and access to healthcare in rural vs. urban areas. *Theory in Action*, *14*(2), 6–27. https://doi.org/10.3798/tia.1937-0237.2109

Rinkus, M. A., Donovan, S. M., Hall, T. E., & O'Rourke, M. (2021). Using a survey to initiate and sustain productive group dialogue in focus groups. *International Journal of Social Research Methodology*, *24*(3), 327–340. https://doi.org/10.1080/13645579.2020.1786240

Roberts, R., Wong, A., Jenkins, S., Neher, A., Sutton, C., O'Meara, P., Frost, M., Bamberry, L., & Dwivedi, A. (2021). Mental health and well‐being impacts of COVID‐19 on rural paramedics, police, community nurses, and child protection workers. *The Australian Journal of Rural Health*, *29*(5), 753–767. https://doi.org/10.1111/ajr.12804

Rose, J., & Johnson, C. W. (2020). Contextualizing reliability and validity in qualitative research: Toward more rigorous and trustworthy qualitative social science in leisure research. *Journal of Leisure Research*, *51*(4), 432–451. https://doi.org/10.1080/00222216.2020.1722042

Rural Minds. (n.d.). *Serving rural America*. Rural Minds. https://www.ruralminds.org/serving-rural-america

Rusu, M. S. (2020). Street names through sociological lenses. Part I: Functionalism and conflict theory. *Social Change Review*, *18*(Winter), 144–176. https://doi.org/10.2478/scr-2020-0001

Saeed, M. A., & Kersten, W. (2020). Sustainability performance assessment framework: A cross-industry multiple case study. *International Journal of Sustainable Development and World Ecology*, *27*(6), 496–514. https://doi.org/10.1080/13504509.2020.1764407

Sarfraz, A., Sarfraz, Z., Barrios, A., Agadi, K., Thevuthasan, S., Pandav, K., KC, M., Sarfraz, M., Rad, P., & Michel, G. (2021). Understanding and promoting racial diversity in healthcare settings to address disparities in pandemic crisis management. *Journal of Primary Care & Community Health*, *12*, 21501327211018354. https://doi.org/10.1177/21501327211018354

Savard, I., & Kilpatrick, K. (2022). Tailoring research recruitment strategies to survey harder‐to‐reach populations: A discussion paper. *Journal of Advanced Nursing*, *78*(4), 968–978. https://doi.org/10.1111/jan.15156

Schultz, K., Farmer, S., Harrell, S., & Hostetter, C. (2021). Closing the gap: Increasing community mental health services in rural Indiana. *Community Mental Health Journal*, *57*(4), 684–700. https://doi.org/10.1007/s10597-020-00737-x

Shanmugam, R. (2019). Introduction to research methods and data analysis in the health sciences. *Journal of Statistical Computation and Simulation*, *89*(15), 2981. https://doi.org/10.1080/00949655.2019.1589128

Shelton, J., & MacDowell, M. (2021). The aging general surgeon of rural America. *The Journal of Rural Health*, *37*(4), 762–768. https://doi.org/10.1111/jrh.12577

Signorell, A., Saric, J., Appenzeller-Herzog, C., Ewald, H., Burri, C., Goetz, M., & Gerold, J. (2021). Methodological approaches for conducting follow-up research with clinical trial participants: A scoping review and expert interviews. *Trials*, *22*(1), 1–17. https://doi.org/10.1186/s13063-021-05866-6

Silver, S. R., Li, J., Marsh, S. M., & Carbone, E. G. (2022). Prepandemic mental health and well-being: Differences within the health care workforce and the need for targeted resources. *Journal of Occupational and Environmental Medicine*, *64*(12), 1025–1035. https://doi.org/10.1097/JOM.0000000000002630

Singh, H. P., & Gorey, S. M. (2019). Estimation of population proportion of a qualitative character using randomized response technique in stratified random sampling. *Communications in Statistics: Theory and Methods*, *48*(4), 794–809. https://doi.org/10.1080/03610926.2017.1417436

Smit, A., Swartz, L., Bantjes, J., Roomaney, R., & Coetzee, B. (2021). Moving beyond text-and-talk in qualitative health research: Methodological considerations of using multiple media for data collection. *Qualitative Health Research*, *31*(3), 600–614. https://doi.org/10.1177/1049732320976556

Snowden, L. R., Cordell, K., & Bui, J. (2023). Racial and ethnic disparities in health status and community functioning among persons with untreated mental illness. *Journal of Racial and Ethnic Health Disparities*, *10*(5), 2175–2184. https://doi.org/10.1007/s40615-022-01397-1

Spano, G., Giannico, V., Elia, M., Bosco, A., Lafortezza, R., & Sanesi, G. (2020). Human Health–Environment Interaction Science: An emerging research paradigm. *The Science of the Total Environment*, *704*, 135358. https://doi.org/10.1016/j.scitotenv.2019.135358

Stolz, S. A. (2020). Phenomenology and phenomenography in educational research: A critique. *Educational Philosophy and Theory*, *52*(10), 1077–1096. https://doi.org/10.1080/00131857.2020.1724088

Storm, M., Fortuna, K. L., Gill, E. A., Pincus, H. A., Bruce, M. L., & Bartels, S. J. (2020). Coordination of services for people with serious mental illness and general medical conditions: Perspectives from rural northeastern United States. *Psychiatric Rehabilitation Journal*, *43*(3), 234–243. https://doi.org/10.1037/prj0000404

Stratton, S. J. (2021). Population research: Convenience sampling strategies. *Prehospital and Disaster Medicine*, *36*(4), 373–374. https://doi.org/10.1017/S1049023X21000649

Substance Abuse and Mental Health Services Administration. (2023, April 24). *What is mental health?* SAMHSA. https://www.samhsa.gov/mental-health

Summers-Gabr, N. M. (2020). Rural–urban mental health disparities in the United States during COVID-19. *Psychological Trauma*, *12*(S1), S222–S224. https://doi.org/10.1037/tra0000871

Sus, A., & Puszko, K. (2020). The concept of flexibility of inter-organizational networks: Research assumptions. *European Research Studies*, *23*(Special Issue 3), 453–465. https://doi.org/10.35808/ersj/1936

Tamata, A. T., & Mohammadnezhad, M. (2022). "Most nurses in the rural or remote health clinics run away from their job due to no remote allowances and poor working equipment and environment." Health professional leaders' perception of shortages in the nursing workforce in underserved areas in Vanuatu. *Rural and Remote Health*, *22*(3), 1–12. https://doi.org/10.22605/RRH7229

Tarlow, K. R., McCord, C. E., Du, Y., Hammett, J., & Wills, T. (2020). Rural mental health service utilization in a Texas telepsychology clinic. *Journal of Clinical Psychology*, *76*(6), 1004–1014. https://doi.org/10.1002/jclp.22903

Terry, H., Frazier, E., Adler, T., & Yates, D. (2020). Evaluation of provider satisfaction with mental health clinical pharmacy specialists in outpatient mental health clinics. *The Mental Health Clinician*, *10*(3), 76–79. https://doi.org/10.9740/mhc.2020.05.076

Thomeer, M. B., Moody, M. D., & Yahirun, J. (2023). Racial and ethnic disparities in mental health and mental health care during the COVID-19 pandemic. *Journal of Racial and Ethnic Health Disparities*, *10*(2), 961–976. https://doi.org/10.1007/s40615-022-01284-9

Thornton, A. (2023, February). Credentialing character: A virtue ethics approach to professionalizing healthcare ethics consultation services. In *HEC Forum* (pp. 1–23). Dordrecht: Springer Netherlands. https://doi.org/10.1007/s10730-023-09505-2

Turner, C., & Astin, F. (2021). Grounded theory: What makes a grounded theory study? *European Journal of Cardiovascular Nursing*, *20*(3), 285–289. https://doi.org/10.1093/eurjcn/zvaa034

Underwood, C., & Hayne, A. (2017). System-level shared governance structures and processes in healthcare systems with Magnet®-designated hospitals. *JONA: The Journal of Nursing Administration*, *47*(7-8), 396–398. https://doi.org/10.1097/NNA.0000000000000502

Varpio, L., Paradis, E., Uijtdehaage, S., & Young, M. (2020). The distinctions between theory, theoretical framework, and conceptual framework. *Academic Medicine*, *95*(7), 989–994. https://doi.org/10.1097/ACM.0000000000003075

Ward, W. L., Washburn, J. J., Triplett, P. T., Jones, S. L., Teigen, A., Dolphin, M., Thienhaus, O. J., & Deal, N. (2023). Role distinctions and role overlap among behavioral health

providers. *Journal of Clinical Psychology in Medical Settings*, *30*(1), 80–91. https://doi.org/10.1007/s10880-022-09869-6

Weil, A. R. (2019). Rural health. *Health Affairs*, *38*(12), 1963. https://doi.org/10.1377/hlthaff.2019.01536

West, R. L., Margo, J., Brown, J., Dowley, A., & Haas, S. (2022). Convergence of service providers and managers' perspectives on strengths, gaps, and priorities for rural health system redesign: A whole-systems qualitative study in Washington County, Maine. *Journal of Primary Care & Community Health*, *13*, 21501319221102041. https://doi.org/10.1177/21501319221102041

Westfall, J. M., & Byun, H. (2020). Recruiting, educating, and taking primary care of rural communities. *Annals of Family Medicine*, *18*(5), 386–387. https://doi.org/10.1370/afm.2601

Wilson, K. H. (2020). Theory/criticism: A functionalist approach to the "specific intellectual" work of rhetorical criticism. *Western Journal of Communication*, *84*(3), 280–296. https://doi.org/10.1080/10570314.2019.1696982

Witell, L., Holmlund, M., & Gustafsson, A. (2020). Guest editorial: A new dawn for qualitative service research. *The Journal of Services Marketing*, *34*(1), 1–7. https://doi.org/10.1108/JSM-11-2019-0443

Witter, S., Herbst, C. H., Smitz, M., Balde, M. D., Magazi, I., & Zaman, R. U. (2021). How to attract and retain health workers in rural areas of a fragile state: Findings from a labor market survey in Guinea. *PloS One*, *16*(12), Article e0245569. https://doi.org/10.1371/journal.pone.0245569

Worku, M. (2023). Developing novel hypotheses based on unexpected research results—A review of data analysis in qualitative research: Theorizing with abductive analysis. *Qualitative Report*, *28*(7), 2029–2032. https://doi.org/10.46743/2160-3715/2023.6503

Wright, B., Fraher, E., Holder, M. G., Akiyama, J., & Toomey, B. (2021). Will community health centers survive COVID‐19? *The Journal of Rural Health*, *37*(1), 235–238. https://doi.org/10.1111/jrh.12473

Yorgason, J. B., Saylor, J., Ness, M., Millett, M., & Floreen, A. (2021). Emerging ideas. Health technology use and perceptions of romantic relationships by emerging adults with Type 1 diabetes. *Family Relations*, *70*(5), 1427–1434. https://doi.org/10.1111/fare.12537

Younas, A., Cuoco, A., Vellone, E., Fàbregues, S., Escalante Barrios, E. L., & Durante, A. (2022). Contextual coding in qualitative research involving participants with diverse sociocultural backgrounds. *Qualitative Report*, *27*(11), 2509–2527. https://doi.org/10.46743/2160-3715/2022.5702

Young, M., & Ryan, A. (2019). Postpositivism in health professions education scholarship. *Academic Medicine*, *95*(5), 695–699. https://doi.org/10.1097/ACM.0000000000003089

Yun, H., Lee, G., & Kim, D. J. (2019). A chronological review of empirical research on personal information privacy concerns: An analysis of contexts and research constructs. *Information & Management*, *56*(4), 570–601. https://doi.org/10.1016/j.im.2018.10.001

Zelenikova, R., Jarosova, D., Plevova, I., & Janikova, E. (2020). Nurses' perceptions of professional practice environment and its relation to missed nursing care and nurse satisfaction. *International Journal of Environmental Research and Public Health*, *17*(11), 3805. https://doi.org/10.3390/ijerph17113805

Zemel, R., & Norris, L. (2023). Telepsychiatry's collaborative care model: Extending mental health care access to rural communities. *Journal of Rural Mental Health, 47*(2), 100–103. https://doi.org/10.1037/rmh0000226

Appendix A: Survey Questions

Respond to each of the questions below with the appropriate answer selection.

1.) Are you over the age of 18? * Mark only one oval

Yes

No

2.) Are you a current resident of a rural community? Mark only one oval

Yes

No

3.) What is your gender? Mark only one oval.

Female

Male

Prefer not to answer.

4.) How old are you? Mark only one oval.

18–25

26–39

40–65

65+

5.) What is your ethnicity? Mark only one oval.

White/Caucasian

Non-white/mixed race/mixed ethnicity

Prefer not to answer.

6.) What is the highest level of schooling you have completed? Mark only one oval.

Less than a high school diploma

High school graduate, diploma, or the equivalent (i.e., GED, HSE) Some college credit, no degree

Trade/technical/vocational training associate degree

Bachelor’s degree Graduate/professional degree Prefer not to answer7.) Mental health professional standardized training can improve recruitment.

8.) What is your employment status? (Check all that apply) Check all that apply.

Employed for wages Self-employed.

Out of work and looking for work

Out of work but not currently looking for work. Employed without documentation.

A homemaker A student Military Disability/SSI Unable to work/Other

9.) What is your household’s annual income level? Mark only one oval.

0–$20,000

$20,001–50,0000

$50,001–$80,000

$80,001–$100,000

Over $100,000

Prefer not to answer.

10) What is your marital status? Mark only one oval.

Single

Married

Widowed

Divorced

Appendix B: Interview Questions

This study used 10 open-ended interview questions to collect data to answer research questions and determine elements that lead to provider shortages in rural communities.

1. How does licensure impact the selection of location to practice?
2. What are some of the ways in which community clinics can recruit mental health professionals?
3. What barriers in mental health credentialing hinder organizations' ability to hire qualified mental health professionals?
4. What does Mental Health mean to you? (e.g., when someone says mental health services, what do you think of?)
5. How are people in rural communities getting their mental health needs met?
6. How involved do you feel about being a mental health professional in the community?
7. What is the typical patient load for providers in rural communities?
8. How does mental health provider pay in rural communities versus urban communities impact provider decisions on a location to practice?
9. What factor could enhance mental health provider involvement in the community?
10. What is a crucial factor that would help mental health professionals in rural communities?

Appendix C: Mental Health Survey

Permission for information used in research.

The below survey was approved for research use.

Closing the Gap: Increasing Community Mental Health Services in Rural Indiana

Kristi Schultz, Sara Farmer, Sam Harrell, and Carol Hostetter

Mental Health Service Delivery in Martin County

Your responses to this survey are completely anonymous and will only be used for the purposes of this research study. Your participation is voluntary, and you may stop taking this survey at any time. Please do not put your name on this form! This survey has been approved by the Institutional Review Board at IUB and will be used to help understand how to improve access to mental health services for the Martin County area. Please feel free to contact Dr. Carol Hostetter if you have any questions at xxx-xxx-xxxx or xxxxxx@indiana.edu. We appreciate your feedback!

* Required

Residency

1. Are you over the age of 18 * Mark only one oval.

Yes
No After the last question in this section, stop filling out this form.

2. Are you a current resident of Martin County, Indiana? * Mark only one oval.

Yes
No Stop filling out this form.

Demographics

3. What is your gender? Mark only one oval.

Female Male
Prefer not to answer

4. How old are you?
Mark only one oval.

18–25
26–39
40–65
65+

5. What is your race/ethnicity? Mark only one oval.

White/Caucasian
Non-white/mixed race/mixed ethnicity Prefer not to answer

6. What is the highest level of schooling that you have completed? Mark only one oval.

Less than high school diploma
High school graduate, diploma or the equivalent (i.e., GED, HSE) Some college credit, no degree
Trade/technical/vocational training Associate degree
Bachelor's degree Graduate/professional degree Prefer not to answer

7. What is your employment status? (check all that apply) Check all that apply.

Employed for wages Self-employed
Out of work and looking for work
Out of work but not currently looking for work. Employed without documentation
A homemaker A student Military Disability/SSI
Unable to work/Other

8. What is your household's annual income level? Mark only one oval.

0–$20,000

$20,001–50,0000
$50,001–$80,000
$80,001–$100,000
Over $100,000
Prefer not to answer

9. Are you a pastor/minister/member of the clergy? Mark only one oval.

Yes No

10. How often do you attend church or church programming in Martin County?

Mark only one oval.

At least once a week A few times per month Once a month
A few times a year, Never
Prefer not to answer

Mental health questions

11. Do you or have you ever had difficulty completing activities of daily living (caring for yourself, caring for others, work responsibilities, etc.) due to your mental health? Mark only one oval.

Yes
No
Prefer not to answer

12. Have you ever sought mental health services/counseling for yourself while living in Martin County? Mark only one oval.

Yes Skip to question 13.
No Skip to question 18.
Prefer not to answer

If YES to previous engagement

13. Were these services located in Martin County, IN? Mark only one oval.

Yes
No

14. Please select what types of services you have engaged with (select all that apply). Check all that apply.

Individual therapy/counseling
Group therapy
Family therapy/counseling

Life skills coaching
Pastoral Care
Self Help Groups
Other

15. If you answered other to the previous question, please specify:

16. On a scale of 1–5, how satisfied were you with the quality of service you received?
(If multiple mental health services were used, please consider the one you used for the longest amount of time.) Mark only one oval.

1 2 3 4 5

Not satisfied at all Extremely satisfied

17. On a scale of 1–5 how satisfied were you with the distance you had to travel to receive services? (If multiple mental health services were used, please consider the one you used for the longest amount of time.) Mark only one oval.

1 2 3 4 5
Not satisfied at all Extremely satisfied
Skip to question 18.

Whether or not you have engaged with mental health services, to what degree are the following factors a barrier to accessing services?

18. Availability of services. Mark only one oval.

1 2 3 4 5

not a barrier significant barrier

19. Insurance (e.g., had no insurance, insurance wouldn't cover the treatment cost, etc.). Mark only one oval.

1 2 3 4 5

not a barrier significant barrier

20. Financial resources (e.g., treatment was too expensive) Mark only one oval.

1 2 3 4 5

not a barrier significant barrier

21. Knowing where to find help (e.g., didn't know about local treatment facilities, services, etc.) Mark only one oval.

1 2 3 4 5

not a barrier significant barrier

22. Family/childcare (e.g., had no one to take care of family members and/or children) Mark only one oval.

1 2 3 4 5

not a barrier significant barrier

23. Time commitment (e.g., time away from job, family, friends, etc.) Mark only one oval.

1 2 3 4 5

not a barrier significant barrier

24. Transportation (e.g., could not get to treatment) Mark only one oval.

1 2 3 4 5

not a barrier significant barrier

25. Stigma (e.g., unsure if treatment will work, worries about what other people think, fear of failure, bad experience with treatment in the past, etc.) Mark only one oval.

1 2 3 4 5

not a barrier significant barrier

Skip to question 26.

Church/Mental health Partnerships

On a scale of 1–5, how likely would you be to seek help from the following?

1 - extremely unlikely

2 - not likely
3 - neutral
4 - Likely
5- extremely likely

If needed now or ever in the future, how likely would you be to seek mental health help from:

26. A mental health counselor located outside Martin County referred to you by a trusted pastor/minister/clergy Mark only one oval.

1 2 3 4 5

Extremely unlikely Extremely Likely

27. A counselor on staff at a church in Martin County Mark only one oval.

1 2 3 4 5

Extremely unlikely Extremely Likely

28. A counselor from outside the county who you meet with inside a local church space Mark only one oval.

1 2 3 4 5

Extremely unlikely Extremely Likely

29. A Bible study or small group at a church that teaches mental health skills and coping strategies. Mark only one oval.

1 2 3 4 5

Extremely unlikely Extremely Likely

30. A self-help group comprised of other Martin County residents, Mark only one oval.

1 2 3 4 5

Extremely unlikely Extremely Likely

31. A trained volunteer from Martin County who helps you with goals and strategies for mental health Mark only one oval.

1 2 3 4 5

Extremely unlikely Extremely Likely

32. A counselor who works with you and a trusted pastor/minister in Martin County, Mark only one oval.

1 2 3 4 5

Extremely unlikely Extremely Likely

33.A counselor who you meet with via internet in a private space inside a local church
Mark only one oval.

1 2 3 4 5

Focus Group Interview Guide Questions based on survey:

1. What does Mental Health mean to you? (e.g., when someone says mental health services, what do you think of?)
2. How are people in Martin County getting their mental health needs met?

    a. Based on our survey results thus far, we are seeing that the majority of people who sought mental health services were not receiving these services in Martin County. 81% of these people were either neutral or satisfied with these services. 71% were dissatisfied or extremely dissatisfied with the distance they had to travel. Does anyone have any thoughts on that?

3. We want to touch on some barriers to services that were prominent in our results, such as availability of services, financial resources, and stigma. Are there are others that people feel we should know about or further explore?

    a. **Availability of services**: The vast majority of individuals noted that availability of services serve as a barrier to individuals accessing mental health services. Can you tell us more about that?
    b. **Financial resources:** More than half of our respondents indicated that financial resources were a barrier to seeking mental health services. Can you tell us more about that? What are the conditions like in Martin County that may be leading to these responses? Cost of care? **(what is it?)** Well-paying jobs. (are there any?)
    c. **Stigma:** maybe offer a basic definition of stigma, ask how people in Martin County experience that? What does stigma look like in Martin County?

4. As mentioned earlier, people indicated that they were not satisfied with the distance they had to travel to receive care. However, the majority of people then said they would be likely to seek health from a counselor located outside of the county, referred by a trusted member of the church community. Can anyone speak more to that? (a willingness to travel if referred to by the church maybe?)
5. Approximately 80% of our respondents indicated they were either neutral or likely to meet inside a church space with a counselor from outside the county. Can you tell us more about this?
6. Almost 70% of people said they were not likely to want to meet with a self-help group comprised of other Martin County residents. Can anyone speak to this?
7. The majority of our respondents did not seem likely to want to meet with a counselor over the internet in a space inside a church. Tell us more about this. Does this have to do with the internet/telehealth piece or the meeting space? Does education about/access to technology play a role?

So, from what we've talked about today, it seems like _____ (sum up key points/themes). Is there any other information we need to know about mental health services in Martin County?

Focus Group Participants' Written Responses to Survey-Identified Mental Health Service Delivery Models

Meet with a Self-Help Group with Martin County Residents:

Good support group option, but not for the only mental health services.
Use only as support or aftercare.
Best if used as support.
This option may help a few, but for the most part, many people need services from professionals.
This option for anyone wanting to live, basically as primary motivation, is better than relying upon the "street wisdom"; emphasis should be placed by the coordinator to the group upon scriptural wisdom (Divine Revelation); recommendations I know are helpful to me are Psalm 139; Psalm 73; Psalm 27; New Testament; St Paul; (Denying oneself and "carrying one's cross"); Matthew 10 & 16; Mark 8; & Luke 9.

Meet with a Counselor Outside Martin County Referred by a Pastor/Church

Pro: if you are familiar with the pastor and had a good relationship.
Con: perhaps you feel pressured to go based on that recommendation.

This would be great if they already have a relationship with said pastor. Otherwise, anyone who they trust.
It would be a good option for those who want another outside of the county option.
Some people don't have relationships with their pastors.

Good option for those that have a good relationship with pastor.

Meet with a Counselor Via Internet within a Church Space

Possibly could work if you feel there is more anonymity.
The church can be a viable support and resource for those in need. This option could shed a positive light on some that many have had a bad "church" experience and there are hurt feelings due to a situation. God is good—let him work in and through the local churches!
Offers more availability.
Not personal enough for most.
Sign us up if everyone has access [internet].

Meet with a Counselor from Outside the County but Within a Church Space in Martin County

Pro: church may feel like a safe place if they are familiar with it.
Con: some may have had a poor experience at a church or religious setting.
May be too traumatic for some people to meet in a church space where it may be comfortable for others. Also, many seek a "health care" setting to meet a professional.
Feel comfortable wherever they are.
Sounds good if they are unknown at initial meeting.
Great option as long as there is a non-faith-based location offer as well

Appendix D: IRB Approval Letter

LIBERTY UNIVERSITY.
INSTITUTIONAL REVIEW BOARD

April 5, 2023

Barrow Tabe
Renita Ellis

Re: IRB Exemption - IRB-FY22-23-547 MENTAL HEALTH PROVIDER SHORTAGE IN RURAL HEALTHCARE COMMUNITIES

Dear Barrow Tabe, Renita Ellis,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).
The information obtained is recorded by the investigator in such a manner that the identity of the human subjects cannot readily be ascertained, directly or through identifiers linked to the subjects.

Your stamped consent form(s) and final versions of your study documents can be found under the Attachments tab within the Submission Details section of your study on Cayuse IRB. Your stamped consent form(s) should be copied and used to gain the consent of your research participants. If you plan to provide your consent information electronically, the contents of the attached consent document(s) should be made available without alteration.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,
G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix E: Participants Reference Chart

P1 - #3	P11 - #23	P21 - #81
P2 - #6	P12 - #28	P22 - #82
P3 - #7	P13 - #29	P23 - #84
P4 - #8	P14 - #39	P24 - #85
P5 - #9	P15 - #49	P25 - #86
P6 - #10	P16 - #50	P26 - #87
P7 - #12	P17 - #56	P27 - #89
P8 - #16	P18 - #65	P28 - #90
P9 - #17	P19 - #66	P29 - #95
P10 - #22	P20 - #68	P30 - #98

Appendix F: Figures 3, 5, 6, and 7 Permissions

From: Info Rural Minds <info@ruralminds.org>
Sent: Friday, February 9, 2024 11:12 AM
To: Tabe, Barrow Nkumbe <xxxxxxx@liberty.edu>
Cc: Chuck Strand <xxxxxx@ruralminds.org>
Subject: [External] Re: Permission to use images from your site.

Hello Barrow,

Thank you for your email and interest in the work that we are doing through Rural Minds.

You have permission to use content on the Rural Minds website. Please cite the source of content on the Rural Minds website that is not original and cite Rural Minds as the source of original content.

Let me know if I can provide any additional information.

All the best,

Chuck

On Thu, Feb 8, 2024 at 9:54 PM Tabe, Barrow Nkumbe <xxxxxxx@liberty.edu> wrote:
Good morning -

I am a current doctoral student and would like to use the information on your site with proper citations as part of my research. Please see attached and let me know if that is possible. Your assistance in this matter would be greatly appreciated.

Regards,

Barrow Tabe

Chuck Strand
Executive Director, Rural Minds
xxx.xxx.xxxx | xxxxxx@ruralminds.org

Appendix G: Figure 4 Permissions

From: Bryant, Dorothy <xxxxxxx@dch.ga.gov>
Sent: Monday, November 14, 2022 8:38 AM
To: Tabe, Barrow Nkumbe <xxxxxxx@liberty.edu>
Cc: Register, Stephen <xxxxxxxxxx@dch.ga.gov>
Subject: [External] RE: Permission to request to use publicly accessible information.

Good morning, Mr. Tabe,

Thank you for reaching out to the State Office of Rural Health (SORH). No permission is required from our office to use some of the resources found on our webpage, as it is a public website, therefore, I do not need to sign the "Permission Request Form" that you have attached.

Please let us know if you have further questions.

Sincerely,
Dorothy

Dorothy Bryant
HPSA Analyst, Primary Care Office
State Office of Rural Health
Georgia Department of Community Health
502 South 7th Street
Cordele, GA 31015-1443
(V) xxx-xxx-xxxx
(F) xxx-xxx-xxx
Email: xxxxxxx@dch.ga.gov

State Office of Rural Health (SORH)
https://dch.georgia.gov/divisionsoffices/state-office-rural-health

HPSA Shortage Areas
https://data.hrsa.gov/tools/shortage-area/hpsa-find

National Health Services Corps (NHSC)
https://nhsc.hrsa.gov/

From: Tabe, Barrow Nkumbe <xxxxxxx@liberty.edu>
Sent: Friday, November 11, 2022 1:48 PM
To: Bryant, Dorothy <xxxxxx@dch.ga.gov>
Cc: Register, Stephen <xxxxxxxx@dch.ga.gov>
Subject: Permission to request to use publicly accessible information.

Good afternoon, Bryant,

I am a current doctoral candidate at Liberty University and have found The State office of Rural Health (SORH) very helpful in providing information about rural community health statistics through several sources on the website. I am writing to ask for permission to use some of the resources found on your webpage for my research. Please have a look at the attached for your signature.

Looking forward to your feedback.

Respectfully,
Barrow Tabe